

California Regional Water Quality Control Board
North Coast Region

MONITORING AND REPORTING PROGRAM NO. R1-2001-028
FOR
DISCHARGERS OF AQUATIC PESTICIDES
TO WATERS OF THE UNITED STATES

DOCUMENTATION

The Discharger shall maintain records of the location of all treatment areas, the names of the water bodies treated and, where appropriate, the surface area of the water treated. The type, name, concentration and amount of chemicals used during each treatment shall also be recorded. Where treatments continue for more than one day, the amount of chemical used shall be recorded at least weekly.

IMPACTED AREA MONITORING

Water samples shall be collected quarterly and analyzed for the active ingredients in the pesticide(s) applied. The Discharger shall conduct the monitoring in a manner that ensures that all pesticides used during a calendar quarter are subject to water quality monitoring at least once during that period of time. All sample collection, transport and analyses shall be conducted following procedures approved by U.S. Environmental Protection Agency.

For natural flowing water bodies, the sample shall be taken immediately downstream of the treatment area within one hour following the application of pesticides. For canals and other man-made conveyance facilities, the samples shall be taken at the point at which treated water is discharged to a natural water body (sampling is not required if no such discharge occurs). For lakes and other quiescent water bodies, samples shall be taken within 10 feet of any spot treatments within four hours of the application. Where the entire lake is treated, the sample shall be taken at the point where water leaves the water body and within 4 hours of the application. Mosquito abatement and vector control agencies may perform statistically representative sampling, which must include all habitat types.

For each site where samples are collected, the discharger shall develop a sketch showing the treatment area, the location of the monitoring site(s) relative to the treatment area, the shore, and direction of water movement. The depth at which the sample is collected shall also be recorded.

The Discharger shall complete a chain of custody form (usually available from the analytical laboratory) showing:

1. Names of parties collecting and transporting sample
2. Time of sample collection and delivery to lab
3. Type and volume of sample bottle
4. Method of sample preservation (ice, acid, etc.)

REPORTING

Prior to conducting any operations involving aquatic pesticides, the Dischargers shall provide the Board with the following information:

1. A map indicating water bodies to be treated.
2. A complete list of the chemicals to be used, including adjuvants.
3. A proposed schedule and anticipated duration of activities.

The Discharger shall submit a calendar-year annual report to the Board by 31 January of each year. The report shall contain tabular summaries of the pesticide monitoring data obtained during the year in a format that satisfies the requirements for inclusion in the Department of Pesticide Regulation's surface water database.

Sketches of sample locations, chain of custody forms and other information developed as part of this monitoring program shall be maintained by the discharger and submitted to the Regional Water Board upon request.

QUALITY ASSURANCE PLAN

The Discharger shall begin monitoring upon issuance of this Order. The Discharger shall develop and submit a Quality Assurance Plan (QAP) for its monitoring program by January 1, 2002. This QAP shall address all aspects of the monitoring program and be modeled after a draft QAP provided by the Regional Water Board. Following development of the QAP, the Discharger shall follow the procedures specified in this document.

Ordered by _____

Lee A. Michlin
Executive Officer

May 4, 2001

(pesticide monitoring order)

(FORM A)
NOTICE OF INTENT
TO OBTAIN COVERAGE UNDER A
GENERAL PERMIT TO DISCHARGE AQUATIC PESTICIDES

I. NOI STATUS

MARK ONLY ONE ITEM

1. New Applicator

2. Change of Information for WDID#

II. PESTICIDE APPLICATOR INFORMATION

Name/Agency	Contact Person		
Mailing Address	Title		
City	State	Zip	Phone () --

III. RECEIVING WATER INFORMATION

A. Do wastes and pesticide residues discharge to (Check all that apply):

1. Canals, Ditches, or other constructed conveyance facilities owned and controlled by Applicator? _____
2. Other conveyance systems? - Enter owner's name: _____
3. Directly to waters of U.S. (e.g., river, lake, creek, stream, bay, ocean, etc.)? _____

B. Regional Water Quality Control Board where application sites are located (REGION 1,2,3,4,5,6,7,8, or 9): REGION _____

C. Name of receiving water: (river, lake, creek, stream, bay, ocean): _____

IV. PESTICIDE APPLICATION INFORMATION

A. Target Organism: ___ Algae ___ Aquatic Weeds (surface) ___ Aquatic Weeds (submerged) ___ Mosquitoes and other Vectors ___ OTHER (Identify): _____
B. Pesticides Used: List Name and Active ingredients - _____
C. Period of Application: Start Date _____ End Date _____

V. VICINITY MAP (must show application site location in relation to nearest named streets, intersections, etc.)

Have you included a vicinity map with this submittal? YES NO

VI. CERTIFICATIONS

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment."

Printed Name: _____

Signature: _____ Date: _____

Title: _____

VII. FORM A SUBMITTAL INFORMATION

A. The completed and signed Form A should be mailed or Faxed to:

State Water Resources Control Board
Division of Water Quality
Attn: Aquatic Pesticide Application Activities
P.O. Box 100
Sacramento, CA 95812-0100

FAX (916) 341-5463