



**Please complete this page for each contiguous pest management area for which coverage under the Kansas Pesticide General Permit is desired.**

**III. Pest Management Area and Pesticide Application Information:**

Person / company (Decision Maker) for whom the pesticide application activities are being conducted:

Mailing Address: \_\_\_\_\_  
Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Location of NPDES Records for this Pest Management Area (check one):

- Same as operator address.  Same as the Decision Maker address.  
 Other: Contact: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pesticide Use Patterns for this pest management area (check all that apply):

- Mosquito and Other Flying Insect Pest Control  
 Weed, Algae, Pathogen, or Fish Parasite Control  
 Nuisance Animal Control  
 Forest Canopy Pest Control  
 Other Pesticide Use Pattern Please describe: \_\_\_\_\_  
\_\_\_\_\_

For each use pattern checked above, provide the following: (attach additional pages if necessary)

Use Pattern: \_\_\_\_\_

Location:

Provide a map delineating the entire pesticide management area and the pesticide treatment area(s) for the use pattern. Provide a description of the pest treatment area(s), if necessary, to adequately define the extent of the treatment area(s).

Receiving Waters (check one):

- Coverage requested for all waters within the pest treatment area(s) identified above.  
 Coverage requested for all waters within location identified above except for: \_\_\_\_\_  
\_\_\_\_\_

- Coverage requested specifically for the following waters within location identified above: \_\_\_\_\_  
\_\_\_\_\_

Are any of the waters within the pesticide treatment area(s) listed as an Outstanding National Resource Water (ONRW)?  Y;  N

Are any of the waters within the pesticide treatment area(s) listed as an impaired water and identified on the Kansas 303d list as being impaired for the proposed pesticide for use or its degradate(s)?  Y;  N

Is the pest treatment area located within 1/4-mile of a public water supply intake?  Y;  N

**IV. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or 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 and imprisonment for knowing violations.

Signature / Responsible Official: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Send the completed form with an original signature and the annual \$60 permit fee to:**

Kansas Department of Health and Environment  
Bureau of Water - Technical Services Section  
1000 SW Jackson St., Suite 420  
Topeka, Kansas 66612-1367

For general information please call:  
(785) 296-5547 or  
(785) 296-5551