

Pete Lien & Sons, Inc.

Noxious Weed Management and Pesticide Discharge Management Plan (PDMP)

Prepared by:

Clinton D. Beck, P.E.

For:

Pete Lien & Sons, Inc.

Prepared: October 18, 2018

Last Revised:

I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information contained 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.

Signed: _____

Dated: _____

This plan is prepared and implemented to ensure protection of the surface waters that may be impacted by pesticides management activities and to satisfy the conditions of Section 3.0 in the WY DEQ Pesticide Discharge Permit, SDGA10000 §4.1 and Colorado COG860000 §5.1.

Pete Lien & Sons, Inc.
Pesticide Discharge Management Plan

Weed management activity will be conducted in compliance with the Colorado Noxious Weed Act, El Paso County Noxious Weed Management Plan and Control Methods.

<https://communityservices.elpasoco.com/environmental-division/forestry-noxious-weeds/>

The plan lead person responsible for developing, implementing, maintaining, and revising this plan is the corporate environmental engineer. Assistance in plan maintenance and revision will be provided by the corporations licensed applicators. The lead person will modify the plan when needed as described in the permit, review the plan annually and act as the signatory.

(SDGA10000 §4.2; WYG48000 §3.2; COG860000 §5.1, 5.1.5, 5.2)

Before any pesticide application is made a review of possible impact to water quality and non-target organisms should be made by the corporations licensed applicator. This review should include evaluating the following management options:

1. No Action
2. Prevention
3. Mechanical /physical methods
4. Cultural Methods
5. Biological Control Agents
6. Pesticides

(SDGA1000 §4.4; WYG480000 §3.3.1.6, 3.3.2,)

Before any application is made a pre-application inspection will be made by the licensed applicator to ensure the application can be made safely. Post application site visits will be scheduled as needed based on the label instructions to ensure the effectiveness of the treatment and to evaluate the site for any noncompliance issues. Post application visits will be conducted by the licensed applicator/land rider. If applying pesticide to “waters of the state” the Individual Pest Management_Areas Pesticide Application form will be used. If noncompliance issues are identified the licensed applicator will complete a Post Application Record form to document any issues. This document will then be submitted to the Environmental Engineer and reported to the appropriate regulators for further action.

(SDGA10000 §4.6; COG860000 §5.1.4.1.d-e, 5.1.4.2.b)

Pete Lien & Sons, Inc.
Pesticide Discharge Management Plan

PDMP Team:

Clinton Beck, P.E. (Decision-Maker & Primary Contact)	(605) 939-2690 Office
Environmental Engineer	(605) 519-1213 Mobile
Pete Lien & Sons, Inc.	PO Box 440, Rapid City, SD 57709

Responsible for developing and revising the PDMP

Bert Jocks (Decision-Maker & Secondary Contact)	(605) 939-2687 Office
Licensed Applicator/Land Rider	(605) 209-2687 Mobile
Pete Lien & Sons, Inc.	PO Box 440, Rapid City, SD 57709

Responsible for managing pests in relation to the pest management area; developing revising and implementing correction action; pesticide application; coordinating plan requirements and contracting with commercial applicators.

(COG860000 §5.1.1)

Pete Lien & Sons, Inc. Pesticide Application Record

Date: ____/____/____

Name & Address of person/company serviced: _____

Physical location of application: _____

County: _____ State: ____ Township: _____ Range _____ Sec. _____
(Map showing boundaries of treatment to be attached. Verify not Impaired Water.)

Weed(s)/Pest(s) being treated: _____

Acreage/Area or number of plants/pests treated: _____

Desired result of application: target pest density/obtain wildlife habitat/recreational/water use
(Circle 1) other: _____

Time of application: Start _____ am/pm Finish: _____ am/pm

Application performed by: _____

Trade/Brand & Common name of Pesticide: _____

Company Name on product label: _____

Weather Conditions:

Wind Speed: ____ mph Wind From: _____ Temperature: _____

Amount of pesticide applied per acre or over total area:

____ Ounce(s) ____ Pint(s) ____ Quart(s) ____ Gallon(s) ____ Pound(s)
____ Pound(s) Active Ingredient ____ Total amount pesticide dilution per acre

or:

Total amount of dilution and concentration for entire application: _____

Crop or Commodity treated: _____

Name & Address of applicator: _____

Applicator License # _____ Post Application Evaluation Scheduled for ____/____/____

(SDGA10000 §4.3, 4.6; WYG480000 3.3.1.4; WYG260000 3.3; COG86000 §5.1, 5.1.2, 5.1.3)

**Pete Lien & Sons, Inc. Individual Pest Management Areas
Pesticide Application**

(For areas that exceed treatment area threshold)

Date: ____/____/____

Conditions that must be met before application:

- Conduct site surveillance and confirm that target pest action thresholds have been met
- Verify environmental conditions support pesticide use
- Evaluate using pesticide against the most susceptible developmental stage of the target
- Review pesticide use patterns for the site
- All management options as listed in the plan have been considered

Have the conditions listed above been met: yes / no

Previous Treatment of this site in the last 12 months (Date, Product, EPA registration #):

Date and description of equipment calibrations, cleaning and repairs in the 12 months prior to treatment: _____

Name & Address of person/company serviced: _____

Physical location of application: _____

County: _____ State: ____ Township: _____ Range _____ Sec. _____
(Map showing boundaries of treatment to be attached. Verify not Impaired Water.)

Weed(s)/Pest(s) being treated: _____

Acreage/Area or number of plants/pests treated: _____

Desired result of application: target pest density/obtain wildlife habitat/recreational/water use
(Circle 1) other: _____

Pete Lien & Sons, Inc.
Pesticide Discharge Management Plan

Time of application: Start _____ am/pm Finish: _____ am/pm

Application performed by: _____

Trade/Brand & Common name of Pesticide: _____

Company Name on product label: _____ (Attach copy of MSDS to this report)

Weather Conditions:

Wind Speed: _____ mph Wind From: _____ Temperature: _____

Amount of pesticide applied per acre or over total area:

_____ Ounce(s) _____ Pint(s) _____ Quart(s) _____ Gallon(s) _____ Pound(s)

_____ Pound(s) Active Ingredient _____ Total amount pesticide dilution per acre

If applied directly to "waters of the US", concentration of active ingredient: _____

or:

Total amount of dilution and concentration for entire application: _____

Crop or Commodity treated: _____

Name & Address of applicator: _____

Applicator License # _____ Post Application Evaluation Scheduled for __/__/__

(WYG480000 3.3.2; COG860000 §5.1.4.1.d-e)

Post Application/Adverse Incident Report

Date: ____/____/____

Attach Associated Application Records

State Authorization Number (i.e. WYPDES if applicable): _____

How and when the adverse effects were discovered: _____

Description of the adverse incident:

Description of unexpected effects on non-target organisms:

EPA registration Number for each product applied by the permittee in the area:

Product Use: _____

Purpose: _____

Location of adverse incident: _____

Possible water bodies impacted: _____

Description of any steps that have or will be taken to mitigate or correct any adverse incidents:

Inspection Performed By: _____

(SDGA10000 §4.6, 5.4; WYG480000 3.3.1.1, 3.3.2, 4.4; WYG260000 3.2; COG860000 §5.1.4.2)

Pete Lien & Sons, Inc.
Pesticide Discharge Management Plan

- I. Pesticide handling and mixing best practice procedures include the following:
- Follow FIFRA label instructions
 - Review previous application records for the site to prevent overtreatment and potential development of pest resistance
 - Mixing in field at different locations
 - Not mixing near a water source
 - Using dry formulations
 - Using closed handling systems
 - Constant supervision of filling tanks
 - Using air gap/backflow prevention device
 - Using portable water tanks
 - Using direct injection systems
 - Other state approved methods not listed above

(SDGA10000 §4.5.2, 4.7; WYG480000 3.3.1.4; WYG260000 3.1; COG860000 §5.1.4.1.a)

- II. Inspection of equipment and repair will include, daily inspection, and calibration as required by the manufacturer of the following when in use or holding pesticide (excluding pesticide stored in original containers):
- Hoses
 - Valves
 - Screens/Strainers
 - Fittings
 - Sight Gauge
 - Cracks in tank or containment
 - Pump
 - Boom
 - Regulator/gauge

(SDGA10000 §4.5.1, 4.7; WYG480000 3.3.1.2; WYG260000 3.1; COG860000 §5.1.4.1.b-c)

- III. Rinse procedures for equipment and containers follows:
- Rinse equipment before storage
 - Rinse equipment before repair
 - Rinse in field-vary locations
 - Triple pressure rinse containers immediately
 - Apply rinsate in field
 - Use protective clothing and personal safety equipment when rinsing in accordance chemical safety data

Pete Lien & Sons, Inc.
Pesticide Discharge Management Plan

(SDGA10000 §4.7; WYG260000 3.1)

IV. Spill Supplies:

Adequate supplies for handling spills will be onsite whenever pesticides are being handled. Pesticide handling instructions provided by the manufacturer should be reviewed before use. Depending on the application supplies may include a combination of the following:

- Shovel
- Caulking/sealant
- Tape
- Hoses/hose clamps
- Absorbent material
- Heavy plastic bags
- Tarp/Plastic sheeting
- Empty drums
- Washer headed screws
- Protective clothing

V. General Procedure for Handling a Spill

- Secure the source of the spill and contain spilled materials
 - Put on protective clothing if necessary
 - Stop or sufficiently slow the leak (to allow it to be contained)
 - Use absorbent material to soak up the spill or dike with dirt to spill from moving away from the spill area
- Collection of spilled pesticides and material
 - Collect and contain contaminated soil and material in a container constructed of suitable material.
- Storage, handling and disposal of spilled pesticide and materials
 - Follow the state requirements and pesticide manufacturer's instruction for disposal
 - Recovered substances may be used in accordance with applicable pesticide product labels.

(SDGA10000 §4.5.3.a, 4.7; WYG480000 3.3.1.a; COG860000 §5.1.4.2.a)

VI. Emergency Numbers:

Spill Reporting

Pete Lien & Sons, Inc.	(605) 342-7224
CO Water Quality Control Division	(303) 692-3500
National Pesticide Telecommunications Network	(800) 858-7378
National Response Center	(800) 424-8802

Pete Lien & Sons, Inc.
Pesticide Discharge Management Plan

Local Responders 911

Emergency Medical Information
Poison Control Center (800) 222-1222

General reporting procedure:

Internal Contact Chain of Command: The licensed applicator is to contact the environmental engineer to report the incident. Notice of any spill will be provided to the division manager responsible for the site and arrangements for any additional clean up, testing, or monitoring will be made with the site manager.

External Contact Chain of Command: Any reportable spill in SD will be immediately reported to SDDENR by the licensed applicator, and reporting and cleanup efforts required by the department will be followed.

An adverse incident report for reportable incidents will be completed no later than 48 hour after the permittee has becomes aware of the circumstances on SD sites. An adverse incident report for reportable incidents will be completed no later than 24 hour after the permittee has becomes aware of the circumstances on WY and CO sites. Written notice of the adverse incident will be made in writing as required by the state specific requirement.

(SDGA10000 4.5.3.b-f, 4.7; WYG480000 3.3.1.b, 3.3.1.1, 3.3.2, 4.4; WYG260000 3.2, 3.3; COG860000 §5.1.4.2.a-c)

VII. Training Records

This plan has been reviewed by:

Name	Date	Name	Date