

3. Operator (if different from Decision Maker)

Company Name _____
 Mailing Address _____
 City, State and Zip Code _____
 First Name _____ Last Name _____
 Title _____
 Phone _____ Cell _____
 E-mail Address _____

4. Operator Type (check one):

- State Govt Local Govt
- Mosquito Control District (or similar)
- Irrigation Control District (or similar)
- Weed Control District (or similar)
- Other: _____

5. Facility Contact same as applicant

Company Name _____
 Mailing Address _____
 City, State and Zip Code _____
 First Name _____ Last Name _____
 Title _____
 Phone _____ Cell _____
 E-mail Address _____

Additional Operator Information if applicable:

6. Authorized Reporting Agent (DMR Cognizant Official) same as applicant
 (i.e. person or position authorized to sign and certify reports required by the permit: DMR's, Annual Reports, Compliance Schedule submittals, etc., as requested by the division.)

Company Name _____
 Mailing Address _____
 City, State and Zip Code _____
 First Name _____ Last Name _____
 Title _____
 Phone _____ Cell _____
 E-mail Address _____

7. Billing Address and Contact same as applicant

Company Name _____
 Mailing Address _____
 City, State and Zip Code _____
 First Name _____ Last Name _____
 Title _____
 Phone _____ Cell _____
 E-mail Address _____

C. ANNUAL REPORT REQUIRED SIGNATURE

Signature of Operator: The Annual Report must be signed to be considered complete. In all cases, it shall be signed as follows:

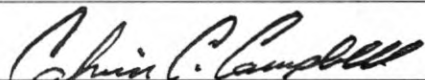
- a) In the case of corporations, by a principal executive officer of at least the level of vice-president or his or her duly authorized representative, if such representative is responsible for the overall operation of the facility from which the discharge described in this form originates.
- b) In the case of a partnership, by a general partner.
- c) In the case of a sole proprietorship, by the proprietor.
- d) In the case of a municipal, state, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee if such representative is responsible for the overall operation of the facility from which the discharge described in the form originates.

“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. On the basis of 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.”

Certifier Name (printed) CALVIN C. CAMPBELL

Certifier Title BOARD PRESIDENT

Certifier Email NFMAD81428@GMAIL.COM

Certifier Signature/Responsible Official:  Date Signed 1.8.24

CDPS ANNUAL REPORT FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES COG860000
Complete and Attach Pages 4 and 4A for Each Pest Management Area

D. Pest Management Areas

Complete this section for each Pest Management Area for which Pesticide General Permit coverage is desired.

Pest management area, as defined in Appendix A of the permit, can be a large area (e.g., an entire town) or a very specific well-defined management area (e.g., a lake). Thus, a pest management area can have one or more treatment areas

1. Pest Management Area Information: Area # _____ of ## _____ (e.g. 1 of 5), please attach additional pages as needed if you are certifying multiple areas.
2. Pest Management Area Name: _____
Street Address, if applicable (or cross streets) _____
City _____ CO, Zip Code _____
County _____
3. Provide a map of the location of the Pest Management Area showing the treatment area within the Pest Management Area
(Attach Map)
4. Size of Treatment Area _____ Acres or _____ Linear Feet
5. Contact Information for pesticide applicator Same as operator listed in item 1 page 1 of application
Company Name _____
Mailing Address _____
City, State and Zip Code _____
First Name _____ Last Name _____
Title _____
Phone _____ Cell _____
E-mail Address _____

6. Pesticide Use Patterns to be included in this Pest Management Area (Check all that apply)

- Mosquito and other flying insect pest control
- Forest canopy pest control
- Animal pest control
- Weed and algae pest control

7. Receiving Waters as applies to Pest Management Area -Item 1 above (Check One)

- For all surface waters of the state
- For the following surface waters of the state

- For all surface waters of the state except for:

8. Outstanding Waters

Is coverage requested for discharges to outstanding water(s) of the state? YES NO

If YES Name of Outstanding Water(s) _____

Provide rationale for determination that pesticide discharges are necessary to protect water quality, the environment, and/or public health and that any such discharge will not degrade water quality or will degrade water quality only on a short term or temporary basis - attach additional pages as needed:

9. Water Quality Impaired Waters

Operators are not eligible for coverage under this permit for any discharges from a pesticide application to surface waters of the state if the waters are identified as impaired by a substance which is either an active ingredient of the pesticide designated for use or is a degradate of such an active ingredient. (Check one)

- Waters are NOT impaired by any substance which is either an active ingredient of a pesticide to be discharged or a degradate of such an active ingredient.
- Waters are on a current state list as being impaired by a substance which is either an active ingredient of a pesticide to be discharged or a degradate of such an active ingredient; however, evidence is attached documenting that the waters are no longer impaired.

10. Pest Evaluation

a. Identify the target pest(s) and explain why pest control is needed*

*Please attach additional pages as necessary

b. Describe pest management measure(s) implemented before first pesticide application For example, identify if you have performed physical control techniques such as pulling weeds, removing breeding habitat, or trapping animals.*

*Please attach additional pages as necessary

11. Pesticide Application Start Date _____ End Date _____

12. Name of each pesticide product used, EPA Registration number and Quantity of pesticide applied (as packaged or as formulated). The total quantity of pesticide applied and the pesticide application end date must be completed as soon as possible but no later than 14 days after completion of pesticide application for this project.*

Product Name	EPA Registration Number	Quantity (lbs OR gallons)		Application method e.g., fixed wing aircraft, backpack sprayer
		lb	Gal	
		lb	Gal	
		lb	Gal	
		lb	Gal	
		lb	Gal	
		lb	Gal	

*Please attach additional pages as necessary

13. Visual monitoring was conducted during pesticide application and/or post application YES NO
If no describe why not:

14. Were any adverse effects identified during visual monitoring? YES NO If yes, describe:

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+++ ATTACHMENTS +++

- D-3 **MAPS** – Map #1 (Boundary)
District Boundary (Hotchkiss in the lower left and Paonia towards the east)
Encompassing 50 Miles (32,000 acres)



Map #2
Lower Hotchkiss Adulticide Routes

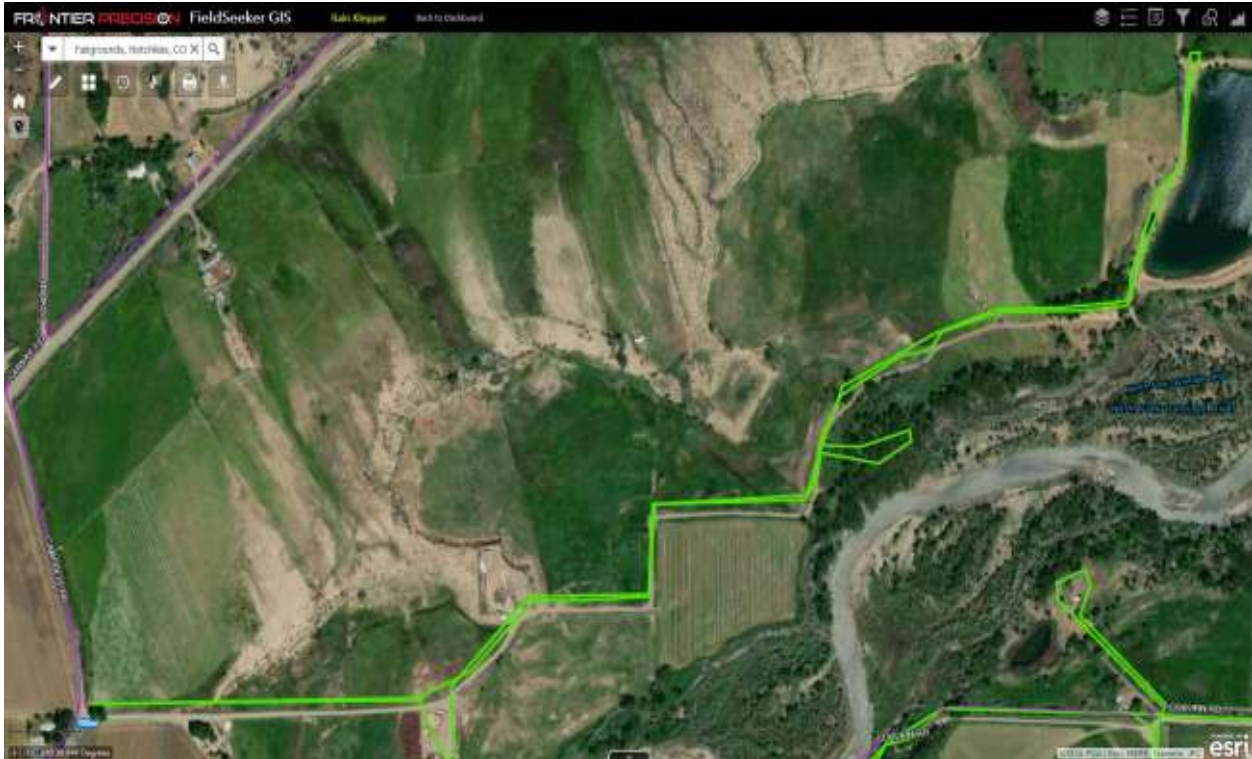


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D-3 MAPS CONTINUED – Map #3 East of Hotchkiss Adulticide Routes (Lorah Lane to Train Bridge Road)

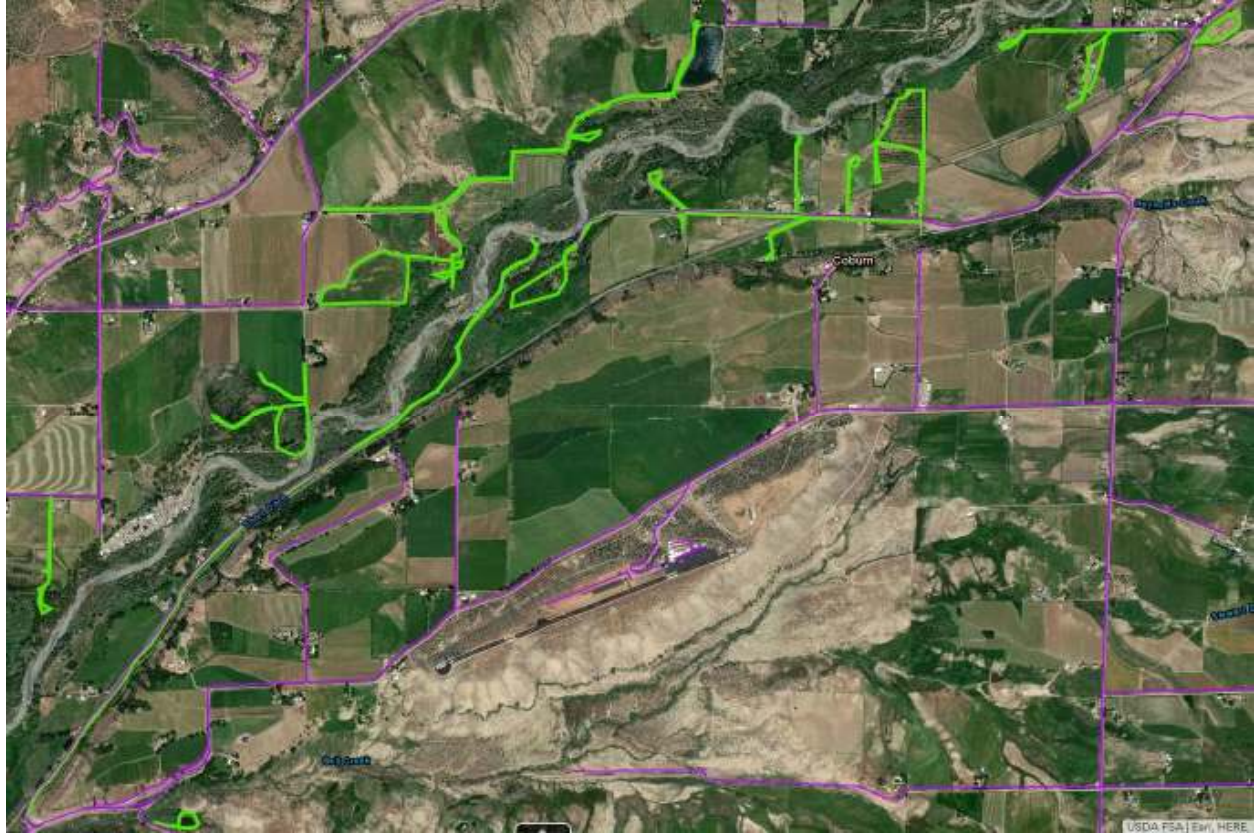


Map #4 East Midway Adulticide Routes (Campbell Road Area) headed towards Paonia via Hwy 133

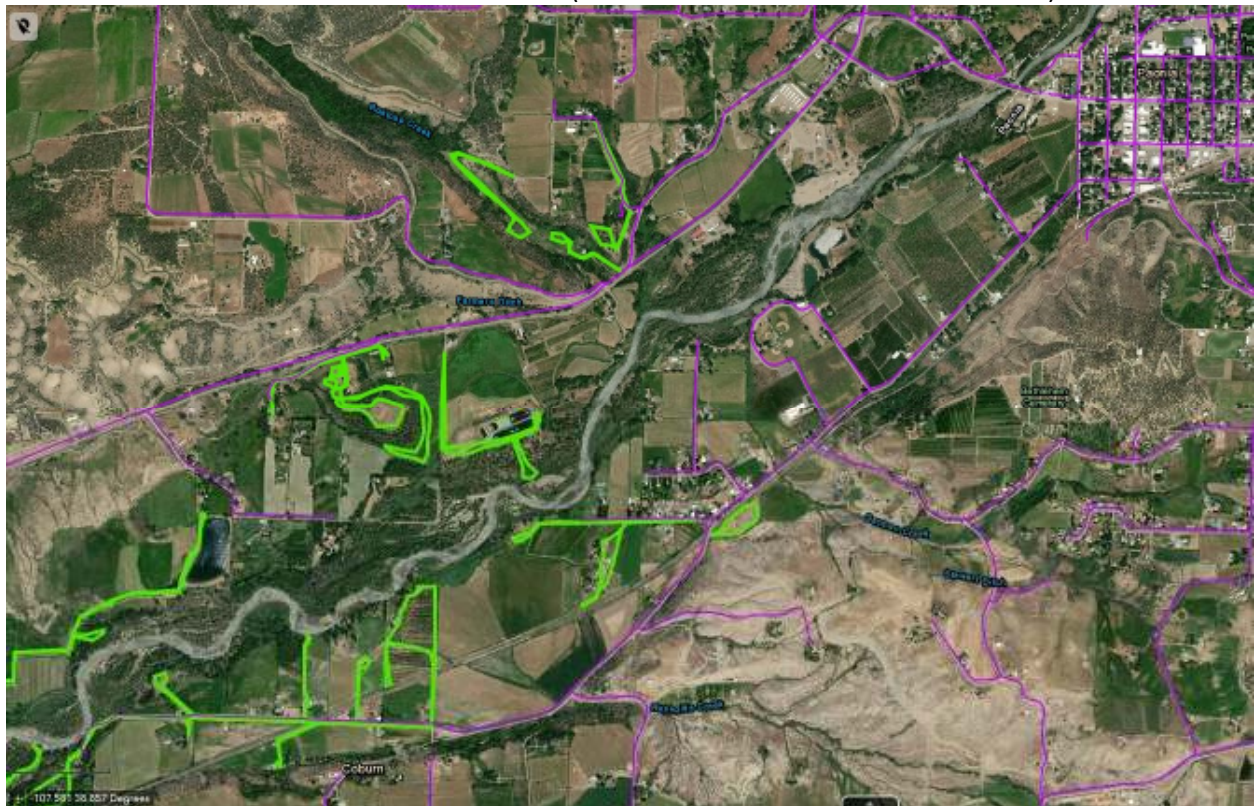


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D-3 MAPS CONTINUED – Map #5
Expanded View of East Midway headed west towards Paonia



Map #6
Southwest of Paonia Adulticide Routes (headed back to Hotchkiss via back road)



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D-10 Pest Evaluation

(b) Pest Management Measures:

Prevention via education is our biggest approach in mosquito mitigation. Educating the public with actions to be taken to avoid creating mosquito habitats in areas under their personal control. Cooperative efforts between the District, and private homeowners, the towns, the county, the railroads, the mines, and federal lands are an integral part of successful mitigation, and ultimate eradication, of mosquito-borne illness.

The District continues to use all physical and mechanical methods available, both by paid crew and volunteers, to reduce mosquito breeding sites where possible with permission of property owners, either private or public, with the purpose of reducing pesticide usage. All mechanical and physical methods of mitigation and reduction of breeding sites in the NFMAD area are based on site evaluation and remediation planning. A full range of physical mitigation is employed, including controlled burning, weed reduction, backhoe and track hoe shifting of drainage, installation of piping, opening of irrigation canals, and more, all with the intent to get water back to the river efficiently and safely, while reducing stagnant and standing water areas that are prime breeding sites.

NFMAD will continue to work with residential property owners, farmers and ranchers, to conduct proper water management with the purpose of reducing mosquito breeding habitats. Examples of cultural methods of mitigation include allowing irrigated fields to dry down within 5 days, opening drainage to allow irrigation water to return to the river rather than becoming standing puddles, and pasturing livestock in a manner that reduces hoof prints holding water.

From 2014 to 2023, multiple large-scale physical mitigation projects have been completed, or progressed further, with the full support of the Board of County Commissioners, and the towns of Hotchkiss and Paonia. The limiting factor has been finances, as well as weather patterns, but NFMAD successfully negotiated several grant bequests, allowing projects to progress and be completed.

D-12 (1) Pesticide Applicator: Mike Clawson 970-260-2138

D-12 (2) Dates of Applications: Start: May 3, 2023 End: Sept. 21, 2023

D-12-(3) Products Used:

PRODUCT USED		QUANTITY	APPLICATION METHOD	EPA REGISTRATION #
Altosid XR Briquettes (220/cs)	ea	1,038	By hand	2724-375
Altosid XRG Granules (40# Bag)	lbs	142	By hand / Backpack	2724-451
BVA 2 Larvicide (55Gal Drum)	gal	1	Weed Sprayer	70589-1
Mavrik Perimeter (12x8oz/cs)	oz	4.5	Weed Sprayer / Backpack Sprayer	2724-478
MetaLarv XRP (800 WSP/cs)	ea	555	By hand	73049-475
Mosquito Magician	gal	0.15	Weed Sprayer	Essential Oils-NonToxic
Perm X ULV 4-4 (2-2.5/cs)	gal	30	Fogger	89459-47
Perm X ULV4-4 (55Gal Drum)	gal	55	Fogger	655-898
Terminex MSC ATSB (3x5 lt/cs)	lt	0.9	Weed Sprayer	Garlic-NonToxic
Vectobac G5/8 (40# Bag)	lbs	12	Backpack	73049.1
Vectolex FG (40# Bag)	lbs	110	Backpack	73049-519