

NPDES  
FORM  
6100-28



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460  
ANNUAL REPORTING FORM FOR THE PESTICIDES GENERAL PERMIT FOR  
DISCHARGES FROM THE APPLICATION OF PESTICIDES

FORM  
Approved  
OMB No.  
2040-0004  
Expires on  
07/31/2026

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations (40 CFR 122.28(b)(2)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to average 1 hour per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

**This is a revised annual report.**

Permit Information

**Reporting Year:** 2023

**Reporting Period:** 01/01/2023 to 12/31/2023

**NPDES ID:** MAG870002

General Information

**Pest Management Activity State:** MA

**Pest Management Activity Name:** CMMCP

**Operator Name (aka Decision-maker Name):** Central Massachusetts Mosquito Control Project

**Are you a large entity  
as defined in Appendix**

**A (/net-  
pgp/documents/PGP\_2021\_FinalPermit.pdf#page=84)**

:

Yes

Operator Mailing Address

**Address Line 1:** 111 Otis St.

**Address Line 2:**

**City:** Northborough

**ZIP/Postal Code:** 01532

**State:** MA

**County or Similar Division:**

Operator Point of Contact Information

**First Name Middle Initial Last Name:** Timothy D Deschamps Sr

**Phone:** 508-393-3055

**Ext.:**

**Email:** deschamps@cmmcp.org

**Fax:**

Annual Report Preparer Information

This Annual Report is being prepared by someone other than the Decision-maker, who is the certifier.

Adverse Incidents and Corrective Actions

**Was an adverse incident observed and/or corrective actions taken for any Pest Management Area for which you have coverage under the permit?**

No adverse incidents were observed or no corrective action was taken.

Pest Management Area(s)

001: Wetlands in CMMCP service area

**Have any discharges from pest control activities occurred in this calendar year?** Yes

001-001: Wetlands in CMMCP service area

**Treatment Area #:** 001-001

**Treatment Area Name:** Wetlands in CMMCP service area

Pest Applicator Information

Check if the pest applicator information is the same as provided in General Information section.

Pest Applicator Mailing Address

**Address Line 1:** 111 Otis St.

**Address Line 2:**

**City:** Northborough

**ZIP/Postal Code:** 01532

**State:** MA

Pest Applicator Contact Information

**First Name Middle Initial Last Name:** Timothy D Deschamps Sr

**Phone:** 508-393-3055

**Ext.:**

**Email:** deschamps@cmmcp.org

**Fax:**

Description of Treatment Area

**Provide a map or description of the treatment area within this Pest Management Area, including location description:**

Provide a map of treatment area and location:

➔ **Provide a map of treatment area and location:**

Name	Uploaded Date	Size
 CMMCP SERVICE AREA 2023.bmp (arptAttachment/3708)	01/18/2024	2.45 MB

**Size of treatment area (in acres or linear feet):** 518400 Acres

**Pesticide Use Patterns to be included in this Pest Management Area (check all that apply):**

Mosquito and Other Flying Insect Pest Control

Weed and Algae Pest Control

- Animal Pest Control
- Forest Canopy Pest Control

**Name or location of any waters of the United States to which discharges occurred:**

Acton; Ashland; Auburn; Ayer; Berlin; Billerica; Blackstone; Bolton; Boxborough; Boylston, Chelmsford; Clinton; Dracut; Devens; Fitchburg; Gardner; Grafton; Holliston; Hopedale; Hopkinton; Hudson; Lancaster; Leominster; Littleton; Lowell; Lunenburg; Marlborough; Milford; Millbury; Millville; Natick; Northborough; Northbridge; Sherborn; Shrewsbury; Southborough; Stow; Sturbridge; Tewksbury; Webster; Westborough; Westford; Wilmington; Worcester

**Target Pest(s):** Mosquito

**Did any pesticide application activities result in a discharge to waters of the United States containing NMFS Listed Resources of Concern as defined in Appendix A (/net-pgp/documents/PGP\_2021\_FinalPermit.pdf#page=84) of the permit?**

No

**Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application:**

Yes

<b>Pesticide Product:</b>	<b>EPA Pesticide Registration Number:</b>	<b>Method of Application:</b>	<b>Quantity:</b>	<b>Unit:</b>
Aquabac 200G	<u>62637-3</u>	<u>Aerially by rotary aircraft</u>	<u>3050</u>	<u>Lbs.</u>
Aquabac 200g	<u>62637-3</u>	Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	<u>7850</u>	<u>Lbs.</u>
BVA 2 Larvicide Oil	<u>70589-1</u>	Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	<u>1.5</u>	<u>Gallons</u>
Natular G	<u>8329-80</u>	Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	<u>1923</u>	<u>Lbs.</u>
Natular G30	<u>8329-83</u>	Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	<u>2742</u>	<u>Lbs.</u>

**Certification Information**

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 gathered and evaluated 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 have no personal knowledge that the information submitted is other than 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.

**Certified By:** Timothy D. Deschamps

**Certifier Title:** Executive Director

**Certifier Email:** cmmcp@cmmcp.org

**Certified On:** 01/18/2024 7:59 AM ET