



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460
NOTICE OF INTENT (NOI) OF COVERAGE UNDER THE PESTICIDE
GENERAL PERMIT (PGP) FOR DISCHARGES FROM THE APPLICATION
OF PESTICIDES**

Form Approved
OMB No.
XXXX-XXXX

Submission of this completed Notice of Intent (NOI) constitutes notice that the operator identified in Section B intends to be authorized to discharge pollutants to waters of the United States within the pest management area identified in Section C under EPA's Pesticide General Permit. Submission of this NOI constitutes notice that the party identified in Section B of this form has read, understands, and meets the eligibility conditions of Part 1 of the PGP; agrees to comply with all applicable terms and conditions of the PGP; and understands that continued authorization under the PGP is contingent on maintaining eligibility for coverage. To be granted coverage, all information required on this form must be completed. Please read and make sure you comply with all permit requirements, including the requirement for large entities to prepare a Pesticide Discharge Management Plan. Refer to the instructions at the end of this form to complete your NOI.

Electronic Submission Waiver

I hereby acknowledge my waiver request from the use of EPA's electronic Notice of Intent system (eNOI) because my use of eNOI will incur undue burden or expense over my use of this paper NOI form.

Briefly describe the reason why use of the electronic system causes undue burden or expense.

A. Notice of Intent Status

Mark whether this is the first time you are requesting coverage under this General Permit or if this is a change of information for a discharge already covered under this General Permit. If this is a change of information, supply the NPDES permit tracking number for the discharge.

1. Original NOI Submission

2. NOI Change of Information: (NPDES Permit Tracking Number)

Please note: When Selecting # 2 please fill out Section B (Operator Name and Mailing Address) and the fields of the NOI that needs to be modified.

B. Operator Information

1. Operator Name:

2. IRS Employer Identification Number (EIN): -

3. Operator Type (check one):

- a. Federal government
- b. State government
- c. Local government
- d. Mosquito control district (or similar)
- e. Irrigation control district (or similar)
- f. Weed control district (or similar)

g. Other: If other, provide brief description of type of operator:

4. Are you a large entity as defined in Appendix A of the PGP? (check one):

Yes No

Please note: If you answer "Yes" to question 4 you are required to develop a Pesticide Discharge Monitoring Plan (PDMP) and submit an Annual Report reflecting all pesticide uses for which you are requesting permit coverage under this NOI.

5. In which state are your pest management areas located? Please specify only one state per NOI:

6. Mailing Address:

a. Street:

b. City: c. State: d. ZIP Code: -

e. Telephone: - - ext f. Fax: - -

g. Contact Name:

h. E-mail:

C. Operator Information: Complete Section C for each Pest Management Area for which coverage under EPA's Pesticide General Permit is desired. Copy this section for non-electronic submissions.

Pest Management Area # ___ of ## ___

1. Pest Management Area Name: _____

Provide a map of the location of the Pest Management Area for this use (attach map), or describe the location of the Pest Management Area in detail.

2. Are any of your activities for which you are requesting coverage under this NOI occur on Indian Country Lands? Yes No

If yes, identify the reservation or otherwise describe those areas: _____

3. Are any of your activities (in this pest management area) for which you are requesting coverage under this NOI occur on areas considered "federal facilities" as defined by the PGP? Yes No

4. Mailing address and contact information (or check here if same as provided in Section B):

a. Street: _____
b. City: _____ c. State: _____ d. ZIP Code: _____
e. Telephone: _____ ext _____ f. Fax: _____
g. Contact Name: _____
h. E-mail: _____

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

- a. Mosquito and Other Flying Insect Pest Control
b. Weed and Algae Pest Control
c. Animal Pest Control
d. Forest Canopy Pest Control

6. Receiving Waters (check one):

- a. Coverage requested for all waters of the United States within the Pest Management Area identified above.
b. Coverage requested specifically for the following waters of the United States within the Pest Management Area identified above.

- c. Coverage requested for all waters of the United States within the Pest Management Area identified above except for:

7. Tier 3 Waters

Is coverage requested for discharge to a Tier 3 water (Outstanding National Resource Water) of the United States? Yes No

If yes, answer 1) and 2):

1) Name of Tier 3 water(s): _____

2) Provide rationale for determination that pesticide discharge is 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: _____

8. Water Quality Impaired Waters

Operators are not eligible for coverage under this permit for any discharges from a pesticide application to Waters of the United States 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. See Part 1.1.2.1 of the PGP.

Check one:

- a. 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
b. 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.

D. Endangered Species Protection: Complete Section D for each Pest Management Area for which coverage under EPA's Pesticide General Permit is desired. Copy this section for non-electronic submissions.

Pest Management Area # ___ of ## ___

Federally Listed Threatened or Endangered Species (i.e., Species) and/or Federally Designated Critical Habitat (i.e., Habitat) (check one):

- A. Pesticide application activities will not result in a point source discharge to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A, for this permit.
- B. Pesticide application activities for which permit coverage is being requested will discharge to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A, but consultation with NMFS under section 7 of the ESA has been concluded for pesticide application activities covered under this permit. Consultations can be either formal or informal, and would have occurred only as a result of a separate federal action. The consultation addressed the effects of pesticide discharges and discharge-related activities on federally-listed threatened or endangered species and federally-designated critical habitat, and must have resulted in either:
 - i. A biological opinion from NMFS finding no jeopardy to federally-listed species and no destruction/adverse modification of federally-designated critical habitat; or
 - ii. Written concurrence from NMFS with a finding that the pesticide discharges and discharge-related activities are not likely to adversely affect federally-listed species or federally-designated critical habitat.
- C. Pesticide application activities for which permit coverage is being requested will discharge to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A, but all "take" of these resources associated with such pesticide application activities has been authorized through NMFS' issuance of a permit under section 10 of the ESA, and such authorization addresses the effects of the pesticide discharges and discharge-related activities on federally-listed species and federally-designated critical habitat. (The term "take" means to harass, pursue, hunt, shoot, wound, kill, trap, capture, or collect, or to attempt to engage in any such conduct. See Section 3 of the Endangered Species Act, 16 U.S.C. § 1532 (19).)
- D. Pesticide application activities were, or will be, discharged to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A, but only in response to a declared pest emergency situation.
- E. Pesticide application activities for which permit coverage is being requested will discharge to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A. Eligible discharges include those from pesticide application activities performed consistent with appropriate measures to avoid or eliminate the likelihood of adverse effects as provided in writing from NMFS, and the Operator must provide EPA with the required relevant supporting information from NMFS.
- F. Pesticide application activities for which permit coverage is being requested will discharge to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A. Eligible discharges include those from pesticide application activities that are demonstrated not likely to adversely affect federally-listed species or their designated critical habitat.

If you checked item F. above, list all NMFS Listed Resources of Concern identified within the area for which permit coverage is being requested:

1. Pest(s) to be controlled: _____

2. Pesticide product(s) to be discharged: _____

3. Planned quantity and rate of discharge(s) _____

4. Number of planned discharges: _____

5. Approximate date(s) of planned discharge(s) (in MM/DD/YYYY format): _____

6. Your rationale supporting your determination that you meet Criterion F, including appropriate measures to be undertaken to avoid or eliminate the likelihood of adverse effects. (Attach additional pages as necessary.) _____

E. 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. 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. I further certify that the applicant has sufficient title, right, or interest in the property where the proposed activity occurs.

Printed Name:

Title:

E-Mail:

Signature/Responsible Official: _____

Date: / /

NOI Preparer (Complete if NOI was prepared by someone other than the certifier)

Preparer Name:

Organization:

Phone: - - Ext

Date: / /

E-Mail:

DRAFT

Instructions for Completing the Notice of Intent (NOI) for Coverage Under the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

Who Must File a NOI with EPA?

Any owner/operator who is also a decision-maker, as described in the PGP Part 1.2.2 and meeting the eligibility requirements identified in the PGP Part 1.1 and Table 1 must submit a complete and accurate NOI.

Table 1. Decision-Makers Required to Submit NOIs

| PGP Part/ Pesticide Use | Which Decision-Makers Must Submit NOIs? | For Which Pesticide Application Activities? |
|---|--|---|
| All four use patterns identified in Part 1.1.1 | Any decision-maker with an eligible discharge to a Tier 3 water (Outstanding National Resource Water) consistent with Part 1.1.2.2 | All |
| 1.1.1(a) - Mosquito and Other Flying Insect Pest Control | Federal and state agencies with a responsibility to control mosquitoes for public health, nuisance control, and animal welfare | All |
| | Mosquito control districts, or similar pest control districts | All |
| | Other entities that exceed the <i>annual treatment area threshold</i> identified here | Decision to treat with adulticide during a calendar year more than 6,400 acres |
| 1.1.1(b) - Weed and Algae Pest Control | Federal and state agencies with a responsibility to control weeds and algae | All |
| | Irrigation and weed control districts, or similar pest control districts | All |
| | Other entities that exceed the <i>annual treatment area threshold</i> identified here | Decision to treat during a calendar year more than either: 20 linear miles OR 80 acres of water (i.e., surface area) |
| 1.1.1(c) - Animal Pest Control | Federal and state agencies with a responsibility to control animals for public health, nuisance, or resource management | All |
| | Other entities that exceed the <i>annual treatment area threshold</i> identified here | Decision to treat during a calendar year more than either: 20 linear miles OR 80 acres of water (i.e., surface area) |
| 1.1.1(d) - Forest Canopy Pest Control | Federal and state agencies with a responsibility to control forest canopy pests | All |
| | Other entities that exceed the <i>annual treatment area threshold</i> identified here | Decision to treat during a calendar year more than 6,400 acres |

If you are unsure whether you need an NPDES Pesticides Permit, contact your EPA or state NPDES pesticides permit program. Contacts are listed at www.epa.gov/npdes/pesticidecontacts.

One NOI must be submitted for pest management areas in each state for which you are seeking permit coverage.

When to File the NOI Form

Do not file your NOI until you have obtained and thoroughly read a copy of the Pesticides General Permit (PGP). A copy of the PGP is on EPA's website (www.epa.gov/npdes/pesticides/pgp). The PGP describes procedures to ensure your eligibility, prepare your Pesticide Discharge Monitoring Plan (PDMP), and complete the NOI form questions—all of which must be done before you sign the NOI certification statement attesting to the accuracy and completeness of your NOI. You will also need a copy of the PGP once you have obtained coverage so that you can comply with the implementation requirements of the permit.

Decision makers meeting the eligibility requirements identified in the PGP Part 1.1 and Table 1 must submit a complete and accurate NOI according to Tables 2, 3, and 4 and consistent with the requirements of the PGP Part 1.2.

Table 2. Original NOI Submittal Deadlines and Discharge Authorization Dates

| Operator Type | NOI Submission Deadline | Discharge Authorization Date |
|--|---|--|
| Any Operator not required to submit an NOI. | Not applicable. | Immediately upon beginning to discharge. |
| Decision-makers whose discharges begin before October 9, 2011, and that will exceed the criteria in Part 1.2.2 requiring submission of an NOI. | Due between October 9, 2011, and January 9, 2012. | Immediately upon beginning to discharge. Authorization granted until January 9, 2012. If EPA receives an NOI on or before January 9, 2012, uninterrupted coverage continues. |
| Decision-makers whose discharges begin after October 9, 2011 and that meet the criteria in Part 1.2.2 requiring submission of an NOI. | Due at least 10 days before exceeding an annual treatment area threshold. | Immediately upon beginning to discharge, until the discharge exceeds an annual treatment area threshold. If a decision-maker submits an NOI after January 9, 2012, they are reauthorized no earlier than 10 days after EPA posts on the Internet the receipt of a complete and accurate NOI. |

Table 3. Emergency Discharges and Discharges to Tier 3 Waters

| Operator Type | NOI Submission Deadline | October 31, 2011, or Discharge Authorization Date, whichever comes later |
|--|---|---|
| All decision-makers discharging to a Tier 3 water. | At least 10 days before beginning discharge unless discharges are in response to a declared pest emergency, in which case not later than 30 days after beginning discharge. | No earlier than 10 days after EPA posts on the Internet a receipt of a complete and accurate NOI unless discharges are in response to a declared pest emergency in which case coverage is available immediately upon beginning to discharge from activities conducted in response to declared pest emergency. |
| Decision-maker discharging in response to a <u>declared pest emergency situation</u> as defined in Appendix A for which that activity triggers the NOI requirement identified in Part 1.2.2. | No later than 30 days after beginning discharge but no earlier than January 9, 2012. | Immediately upon beginning to discharge for activities conducted in response to declared pest emergency situation. |

Table 4. NOI Change of Information Submittal Deadlines and Discharge Authorization Dates

| Operator Type | NOI Submission Deadline | Discharge Authorization Date |
|---------------|-------------------------|------------------------------|
|---------------|-------------------------|------------------------------|

| | | |
|--|---|---|
| Any decision-makers discharging to a Tier 3 water, for Tier 3 waters not specifically identified by name on their most recently submitted NOI. | At least 10 days before beginning to discharge in that newly identified treatment area unless discharges are in response to a declared pest emergency in which case not later than 30 days after beginning discharge. | No earlier than 10 days after EPA posts on the Internet receipt of a complete and accurate NOI unless discharges are in response to a declared pest emergency in which case coverage is available immediately upon beginning to discharge from activities conducted in response to declared pest emergency. |
| Any decision-makers requiring permit coverage for a treatment area not within the pest management area identified on a previously submitted NOI. | At least 10 days before beginning to discharge in that newly identified area. | No earlier than 10 days after EPA posts on the Internet the receipt of a complete and accurate NOI. |

Where to File the NOI Form

The Decision-maker must prepare and submit the NOI using EPA's electronic Notice of Intent system (eNOI) available on EPA's website (www.epa.gov/npdes/pesticides/eNOI) unless eNOI is otherwise unavailable or the decision-maker has obtained a waiver from the requirement to use eNOI for submission of the NOI. The Electronic Submission Waiver is at the top of this form. Decision-makers waived from the requirement to use eNOI for NOI submission must certify to EPA on this form that use of eNOI will incur undue burden or expense over the use of the paper NOI form and then provide a basis for that determination.

EPA will immediately post on the pesticides eNOI website all NOIs received. Late NOIs will be accepted, but authorization to discharge will not be retroactive.

If you do receive a waiver from using eNOI; you must send the NOI to one of the addresses listed below.

Via United States Mail:

United States Environmental Protection Agency
Office of Water, Water Permits Division
Mail Code 4203M, ATTN: NPDES Pesticides
1200 Pennsylvania Avenue, NW
Washington, DC 20460

Via overnight/express delivery:

United States Environmental Protection Agency
Office of Water, Water Permits Division
EPA East Building - Room 7420, ATTN: NPDES Pesticides
1201 Constitution Avenue, NW
Washington, DC 20004

If you have questions, contact EPA's Pesticides Notice Processing Center toll free at 866-352-7755.

- If you file a paper NOI, submit the original with a signature in ink. Do not send copies. Also, faxed copies will not be accepted.
- Your PDMP does not need to be submitted for review unless specifically requested by EPA or as otherwise required in the PGP. You must keep a copy of your PDMP on-site or otherwise make it available to facility personnel responsible for implementing provisions of the permit.

Completing the NOI Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Please make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed original form to the address above. You may also use this paper form as a checklist for the information you will need when filing an NOI electronically via EPA's Pesticides eNOI.

Section A. NOI Status

1. Check this box if this is the first time you are requesting coverage under the PGP or if this is a change of information for a discharge already covered under the PGP. If this is a change of information, supply the NPDES permit tracking number that you received in your confirmation letter or e-mail from EPA's Pesticide Notice Processing Center. You can find the tracking number assigned to your previous NOI on EPA's NOI Search website (www.epa.gov/npdes/noisearch). For additional details regarding a change of information, see Table 4. If this is the first time you are requesting coverage, refer to Table 2 for NOI submittal deadlines and discharge authorization dates.
2. Enter the permit number under which you are requesting coverage. Appendix C of the PGP identifies permit numbers in the states for each EPA Region.

Section B. Operator Information

1. Provide the legal name of the person, firm, public organization or any other public entity that operates or who is the decision-maker for the pesticides applications described in this application. An operator of a facility is the decision-maker who has control over the decision to perform pesticide applications including the ability to modify those decisions that result in a discharge to Waters of the United States.
2. Provide the Employer Identification Number (EIN from the Internal Revenue Service IIRS)), commonly referred to as your tax payer ID number. If the operator does not have an EIN, enter "N/A" in the space provided.
3. Indicate the type of operator: federal government, state government, local government, mosquito control district (or similar), irrigation control or other, weed control district (or similar), or other. If other, provide brief description of type of operator in the space provided.
4. Indicate whether or not you are a "large entity" as defined in Appendix A of the PGP.
5. Provide the operator's mailing address, telephone number, fax number (optional), name, and e-mail address. Correspondence will be sent to this address.

Section C. Operator Information for each Pest Management Area for which coverage under EPA's Pesticide General Permit is desired.

1. Indicate whether you are submitting an NOI for multiple pest management areas. A pest management area is the area of land, including any water, for which you have responsibility and are authorized to conduct pest management activities as covered by this permit (e.g., if you are a mosquito control district, your pest management area is the total area of the district). You must complete a Section C for each pest management area. If you are submitting an NOI for only one area, enter "1" of "1." If you are submitting NOIs for multiple pest management areas, enter the number for the NOI for which you are requesting coverage followed by the total number of pest management areas for which you are requesting coverage. Enter the name of the pest management area. Provide both a map of the pest management and a description of the pest management area in the space provided.
2. Enter the mailing address for the pest management area. If this address is the same as the operator's mailing address, indicate that by checking the box. If it is a different address, enter the mailing address, telephone number, fax number (optional), contact name, and e-mail address.
3. Indicate whether the pesticide application will occur on Indian County Lands, and if so, provide the name of the reservation, if applicable. If the pest management area is not part of a reservation, "Not Applicable."
4. Indicate the pesticide use patterns for the pest management area for which the NOI is required. For additional information regarding pesticide use patterns, see PGP Part 1.1.1. Check all the use patterns that apply to the pest management area.
5. Indicate if permit coverage is being requested for all waters of the United States within the pest management area or if permit coverage is being requested to specific waters of the United States within the pest management area. If specific waters are being requested, write the names of the waterbodies. If permit coverage is being requested for all waters of the United States within the pest management area except for a few waterbodies, name those waterbodies in the space provided. EPA's Water Locator Tool can help you identify the closest receiving water to your facility (<http://cfpub.epa.gov/npdes/stormwater/tmdltool.cfm>).
6. Indicate if permit coverage is being requested to discharge to a Tier 3 (Outstanding National Resource Water) water of the United States. If yes, write the name(s) of the impaired waterbodies in the space provided. Describe and demonstrate why it is necessary to apply the pesticide discharge to protect the water quality, 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.
7. Verify that waters within the proposed management area are either not impaired by substances which are either active ingredients in the pesticide planned for use or degradates of such active ingredients, OR that evidence shows that the target waters in question are no longer impaired (see attachment).

Section D. Endangered Species Protection for Federally Listed Threatened or Endangered Species (i.e., Species) and/or Federally Designated Critical Habitat (i.e., Habitat). Complete Section D for each Pest Management Area for which coverage under EPA's PGP is desired.

Identify the Pest Management Areas, corresponding to those in Part C.

- a. Indicate if pesticide application activities within the pest management area **will not** overlap with the distribution map locations of any Species or Habitat.
- b. Indicate if pesticide application activities within the pest management area **will** overlap with the distribution of any Species or Habitat, but you have consulted with the U.S. Fish and Wildlife Service (FWS) and/or the National Marine Fisheries Service (NMFS) under Endangered Species Act (ESA) section 7 already, or already have an ESA section 10 permit issued to you by FWS and/or NMFS for all those activities for which you are requesting coverage under this permit.
- c. Indicate if pesticide application activities within the pest management area will overlap with the distribution of any Species or Habitat. If you checked this item, list all Species or Habitat identified within the area for which permit coverage is being requested.

Section E. Certification

Enter the certifier's printed name, title, and e-mail address. Sign and date the form. For more information about the certification statement and signature, see Appendix B of the PGP. (CAUTION: An unsigned or undated NOI form will prevent the granting of permit coverage.) Federal statutes provide for severe penalties for submitting false information on this application form. Federal regulations require this application to be signed as follows:

For a corporation: by a responsible corporate officer, means:

- (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or

For a municipal, state, federal, or other public facility: by either a principal executive or ranking elected official.

If the NOI was prepared by someone other than the certifier (for example, if the NOI was prepared by the PDMP contact or a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the NOI preparer.

Paperwork Reduction Act Notice

The public reporting and recordkeeping burden for this collection of information is estimated to average 2.5 hours or 150 minutes 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, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed NOI form to that address.