



Notice of Intent (NOI) Application Form Aquatic Plant and Algae Management General Permit

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| Permit Number: | <input type="checkbox"/> New Application | <input type="checkbox"/> Updated Application |
| Bill Permit Fee To: <input type="checkbox"/> Permittee <input type="checkbox"/> Sponsor | | |

I. Applicant/Permittee Information (Aquatic Licensed Applicator or Government Entity)

| | | |
|--------------------------------------|----------------|------------------|
| Entity Name: | | |
| Contact Name: | | |
| Title: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Phone Number: | E-Mail: | |
| Cell Phone Number (Optional): | UBI: | |

II. Aquatic Pesticide Applicator (If different from Section I. Applicant/Permittee Information)

| | | |
|--------------------------------------|----------------|------------------|
| Entity Name: | | |
| Contact Name: | | |
| Mailing Address: | | |
| Title: | | |
| City: | State: | Zip Code: |
| Phone Number: | E-Mail: | |
| Cell Phone Number (Optional): | UBI: | |

III. Aquatic Pesticide License Information

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| WSDA Pesticide Aquatic License Number: |
| WSDA Pesticide Aquatic License Expiration Date (mm/dd/yyyy): |
| Is the applicator's aquatic license current, and will it remain current? <input type="checkbox"/> Yes / <input type="checkbox"/> No |

IV. Sponsor Information

| | | |
|---|----------------|-------------------------------------|
| Entity Name: | | |
| Sponsor Contact Name: | | |
| Title: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Phone Number: | E-Mail: | |
| Cell Phone Number (Optional): | | |
| Is the Sponsor Entity a Lake Management District or Other Special Purpose | | <input type="checkbox"/> Yes |

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| District for the purpose of managing the water body? | <input type="checkbox"/> No |
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V. Water Body Information

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| Water Body Name: | |
| Water Body Type: | <input type="checkbox"/> River <input type="checkbox"/> Wetland <input type="checkbox"/> Lake <input type="checkbox"/> Roadside or Ditch Bank |
| Water Body Acreage: | County: |
| Latitude (Center of Treatment Area): | Longitude (Center of Treatment Area): |
| Is the water body, or for large water bodies (e.g. Lake Washington, Columbia River) the section(s) of the water body where treatment is proposed, impaired (303d listed) for phosphorus or dissolved oxygen, or neither? | <input type="checkbox"/> Phosphorus <input type="checkbox"/> Dissolved Oxygen <input type="checkbox"/> Neither |
| Rare Plants: | |
| Fish Hatcheries that withdraw water from the water body | |
| Amount of littoral zone | |
| Water Claims/Rights Holders within proposed treatment area or within ¼ mile of proposed treatment area. | |

VI. Project Information

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| Problem Statement (Describe the problem that aquatic plants, algae or nutrients are causing in the sponsors area of authority. Government entities whose coverage includes multiple water bodies indicate the project type for each waterbody.): | | |
| Project Type(s): | <input type="checkbox"/> Algae Control <input type="checkbox"/> Nuisance Weed Control | <input type="checkbox"/> Noxious Weed Control <input type="checkbox"/> Phosphorous Inactivation |
| GPS coordinates for the corners of the treatment area polygon for partial waterbody treatments: | | |
| Total littoral zone acreage proposed for treatment (covered by permit): | | |
| Action thresholds that will be used to determine if treatment occurs: | | |
| Plant Removal Impact Statement (For weed control projects, the applicant must provide information discussing the potential for the removal of aquatic plants to contribute to toxic algae blooms and colonization of the treated area by noxious weeds. The applicant must discuss how their project will account for these potential impacts): | | |

Potential Impacts to Animals (Identify and discuss any potential to impact animals):

Impacts to Waterbody Uses (Identify and discuss short term impacts to the beneficial uses of the waterbody):

The applicant anticipates using the following Active Ingredients (others may be used after permit coverage is issued):

Government entities whose coverage includes multiple waterbodies must specify the waterbody that each active ingredient is being proposed for use on.

| Active Ingredient | Target Plants, Algae, or Nutrients: |
|---|-------------------------------------|
| <input type="checkbox"/> 2,4-D Amine | |
| <input type="checkbox"/> 2,4-D Ester | |
| <input type="checkbox"/> Bispyribac-sodium | |
| <input type="checkbox"/> Carfentrazone-ethyl | |
| <input type="checkbox"/> Diquat Dibromide | |
| <input type="checkbox"/> Endothall Dipotassium Salt | |
| <input type="checkbox"/> Endothall Mono-Potassium Salt | |
| <input type="checkbox"/> Flumioxazin | |
| <input type="checkbox"/> Fluridone | |
| <input type="checkbox"/> Glyphosate | |
| <input type="checkbox"/> Imazamox | |
| <input type="checkbox"/> Imazapyr | |
| <input type="checkbox"/> Penoxsulam | |
| <input type="checkbox"/> Sodium Carbonate Peroxyhydrate | |
| <input type="checkbox"/> Triclopyr TEA | |
| <input type="checkbox"/> Alum | |
| <input type="checkbox"/> Calcium Hydroxide/Oxide | |
| <input type="checkbox"/> Calcium Carbonate | |
| <input type="checkbox"/> Marker Dyes | |
| <input type="checkbox"/> Adjuvants | |
| <input type="checkbox"/> Shading Products | |
| <input type="checkbox"/> Barley Straw | |
| <input type="checkbox"/> Biological Water Clarifiers | |
| <input type="checkbox"/> Other (experimental): | |

Treatment Timing Windows:

Some active ingredients may only be used within a Treatment Timing Window. The default window for all water bodies is July 15 to October 31 (dates inclusive) unless otherwise specified here: http://www.ecy.wa.gov/programs/wq/pesticides/final_pesticide_permits/aquatic_plants/permitdocs/wdfwtiming.pdf.

Treatment Timing Windows may be changed if requested by the applicant, and WDFW agrees based on their review of available information.

| | |
|--|---|
| Do you want to request a timing window change? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Proposed Treatment Timing Window (mm/dd – mm/dd): | |
| Attach a map of the proposed treatment areas on the water body. | |

VII. Public Notice

Public notice must be published at least once each week, for two consecutive weeks with at least seven days between publications, in a **single** newspaper that has general circulation in the county in which the project is to take place. **The applicant must use the Public Notice Template provided below. The NOI must be submitted to Ecology on or before the date of the first public notice.** Ecology cannot grant permit coverage sooner than **31 days** after the date of the second public notice.

Provide the **exact** dates (mm/dd/yy) that the first and second public notices will appear in the newspaper:

First publication date:

Second publication date:

Newspaper publishing the public notice:

Public Notice Template

Complete this template using project-specific information and submit to a local newspaper with general circulation within the county where the project is located. The language in **bold** is required and may not be changed, however the applicant may add additional information to the notice.

[Add name of Applicant/Permittee], [Add address of Applicant/Permittee] is seeking coverage under the Washington State Department of Ecology Aquatic Plant and Algae Management NPDES and State Waste Discharge General Permit.

The proposed project applies to following geographical area: *[Describe project area, e.g. property boundaries, government entity jurisdiction, etc].*

The permit allows the discharge of a specific list of pesticides provided permit conditions are met, however the pesticides currently anticipated for use are: *[Add list active ingredients applicant anticipates using].*

If a government entity has made its own SEPA determination, do not include the following sentence in the public notice:

Ecology has made a SEPA determination of significance with the adoption of an existing environmental document for this proposal.

Any person desiring to present their views to Ecology regarding this application may do so in writing within thirty days of the last date of publication of this notice. Comments should address whether coverage under this permit is appropriate for the proposed project.

Comments must be submitted to Ecology. Any person interested in the department's action

on this application may notify the department of their interest within thirty days of the last date of publication of this notice. Comments can be submitted to: Department of Ecology, Water Quality Program, Attn: Aquatic Pesticide Permit Manager, P.O. Box 47600, Olympia, WA 98504-7600.

VIII. Sponsor Certification

This certification is only required for the sponsor of commercial applicators that are applying for permit coverage. Government entities do not need to complete this section.

If treating an individual lot:

I certify that I have the legal authority to administer the area of the waterbody I am having treated for the purposes of aquatic plant and algae management.

If treating more than one individual lot, select the following:

I certify that I represent a legal entity that has authority to administer the common areas of the waterbody, or locations within the waterbody, for the purposes of aquatic plant and algae management.

Entity Name:

Formation Date:

For all treatment sponsor options: In addition to my certification, based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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.

Sponsor Print Name:

Date

Sponsor Signature:

IX. Applicant/Permittee 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 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 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. Unless the Department of Ecology Permit has more stringent requirements, all FIFRA label directions and requirements will be followed."

Applicant Print Name:

Date

Applicant Signature

Sign and return this document to the address below. For questions call (360) 407-6283

*Washington Department of
Ecology
Water Quality Program
Aquatic Pesticides
PO Box 47600
Olympia, WA 98504-7600*

*To ask about the availability of this document in a format for
the visually impaired, call the Water Quality Program at (360)
407-6401. Persons with hearing loss may call 711 for
Washington Relay Service. Persons with a speech disability
may call (877) 833-6341.*