



## NOTICE OF INTENT (NOI) APPLICATION FORM

### Aquatic Noxious Weed Management General Permit

#### I. Applicant/Permittee Information

Applicant:

#### II. Contact and Mailing Information

Contact Name:

Title:

Mailing Address:

City:

State: Zip:

Phone Number:

Cell Phone Number:

Email address:

Fax Number:

#### III. Project Description

Provide a project description (such as legal description of boundaries and maps) of the project. Attach extra sheets if necessary.

#### IV. Chemical/Method Information

Identify the treatment chemical(s)

- Glyphosate
- Imazapyr
- Triclopyr
- 2,4-D Amine

- Bispyribac-sodium
- Carfentrazone-ethyl
- Flumioxazin
- Imazamox

#### V. Aquatic Pesticide License Information

WSDA Pesticide Applicator License Number:

WSDA Pesticide Applicator License Expiration Date:

- Licensee has an aquatic endorsement or will be supervised by someone with an aquatic endorsement.
- License renewal has been satisfied for this year and will remain current.

#### VI. Public Notice

The public notice must be published at least **once** each week for 2 consecutive weeks, in a **single** newspaper that has general circulation in the county in which the project is to take place. See the public notice template below for the public notice language requirements. Permit coverage will not be granted sooner than **31 days** after the date of the second public notice. **Note: This NOI must be submitted to Ecology on or before the date of the first public notice.**

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

First public notice date:

Second public notice date:

Newspaper publishing the public notice:

#### PUBLIC NOTICE TEMPLATE FOR NEW APPLICANTS

Public notice must be published at least once each week for two consecutive weeks, in a single newspaper of general circulation in the county or counties where the treatment will take place. The applicant may add additional project information to this template, but must not remove or change any bolded language (other than changing fonts or removing bolding).

**Applicant name and contact information (e.g., phone number, Email address, website) is seeking coverage under the NPDES State Waste Discharge General Permit for Aquatic Noxious Weeds. The proposed coverage applies to list water body name(s), acres proposed for treatment, and their location within the water body.**

**Water body name may be treated to control list specific noxious weeds or reference the State Noxious Weed List or Quarantine List. The chemicals planned for use are: list all active ingredients anticipated for use.**

**Any person desiring to present their views to the Department of Ecology regarding this application must do so in writing within 30 days of the last date of publication of this notice.**

**Comments must be submitted to the Department of Ecology. Any person interested in Ecology's action on the application may notify Ecology of their interest within 30 days of the last date of publication of this notice.**

**Submit comments to:  
Department of Ecology  
Water Quality Program  
P.O. Box 47696  
Olympia, WA 98504-7600  
Attn: Aquatic Pesticide Permit Manager**

**Copies of the application are available by contacting the  
Aquatic Pesticide Permit Manager.**

## **VII. 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 Aquatic Noxious Weed Management General 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) 407-6562

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.*