



NOTICE OF INTENT (NOI) APPLICATION FORM

Aquatic Invasive Species Management General Permit

New Application

Updated Application

I. Applicant/Permittee Information

State Agency:

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. SEPA Information

Have the applicant's SEPA requirements under chapter 197-10 WAC been met? Yes No

Type of SEPA determination: Determination of Non-Significance (DNS) Determination of Significance (DS) with Adoption of Environmental Documents

DS with Final Environmental Impact Statement.

Agency issuing DNS, DS or Final EIS:

Date:

Please attach a completed and signed SEPA checklist to this NOI.

IV. Chemical/Method Information

Identify the treatment chemical(s) or method(s).	
Marine and Freshwater Application	Freshwater Application Only
<input type="checkbox"/> Sodium Chloride <input type="checkbox"/> Potassium Chloride <input type="checkbox"/> Chlorine Compounds <input type="checkbox"/> Acetic Acid <input type="checkbox"/> Calcium hydroxide/oxide and Carbon Dioxide <input type="checkbox"/> Heating/Cooling (Temperature Alteration) <input type="checkbox"/> Other (State or Federal EUP):	<input type="checkbox"/> Rotenone <input type="checkbox"/> Potassium Permanganate <input type="checkbox"/> Endothall <input type="checkbox"/> Sodium Carbonate Peroxyhydrate <input type="checkbox"/> Methoprene <input type="checkbox"/> Chelated Copper Compounds <input type="checkbox"/> <i>Pseudomonas fluorescens</i> Strain CLO145

V. Aquatic Pesticide License Information

WSDA Pesticide Applicator License Number:
WSDA Pesticide Applicator License Expiration Date:
<input type="checkbox"/> Licensee has an aquatic endorsement or will be supervised by someone with an aquatic endorsement.
<input type="checkbox"/> License renewal has been satisfied for this year and will remain current.

VI. Public Notice

<p>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 NOI instructions 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.</p>	
Provide the exact dates (m/d/y) 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	
<p>The words in italics are guidance for the Permittee. Remove italicized words before printing notice. The Permittee must publish this notice once each week for two consecutive weeks, in a single newspaper of general circulation in the county in which the chemical treatment is to take place. The non-italicized language is required by WAC 173-226-130 and must be included as part of the public notice in its entirety. Information may be added to this template, but no information may be removed or changed.</p>	
<p><i>(Applicant Name)</i> is seeking coverage under the NPDES Waste Discharge General Permit for Aquatic Invasive Species Management. <i>(Applicant Name)</i> is located at <i>(Applicant Address and Phone Number)</i>.</p>	
<p>This general permit covers the application of chemicals or products to fresh and marine waters anywhere in the state of Washington for the management of nonnative aquatic invasive animals and nonnative invasive marine algae. The permit limits, conditions, and regulates the application of allowed chemicals.</p>	
<p>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 the Department’s action on the application may notify the Department of their interest within 30 days of the last date of publication of this notice.</p>	
<p>Submit comments to: Department of Ecology Water Quality Program Attn: Aquatic Invasive Species Management Permit Manager</p>	

P.O. Box 47600
Olympia, WA 98504-7600

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 Invasive Species 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.