



# Notice of Intent

## Aquatic Mosquito Control General Permit

NOI Version: 1

Application Type: ☐ New ☒ Renewal

Permit Number: WAG994607

Application Id: 45041

### I. Contact Information

Permittee		
Honorific: Mr.	First Name: Ryan	Last Name: Miller
Organization Name: Western Exterminator (Rentokil NA)	Title:	
Mailing Address: 6242 S 196th St		
City: Kent	State: WA	Zip Code: 98032-1167
Email: ryan.miller@west-ext.com		
Primary Phone: 206-250-1930	Secondary Phone:	
UBI Number:		
Site Contact		
Honorific:	First Name: Laura	Last Name: Hinds
Organization Name: City of Orting	Title:	
Mailing Address: PO Box 489		
City: Orting	State: AL	Zip Code: 98360
Email: LHinds@cityoforting.org		
Primary Phone: 360-893-9039	Secondary Phone: 253-861-2401	
UBI Number:		
Sponsor		
Honorific:	First Name: Laura	Last Name: Hinds
Organization Name: City of Orting	Title:	
Mailing Address: PO Box 489		
City: Orting	State: WA	Zip Code: 98360-0489
Email: LHinds@cityoforting.org		
Primary Phone: 360-893-9039	Secondary Phone:	
UBI Number:		
Pesticide Applicator		
Honorific:	First Name: Ryan	Last Name: Miller
Organization Name:	Title:	
Mailing Address: 19620 Russell Rd		
City: Kent	State: WA	Zip Code: 98032
Email: ryan.miller@west-ext.com		
Primary Phone: 206-250-1930	Secondary Phone: 206-250-1930	
UBI Number:		

## II. Site Location

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**Facility Name:** City of Orting - Mosquito Control

**Street Address:** 110 TRAIN ST SE

**City:** ORTING

**County:** Pierce

**Zip Code:** 98360-0489

**Latitude:** 47.097637

**Longitude:** -122.201866

## III. Project Info

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**Project Type:** City

☒ Applicant/Permittee is a Commercial Pest Control business.

**Project Name:**

City Of Orting

**Project Description**

11 ponds within the property boundaries of the City of Orting

**Pesticides Anticipated to be Used:**

☒ Larvicides

☐ Adulticides

**Federal Lands**

☐ My project location includes Federal Lands (e.g. National Wildlife Refuge).

☐ I have an agreement with the land manager that allows me to control mosquitoes on the Federal Land.

**Additional Pesticide Applicator Info**

☒ Licensee has a Public Health Pest Control, Aquatic Pest Control, or a Statewide category endorsement or will be supervised by someone with one of these endorsements.

☒ My renewal has been satisfied and will remain current.

## IV. State Environmental Policy Act (SEPA)

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### V. Public Notice

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You must publish a public notice at least **once** a week for **two** consecutive weeks with **seven days** between publications, in at least a **single** newspaper of general circulation in the county in which the facility is located. Ecology cannot grant permit coverage sooner than the end of the 30-day public comment period, which begins on the date of the **second** public notice.

Newspaper Name	First Public Notice Date	Second Public Notice Date