



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

Permit Number: WAG 99 _ _ _ _

New Application

Updated Application

I. Applicant/Permittee Information

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

II. Aquatic Pesticide Applicator (If different from above)

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

III. Aquatic Pesticide License Information

WSDA Pesticide Applicator License Number:	
WSDA Pesticide Applicator License Expiration Date:	
Does the licensee have or will be supervised by someone with an Aquatic Endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the licensee's renewal satisfied for this year and will it remain current? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IV. Sponsor Information

Entity Name:		
Sponsor Contact:		
Title:		
Mailing Address:	State:	Zip:
City:	Fax Number:	
Phone Number:	Email address:	

V. Project Type (check applicable)

<input type="checkbox"/> Eradication	<input type="checkbox"/> Control	<input type="checkbox"/> Nutrient Inactivation
Is the project a <input type="checkbox"/> river/stream, <input type="checkbox"/> lake, <input type="checkbox"/> roadside, <input type="checkbox"/> ditch bank, or <input type="checkbox"/> wetland project?		
Total amount of acres to be treated:		
Ecology may condition permit coverage to mitigate for rare plants and for salmon, steelhead, bull trout, or other sensitive species or habitats based on consultation with Department of Natural Resources Natural Heritage Program staff and Department of Fish and Wildlife Timing Windows.		

VI. Waterbody Information

Name of waterbody that will be treated:	
County:	Nearest City:
Latitude:	Longitude:
Attach a map of the proposed treatment areas on the waterbody	
What is the size of the waterbody in acres:	
Is the waterbody impaired (EPA 303d Listed) for phosphorus or dissolved oxygen? <input type="checkbox"/> Yes <input type="checkbox"/> No	

VII. Chemicals Planned for Use

Chemical Name	Target Plants, Algae, or Nutrients
2,4-D <input type="checkbox"/> Amine <input type="checkbox"/> Ester	
<input type="checkbox"/> Diquat Dibromide	
Endothall <input type="checkbox"/> Di-Potassium Salt <input type="checkbox"/> Mono-Potassium Salt	
<input type="checkbox"/> Fluridone	
<input type="checkbox"/> Glyphosate	
<input type="checkbox"/> Imazamox	
<input type="checkbox"/> Imazapyr	
<input type="checkbox"/> Sodium Carbonate Peroxyhydrate	
<input type="checkbox"/> Triclopyr TEA	
Alum <input type="checkbox"/> Aluminum Sulfate <input type="checkbox"/> Sodium Aluminate	
<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"/> Biological Water Clarifiers	
<input type="checkbox"/> Other (experimental):	

VIII. Discharge Management Plan/SEPA Addendum for projects 5 acres or more treated area

- For projects with a treated area 5 acres or more, include a completed Discharge Management Plan with the NOI. The NOI is not complete until the Discharge Management Plan has been submitted to Ecology.
- Governments must submit a Discharge Management Plan for each lake that will have a treated area 5 acres or more, even if SEPA is completed separately.
- For projects less than 5 acres, see section XI. SEPA Information

XI. SEPA for Projects less than 5 acres treated area or roadside/ditch bank projects

- If Ecology is not the lead agency for SEPA, attach the SEPA determination documents to your printed and signed application.
- **Governments:** If Ecology is the lead agency for SEPA, submit a completed SEPA checklist for each lake that will have a treated area less than 5 acres.
- **Other:** If Ecology is the lead agency for SEPA, attach a completed and signed SEPA checklist for your project.

X. Public Notice

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: The NOI must be submitted to Ecology on or before the date of the first public notice.** The applicant also must mail or deliver this notice to all potentially affected waterfront residents within one week of publishing the first newspaper notice.

Provide the exact dates (mm/dd/yyyy) 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:

XI. Sponsor Certification

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 one of 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.

OR

I certify that I represent a group that intends to form 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:

XII. Applicant 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

If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with hearing loss may call 711 for Washington Relay Service. Persons with a speech disability may call 877-833-6341.