NPDES PESTICIDE GENERAL PERMIT NOTICE OF INTENT (NOI)

State Form xxxxx (TBD)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

INSTRUCTIONS: 1. *If you are a pesticide applicator who holds a valid license from the Office of the Indiana State Chemist for the pesticide(s) which you are applying, you are not required to complete this form.*
2. *Fill in all requested information using the check boxes and text fields provided. Attach additional sheets if necessary.*
3. *For all addresses, include the street, city, state and zip code.*
4. *If applying for new or modified coverage under this general permit, submit pages 1-3. Complete pages 2 and 3 for each establishment for which coverage under this pesticide general permit is desired for your operation. Use as many sheets as necessary. If applying for termination of coverage, submit only page 4.*
5. *Mail the completed form to IDEM Office of Water Quality, Permits Administration Section, IGCN 12th Floor, 100 N. Senate Ave., Indianapolis, IN 46204-2251 at least ten (10) days in advance of the planned pesticide application activity. Alternatively, you may submit the completed form via email to OWQ@idem.in.gov. Questions may be directed to the IDEM OWQ Permit Administration Section at (317) 232-8670.*
6. *Payment of a $50 fee is required for a new Notice of Intent (NOI) submittal in accordance with IC 13-18-20-12. Checks shall be made payable to "IDEM" and shall be mailed with the NOI as described above. Payment of the fee may also be remitted online at https://www.in.gov/idem/resources/e-services/online-payment-options/.*

NPDES Permit Tracking Number

NPDES Permit Tracking Number (assigned by IDEM):

Date permit coverage requested to commence:

I. Notice of Intent status

Mark whether this is the first time requesting coverage under this General Permit, if this is a renewal of coverage, or if this is a change of information for a discharge already covered under this General Permit. If this is a renewal of coverage or a change of information only, please supply the NPDES permit coverage number for the discharge. Mark only one item:

☐ New operator
☐ Renewal of coverage for the following NPDES Permit coverage number:
☐ Change of information for the following NPDES Permit coverage number:

II. Operator Information

Operator name:

IRS Employer Identification Number (EIN):

Mailing address:

Telephone:

E-mail address:

Contact name:

List all establishments covered under this NOI:

☐ I have attached my Pesticide Discharge Management Plan.

☐ I am not required to submit a Pesticide Discharge Management Plan.

Pesticide use patterns for this operator (check all that apply):

☐ Mosquitoes and other flying insect pests (**A**)
☐ Aquatic weeds and algae control (**B**)
☐ Aquatic nuisance animal control (**C**)
☐ Forest canopy pest control (**D**)
☐ Ditch bank or conveyance weed control (**E**)
☐ Control of aquatic weeds and vegetation under IDNR permit (**F**)
☐ Aquatic weed and algae control in retention ponds that are privately owned or owned by homeowners' associations (**G**)

III. Establishment information

Complete and attach pages 2 and 3 for each establishment covered under this NOI.

IV. Certification

I certify under penalty of law that this document and all its attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the 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.

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-15-7-1(3), that the statements and representations in this **NOI** are true, accurate, and complete. I agree to comply with the terms and conditions of this general permit and all forms and information I have submitted with this NOI.

Signature:

Printed name:

Title:

Date:

E-mail Address:

NPDES PESTICIDE GENERAL PERMIT NOTICE OF INTENT PAGE TWO: ESTABLISHMENT INFORMATION

III. Establishment information

Establishment name:

6-digit NAICS code for primary industrial activity of this establishment:

Mailing address:

Telephone:

E-mail address:

Contact name:

☐ Same as operator

Is this a federal facility? ☐ Yes ☐ No

Is this a unit of federal, state or local government? ☐ Yes ☐ No

Location of NPDES records for this establishment:
☐ At operator's address
☐ At establishment's address
☐ Other address ➲

Pesticide use patterns

Pesticide use patterns for this establishment (check all that apply): ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

Receiving water(s)

For each use pattern checked above, provide the following information (attach additional sheets if necessary):

Use pattern: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F

Location:
☐ Map of location of pesticide application for this use is attached.
☐ Location of pesticide application for this incidence:

Receiving waters (check one):
☐ Coverage requested for **all** waters within location identified above.
☐ Coverage requested for all waters within location identified above **except**:
☐ Coverage requested **specifically** for the following waters within location identified above:

Receiving water(s)

For each use pattern checked above, provide the following information: (attach additional sheets if necessary)

Use pattern: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F

Location:
☐ Map of location of pesticide application for this use is attached.
☐ Location of pesticide application for this use:

Receiving waters (check one):
☐ Coverage requested for **all** waters within location identified above.
☐ Coverage requested for all waters within location identified above **except**:
☐ Coverage requested **specifically** for the following waters within location identified above:

Receiving water(s)

For each use pattern checked above, provide the following information (attach additional sheets if necessary):

Use pattern: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F

Location:
☐ Map of location of pesticide application for this use is attached.
☐ Location of pesticide application for this use:

Receiving waters (check one):
☐ Coverage requested for **all** waters within location identified above.
☐ Coverage requested for all waters within location identified above **except**:
☐ Coverage requested **specifically** for the following waters within location identified above:

Endangered species and critical habitat

Federally or state-listed threatened or endangered species (species) and/or federally or state-designated critical habitat (habitat)(check one):

☐ Pesticide application activities for which permit coverage is being requested **will not overlap** with the distribution map locations of any species or habitat.

☐ Pesticide application activities for which permit coverage is being requested **will overlap** with the distribution map locations of any species or habitat **but** the applicant has consulted with the U.S. Fish and Wildlife Service (FWS) and/or the National Marine Fisheries Service (NMFS) under section 7 of the Endangered Species Act (ESA) or already have a permit issued to you under section 10 of the ESA by the FWS or the NMFS for all these activities for which the applicant is requesting coverage under this permit.

☐ Pesticide application activities for which permit coverage is being requested **will overlap** with the distribution map locations of any species or habitat.

NPDES PESTICIDE GENERAL PERMIT NOTICE OF INTENT PAGE THREE: NOTIFICATION LIST

IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

Pursuant to IC 4-21.5 and IC 13-15-3-1, each applicant for general permit coverage is required to provide a listing of all persons who are potentially affected by the discharge(s) to be covered under the general permit. **PLEASE NOTE THAT MAILING LABELS ARE ALSO REQUIRED WITH THIS SUBMITTAL**.

Please format the labels as follows: **65-42 PS**
Recipient's Name
Address
City, State Zip

Please list here any and all persons whom you have reason to believe have a substantial or proprietary interest in this matter or could otherwise be considered to be potentially affected under the law. Failure to notify any person who is later determined to be potentially affected could result in voiding our decision on procedural grounds. To ensure conformance with the Administrative Orders and Procedures Act (AOPA) and to avoid reversal of a decision, please list all such parties. Attach additional names and addresses on a separate sheet of paper, as needed. **NOTE: Email addresses for potentially affected persons are NOT required but the information is very helpful.**

Name:		Name:
Street address *(number and street)*:		Street address *(number and street)*:
City/State/ZIP code:		City/State/ZIP code:
Email Address:		Email address:
Name:		Name:
Street address *(number and street)*:		Street address *(number and street)*:
City/State/ZIP code:		City/State/ZIP code:
Email Address:		Email address:
Name:		Name:
Street address *(number and street)*:		Street address *(number and street)*:
City/State/ZIP code:		City/State/ZIP code:
Email Address:		Email address:
Name:		Name:
Street address *(number and street)*:		Street address *(number and street)*:
City/State/ZIP code:		City/State/ZIP code:
Email Address:		Email address:
Name:		Name:
Street address *(number and street)*:		Street address *(number and street)*:
City/State/ZIP code:		City/State/ZIP code:
Email Address:		Email address:
Name:		Name:
Street address *(number and street)*:		Street address *(number and street)*:
City/State/ZIP code:		City/State/ZIP code:
Email Address:		Email address:
Name:		Name:
Street address *(number and street)*:		Street address *(number and street)*:
City/State/ZIP code:		City/State/ZIP code:
Email Address:		Email address:

NPDES PESTICIDE GENERAL PERMIT: NOTICE OF TERMINATION (PAGE 4)

State Form xxxxx (TBD)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

INSTRUCTIONS:

1. *Use this page of the general permit form to notify IDEM that you intend to terminate your coverage under this general permit.* ***Do not submit this page with pages 1, 2, or 3.***
2. *Fill in all requested information using the check boxes and text fields provided.*
3. *Attach additional sheets if necessary.*
4. *For all addresses, include street address, city, state and zip code.*
5. *Mail the completed form to IDEM Office of Water Quality, 100 N. Senate Ave., Indianapolis, IN 46204-2251, fax to 317-232-8637, or submit it via email to* OWQ@idem.*IN*.gov.

NPDES Permit Number

NPDES Permit coverage number:

Date when coverage under this permit began:

Date termination of coverage is requested to begin:

Operator Identification:

Operator name:

Contact person:

Mailing address:

Telephone:

E-mail Address:

Applicability

This form requests termination of permit coverage under the General NPDES Permit for Pesticide Applications and requests termination of coverage for all discharges as originally described in the notice of intent.

Basis for termination *(check only one)*:

☐ A new operator has taken over responsibility for pest treatment.

☐ I have ceased aquatic pesticide application for which I obtained permit coverage or there either is not or will no longer be a pesticide discharge.

☐ Permit coverage has been obtained under an individual permit for all pesticide discharges requiring NPDES permit coverage.

Certification

I certify under penalty of law that this document and all its attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the 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. Additionally, I understand that the submittal of this Notice of Termination does not release a pesticide applicator from liability for any violations of the Clean Water Act.

Signature:

Printed name:

Title:

Date:

E-mail: