

State of Georgia
Department of Natural Resources
Environmental Protection Division
NOTICE OF INTENT (NOI)
General NPDES Permit For Discharges of Aquatic Pesticides to Waters of the State
GAG820000

I. Notice of Intent Status:

Please mark whether this is the first time you are requesting coverage under this Pesticide General Permit (PGP) or if this is a change of information for a discharge already covered under this PGP.

- New Permittee Change of Information

II. Permittee Information:

Permittee Name: _____

IRS Employer Identification Number (EIN): ____ - ____ - ____ (if applicable)

Mailing address:

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail _____

Contact Name: _____

All records, reports and documents required by the NPDES PGP shall be kept at the location indicated below for at least three years and shall be made available the upon request.

Location of NPDES Records (if different from above):

Street: _____

City: _____ State: _____ Zip Code: _____

III. Pesticide Use Patterns (check all that apply):

- Mosquitoes and Other Nuisance Insect Pests Control
- Weeds and Algae Control
- Nuisance Animal Control
- Forest Canopy or Other Area-Wide Pest Control

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

Use Pattern: _____

Location (check one):

- Map provided of location of pesticide application for this use, or
- Description of location of pesticide application for this use: _____

Receiving Waters (check one):

- Coverage requested for all waters within location identified above:
- Coverage requested specifically for the following waters within location identified above:
(Please list the names of the applicable receiving waters if known)

Federally-Listed Threatened or Endangered Species (i.e., "Species") and/or Federally-Designated Critical Habitat (i.e., "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 of a Species or Habitat but you have consulted with the U.S. Fish and Wildlife Service and/or the National Marine Fisheries Service under ESA Section 7 already or already have an ESA Section 10 permit issued to you by FWS and/or NMFS for all these activities for which you are requesting coverage under this permit.
- Pesticide application activities for which permit coverage is being requested will overlap with the distribution of any Species or Habitat.

If your pesticide application will overlap with the distribution of any Species and/or Habitat, please list all Species or Habitat identified within the area for which permit coverage is being requested:

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IV. 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 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 further certify that the applicant has sufficient title, right or interest in the property where the proposed activity occurs.

Signature/Responsible Official: _____ Date: _____

Printed Name: _____

Title: _____

E-Mail: _____

Telephone: _____

Keep a copy of this NOI as a record of permit coverage and send the original to:

Georgia Department of Natural Resources
Environmental Protection Division
Wastewater Regulatory Program
4220 International Parkway, Suite 101
Atlanta, Georgia 30354

or via FAX:

404-362-2691