

## Oklahoma Department of Agriculture, Food, and Forestry

### Notice of Intent (NOI) of Coverage Under the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

Submission of this completed Notice of Intent (NOI) constitutes notice that the Operator identified in Section B intends to be authorized to discharge pollutants to Waters of the U.S. within the pest management area identified in Section C under EPA's Pesticide General Permit. Submission of this NOI constitutes notice that the party identified in Section B of this form has read, understands, and meets the eligibility conditions of Part 1 of the permit; agrees to comply with all applicable terms and conditions of the permit; and understands that continued authorization under the permit is contingent on maintaining eligibility for coverage. To be granted coverage, all information required on this form must be completed. Please read and make sure you comply with all permit requirements.

#### Electronic Submission Waiver (skip if submitting through ODAFF's eNOI system)

- I hereby acknowledge my waiver request from the use of ODAFF's electronic Notice of Intent system (eNOI) because my use of eNOI will incur undue burden or expense over my use of this paper NOI form, or if eNOI is otherwise unavailable.

Briefly describe the reason why use of the electronic system causes undue burden or expense.

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#### A. Notice of Intent Status

1. Mark whether this is the first time you are requesting coverage under the Pesticide General Permit or if this is a change of information for a discharge already covered under the Pesticide General Permit. If this is a change of information, supply the AgPDES permit tracking number for the discharge.

- Original NOI Submission
- NOI Change of Information: \_\_\_\_\_ (AgPDES Permit Number)

Please note: When selecting A.1.b please fill out Section B (Operator Name and Mailing Address) and the fields of the NOI that need to be modified.

#### B. Operator Information

1. Operator Name: \_\_\_\_\_
2. IRS Employer Identification Number (EIN): \_\_\_\_\_
3. Operator Type (check one):
- |   |   |
|---|---|
| <input type="checkbox"/> Federal government   | <input type="checkbox"/> State government                       |
| <input type="checkbox"/> Local government   | <input type="checkbox"/> Mosquito control district (or similar) |
| <input type="checkbox"/> Irrigation control district (or similar)                             | <input type="checkbox"/> Weed control district (or similar)     |
| <input type="checkbox"/> Other: If other, provide brief description of type of operator _____ |   |
4. Mailing Address:
- Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
- Telephone: \_\_\_\_\_ Ext \_\_\_\_\_ Fax: \_\_\_\_\_
- Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

**C. Pest Management Areas: Complete Section C for each Pest Management Area for which coverage under the AgPDES Pesticide General Permit is desired. Copy this section for non-electronic submissions.**

Pest Management Area # \_\_\_\_ of ## \_\_\_\_

1. Pest Management Area Name: \_\_\_\_\_

Provide a map of the location of the Pest Management Area (attached map) or describe the location of the Pest Management Area in detail below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are any of your activities for which you are requesting coverage under this NOI occurring on Indian Country Lands?

If yes, identify the reservation or otherwise describe those areas:  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

3. Mailing address and contact information of pesticide applicator (or check here  if same as provided in Section B):

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Pesticide Use Patterns to be included in this Pest Management Area (check all that apply):

- Mosquito and Other Flying Insect Pest Control  Animal Pest Control  
 Weed and Algae Pest Control  Forest Canopy Pest Control

5. Receiving Waters (check one):

- Coverage requested for all Waters of the U.S. within the Pest Management Area identified above.  
 Coverage requested specifically for the following Waters of the U.S. within the Pest Management Area identified above.

\_\_\_\_\_  
\_\_\_\_\_

- Coverage requested for all Waters of the U.S. within the Pest Management Area identified above except for:

\_\_\_\_\_  
\_\_\_\_\_

6. Water Quality Impaired Waters

Operators are not eligible for coverage under this permit for any discharges from a pesticide application to Waters of the U.S. if the waters are identified as impaired by a substance which is either an active ingredient of the pesticide designated for use or is a degradate of such an active ingredient. See Part I.A.2 of the permit. Check one:

- Waters are NOT impaired by any substance which is either an active ingredient of a pesticide to be discharged or a degradate of such an active ingredient.  
 Waters are on a current state list as being impaired by a substance which is either an active ingredient of a pesticide to be discharged or a degradate of such an active ingredient; however, evidence is attached documenting that the waters are no longer impaired.

**D. 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. On the basis of 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.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature/Responsible Official: \_\_\_\_\_ Date: \_\_\_\_\_

**NOI Preparer (Complete if NOI was prepared by someone other than the certifier)**

Preparer Name: \_\_\_\_\_ Organization: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_