

Department of Environmental Conservation

DIVISION OF WATER

Wastewater Discharge Authorization Program

555 Cordova Street Anchorage, Alaska 99501-2617 Main: 907.269.6285 Fax: 907.334.2415

www.dec.alaska.gov/water/wwdp

July 1, 2015

Martin Hutten PhD Wildlife, Fisheries, Ecology, Watershed and Subsistence Staff Officer Forest Service, Wrangell Ranger District 525 Bennett Street Wrangell, AK 99929

Re: AKG870010: USFS Wrangell Ranger District

Dear Mr. Hutten:

This letter acknowledges that you have submitted a Notice of Intent (NOI) form to be covered under the APDES Pesticide General Permit (PGP, Permit #: AKG870000). As the permittee, you are authorized to discharge to Waters of the U.S. under the terms and conditions of this permit in accordance with the discharge authorization dates as stipulated in Table 1-2 of the permit, after acknowledgment of receipt of the permittee's completed NOI is posted on ADEC's Storm Water Permit Search website (http://dec.alaska.gov/Applications/Water/WaterPermitSearch/Search.aspx).

As stated above, this letter acknowledges receipt of a NOI. However, it is not an ADEC determination of the validity of the information you provided. Your eligibility for coverage under the Permit is based on the validity of the certification you provided. Your signature on the NOI certifies that you have read, understood, and are implementing all of the applicable requirements. An important aspect of this certification requires that you correctly determine whether you are eligible for coverage under this permit.

As you know, the PGP requires you to have developed and begun implementing a Pesticide Discharge Management Plan (PDMP) and establishes additional monitoring, corrective action, record keeping, and annual reporting requirements. You must also comply with any additional location-specific requirements applicable to Alaska.

For tracking purposes, the following number has been assigned to your Notice of Intent Form: AKG870010.

If you have any questions regarding the above, please contact me at 907-334-2288 or via email at lames.Rypkema@alaska.gov.

Sincerely,

James Rypkema

Program Manager, Storm Water and Wetlands

Enclosure: NOI

cc: w/enclosure (email)

Karin Hendrickson, Pesticide Program Coordinator, DEC-EH/Pesticides



United States Environmental Protection Agency Washington, DC 20460

NOTICE OF INTENT (NOI) OF COVERAGE UNDER THE PESTICIDE
GENERAL PERMIT (PGP) FOR DISCHARGES FROM THE APPLICATION
OF PESTICIDES

Form Approved OMB No. 2040-0284

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 United States 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, including the requirement for large entities to prepare a Pesticide Discharge Management Plan (PDMP) prior to NOI submittal. Refer to the instructions at the end of this form to complete your NOI.

requirements, including the requirement for large entities to prepare a Pesticide Discharge Management Plan (PDMP) prior to NOI submittal. Refer to the instructions at the end of this form to complete your NOI.
Electronic Submission Walver (skip if submitting through EPA's eNOI system)
I hereby acknowledge my waiver request from the use of EPA'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.
Briefly describe the reason why use of the electronic system causes undue burden or expense.
A. Notice of Intent Status
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 NPDES permit tracking number for the discharge.
a. 📝 Original NOI Submission
b. ☐ NO! Change of Information: (NPDES Permit Tracking 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: USFS Wrangell Ranger District
2. IRS Employer Identification Number (EIN): n a
3. Operator Type (check one):
a. 🗹 Federal government
b. State government
c. Local government
d. Mosquito control district (or similar)
e. Irrigation control district (or similar)
f. Weed control district (or similar)
g. Other: If other, provide brief description of type of operator:
4. Are you a large entity as defined in Appendix A of the permit? (check one): ☑ Yes ☐ No
Please note: If you answer "Yes" to question 4 you are required to develop a Pesticide Discharge Management Plan (PDMP) and submit an Annual Report reflecting all pesticide uses for which you are requesting permit coverage under this NOI.
5. In which state are your pest management areas located? Please specify only one state per NOI:
6. Mailing Address:
a. Street: 5 2 5 Bennett t Street
b. City: W x a n g e 1 1
e. Telephone: 9 0 7 - 8 7 4 - 7 5 0 2 Ext
g. Contact Name: Martin Hutten
h. E-mail: M a r t i n A H u t t e n @ f s . f e d . u s

Provide a map of the location of the Pest Management Area (attach map) or describe the location of the Pest Management Area in detail. Wrangell Ranger District, Tongass National Forest Are any of your activities for which you are requesting coverage under this NOI occurring on Indian Country Lands?	440	nt Are	ea Na	ıme:		ıanç	jeli	Ka	nger	Di	SUIC	:t																							
If yes, identify the reservation or otherwise describe those areas: Are any of your activities (in this pest management area) for which you are requesting coverage under this NOI occurring on areas conside facilities* as defined by the permit?								-			•			ma	p) o	r de	scrik	e th	e lo	ocati	on	of th	e P	est	Ма	nag	em	ent	Are	ea ir	n d	etai	il.		
If yes, identify the reservation or otherwise describe those areas: Are any of your activities (in this pest management area) for which you are requesting coverage under this NOI occurring on areas conside facilities* as defined by the permit?																										,									
If yes, identify the reservation or otherwise describe those areas: Are any of your activities (in this pest management area) for which you are requesting coverage under this NOI occurring on areas conside facilities* as defined by the permit?																																			
If yes, identify the reservation or otherwise describe those areas: Are any of your activities (in this pest management area) for which you are requesting coverage under this NOI occurring on areas conside facilities* as defined by the permit?	any of vous	o otivi	lion fo		ioh		r	-0011	ootine		wara.		und	or i	thin i	MOI	200	urrin		ın In	dia	n C c	v int	n, i	an	400			_	Var	_		71.		
Adailing address and contact information of the pesticide applicator (or check here If same as provided in Section B): Adailing address and contact information of the pesticide applicator (or check here If same as provided in Section B): Adailing address and contact information of the pesticide applicator (or check here If same as provided in Section B): Adailing address and contact information of the pesticide applicator (or check here If same as provided in Section B): Adailing address and contact information of the pesticide upon the upon the pesticide upon the upon the pesticide upon the upo						•		•				_		Ċ1	เมอา	NOI	000	ulite	yv	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ula	1100	, and	u y ı	- a 11	Jor				168	•	Œ	3 17		
Mailing address and contact information of the pesticide applicator (or check here if same as provided in Section B):														_																					
Mailing address and contact Information of the pesticide applicator (or check here I if same as provided in Section B): a. Street: b. City: c. State: d. ZIP Code:	any of your	cotiv	ition /	in thi	le n	ant m	200	aam	ont a	202	\ for:	wh	ich v		are	ren	u oei	ina (201	orac		ındo	r th	ie A	ını		urri					nan.	nide	rod	"Forte
a. Street: b. City: c. State: d. ZIP Code: e. Telephone: g. Contact Name: h. E-mail: Pesticide Use Patterns to be included in this Pest Management Area (check all that apply): a. Mosquito and Other Flying Insect Pest Control c. Animal Pest Control b. Weed and Algae Pest Control d. Forest Canopy Pest Control Receiving Waters (check one): a. Coverage requested for all Waters of the United States within the Pest Management Area identified above. b. Coverage requested specifically for the following Waters of the United States within the Pest Management Area identified above. c. Coverage requested for all Waters of the United States within the Pest Management Area identified above except for: Tier 3 Waters Is coverage requested for discharge to a Tier 3 water (Outstanding National Resource Water) of the United States? Yes No If yes, answer a and b: a. Name of Tier 3 water(s): b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public healt			-		-		_	_	_	_	-	wii	iGH y	you	ale	Ieq	ues	ing t	JUV	егас	je u	mue	ıuı	15 F	ıOı	DGC	um	ny c	א ווכ	41.65	48 (COLIS	siue	HU	reat
b. City: e. Telephone: g. Contact Name: h. E-mail: Pesticide Use Patterns to be included in this Pest Management Area (check all that apply): a.	ling address	and o	contac	at infe	orm	ation	of t	he p	estic	ide	appli	cat	tor (d	or c	chec	k he	ere [Z] if	sa	me a	as p	provi	ded	l in	Sec	tior	ıB)	:							
e. Telephone: g. Contact Name: h. E-mail: Pesticide Use Patterns to be included in this Pest Management Area (check all that apply): a.	treet:]															
g. Contact Name: h. E-mail: Pesticide Use Patterns to be included in this Pest Management Area (check all that apply): a.	ity:							l		1	1					c. S	tate:					(i. Z	IP (Cod	e:		1				-	.		П
g. Contact Name: h. E-mail: Pesticide Use Patterns to be included in this Pest Management Area (check all that apply): a.	elephone:		<u> </u>	T	 _	.	 	-	-				Ext	I	1	l	1	_	•	— f. Fa	ıx:			l	l_		-	-	_	-		_ 			
h. E-mail: Pesticide Use Patterns to be included in this Pest Management Area (check all that apply): a.	,		 	<u> </u>			1		LJ	 I	∟—i∟ І І	_ 	ı	ا ا	 	 			ı	1	1				ı				L			Ш			
Pesticide Use Patterns to be included in this Pest Management Area (check all that apply): a. Mosquito and Other Flying Insect Pest Control	ontact Name):				<u>Ш</u>	_			_	<u> </u>					<u> </u>	1	Ц			_]														
a. Mosquito and Other Flying Insect Pest Control	-mail:						\perp														L														
b. Weed and Algae Pest Control d. Forest Canopy Pest Control Receiving Waters (check one): a. Coverage requested for all Waters of the United States within the Pest Management Area identified above. b. Coverage requested specifically for the following Waters of the United States within the Pest Management Area identified above. c. Coverage requested for all Waters of the United States within the Pest Management Area identified above except for: Tier 3 Waters Is coverage requested for discharge to a Tier 3 water (Outstanding National Resource Water) of the United States? Yes No If yes, answer a and b: a. Name of Tier 3 water(s): b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public healt												nt	Area	a (c																					
Receiving Waters (check one): a.					-	-	ect	Pesi	Cor	itro	l																								
a. Coverage requested for all Waters of the United States within the Pest Management Area identified above. b. Coverage requested specifically for the following Waters of the United States within the Pest Management Area identified above. c. Coverage requested for all Waters of the United States within the Pest Management Area identified above except for: Tier 3 Waters Is coverage requested for discharge to a Tier 3 water (Outstanding National Resource Water) of the United States? Yes No If yes, answer a and b: a. Name of Tier 3 water(s): b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public healt						introi									d.	Ш	Fore	st C	and	оруі	Pes	st Co	ntr	01											
b. Coverage requested specifically for the following Waters of the United States within the Pest Management Area identified above. c. Coverage requested for all Waters of the United States within the Pest Management Area identified above except for: Tier 3 Waters Is coverage requested for discharge to a Tier 3 water (Outstanding National Resource Water) of the United States? Yes No If yes, answer a and b: a. Name of Tier 3 water(s): b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public healt	_	-		-		ali M/de	tare	of t	ha i li	nito	d Sta	itos	e wit	hin	the	Doc	+ 1.7	nan	am	ent.	Δre	a id	anti	fior	lah	~ \/ ~									
c. Coverage requested for all Waters of the United States within the Pest Management Area identified above except for: Tier 3 Waters Is coverage requested for discharge to a Tier 3 water (Outstanding National Resource Water) of the United States? Yes No If yes, answer a and b: a. Name of Tier 3 water(s): b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public healt	_																											aa i	dan	tific	ari e	ahai			
Tier 3 Waters Is coverage requested for discharge to a Tier 3 water (Outstanding National Resource Water) of the United States? Yes No If yes, answer a and b: a. Name of Tier 3 water(s): b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public healt	J. L COVER	age it	sques	ileu e	ahe	UIIUG		ZI 1.111	S IOIIC	24411	ig vv	aio	113 0	3 LII	16 01	IIIG	. O.C	1100	YY JU		iic i	GSI	. IVIC	arra	gen	IGIII	· All	<i>5</i> 21 11	uGII	unc	, u	abu	VC .		
Tier 3 Waters Is coverage requested for discharge to a Tier 3 water (Outstanding National Resource Water) of the United States? Yes No If yes, answer a and b: a. Name of Tier 3 water(s): b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public healt																																			
Is coverage requested for discharge to a Tier 3 water (Outstanding National Resource Water) of the United States? Yes No If yes, answer a and b: a. Name of Tier 3 water(s): b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public healt	c. 🔲 Cover	age re	eques	ted f	for a	dl Wa	ters	of t	he Uı	nite	d Sta	ites	s wit	hin	the	Pes	st Ma	nag	em	ent .	Are	a id	enti	fied	ab	ove	exe	ept	for	-:					
Is coverage requested for discharge to a Tier 3 water (Outstanding National Resource Water) of the United States? Yes No If yes, answer a and b: a. Name of Tier 3 water(s): b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public healt																																			
Is coverage requested for discharge to a Tier 3 water (Outstanding National Resource Water) of the United States? Yes No If yes, answer a and b: a. Name of Tier 3 water(s): b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public healt											 																								
If yes, answer a and b: a. Name of Tier 3 water(s): b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public healt																																-31			
b. Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public healt	•	•		disc	han	ge to	a Ti	ier 3	wate	ır (C	Outst	anc	ing	Na	tiona	al R	0 SOI	ice	WE	ater)	of t	the (Jnit	ed	Stal	es7	,	L	JYe	S	M	N	lo		
	a. Name of	Tier 3	wate	er(s):	_																														
any such discharge will not degrade water quality or will degrade water quality only on a short-term or temporary basis:																														or p	ub	lic h	eal	th a	nd th
	any such	QISCI	algo	WIII I	iiot i	acalic	iue i	wate	ı yuc	шц	OI W	III G	ι ο βι α	auc	7 WCI	(, uaii	y Oi	iiy i	uli a	311	OI L-U	51 III	ı OI	LOII	ipui	aıy	Das	JID.						
. Water Quality Impaired Waters																																			
Operators are not eligible for coverage under this permit for any discharges from a pesticide application to Waters of the United States if the	iter Quality I	mpair	ed W	aters	s																														
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 ac-	erators are r	ot eli	igible i	for c	ove																														

D.		ngered Species Protection: Complete Section D for each Pest Management Area for which coverage under EPA's cide General Permit is desired. Copy this section for non-electronic submissions.
	Pest M	anagement Area # of ##
	1. lden and/	tify the criterion for which you are eligible for permit coverage as it applies to Federally Listed Threatened or Endangered Species (i.e., Species) or Federally Designated Critical Habitat (i.e., Habitat) (check one):
	a. 🔲	Pesticide application activities will not result in a point source discharge to one or more Waters of the United States containing National Marine Fisheries Service (NMFS) Listed Resources of Concern, as defined in Appendix A, of the PGP.
	ь. 🗌	Pesticide application activities for which permit coverage is being requested will discharge to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP, but consultation with NMFS under Section 7 of the Endangered Species Act (ESA) has been concluded for pesticide application activities covered under the PGP. Consultations can be either formal or informal, and would have occurred only as a result of a separate federal action. The consultation addressed the effects of pesticide discharges and discharge-related activities on federally-listed threatened or endangered species and federally-designated critical habitat, and must have resulted in either:
		 A biological opinion from NMFS finding no jeopardy to federally-listed species and no destruction/adverse modification of federally-designated critical habitat; or
		 Written concurrence from NMFS with a finding that the pesticide discharges and discharge-related activities are not likely to adversely affect federally-listed species or federally-designated critical habitat.
	с. 🔲	Pesticide application activities for which permit coverage is being requested will discharge to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP, but all "take" of these resources associated with such pesticide application activities has been authorized through NMFS issuance of a permit under section 10 of the ESA, and such authorization addresses the effects of the pesticide discharges and discharge-related activities on federally-listed species and federally-designated critical habitat. (The term "take" means to harass, pursue, hunt, shoot, wound, kill, trap, capture, or collect, or to attempt to engage in any such conduct. See Section 3 of the Endangered Species Act, 16 U.S.C. § 1532 (19).)
	á. 🔲	Pesticide application activities were, or will be, discharged to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP, but only in response to a Declared Pest Emergency Situation.
	e. 🔲	Pesticide application activities for which permit coverage is being requested in the NOI will discharge to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP. Eligible discharges include those where the Decision-maker includes in the NOI written correspondence from NMFS that pesticide application activities performed consistent with appropriate measures will avoid or eliminate the likelihood of adverse effects to NMFS Listed Resources of Concern.
	f. 🗹	Pesticide application activities for which permit coverage is being requested in the NOI will discharge to one or more Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP. Eligible discharges include those from pesticide application activities that are demonstrated by the Decision-maker as not likely to adversely affect NMFA Listed Resources of Concern or that the pest poses a greater threat to the NMFS Listed Resources of Concern than does the discharge of the pesticide.
	Rese Decl subr pest cann	u checked criterion d or criterion f above, provide the following information for all discharges to Waters of the United States containing NMFS Listed burces of Concern identified within the pest management area for which permit coverage is being requested. For discharges pursuant to criterion d, ared Pest Emergency Situations, information for items a through g should also include any discharges that have already occurred prior to NOI nission as well as the activities you performed in the 15 day period before submission of this NOI was required. In some cases, implementation of management measures as specified in the permit involves a degree of "adaptive management" such that exact timing and quantities of applications not be determined in advance for the duration of the permit. In such cases, the permitee must provide the required information to the extent feasible consistent with the implementation of the selected pest management measures.
	a,	Describe the location of the pest management area in detail or provide a map of the location: all "Waters of the Uited States" within Wrangell Ranger District
	b .	Pest(s) to be controlled: invasive exotic plants, notably reed canarygrass in the context of this permit. Occasionally hawkweed and other species.
	c.	Pesticide product(s) to be discharged and method of application: [follow sports with glyphosmic+ Agridex, rarely Aminopyralid +Agridex, we have NEPA decrance for imazapyr but are not currently planning
	d.	Planned quantity and rate of discharge(s) for each method of application: no intentional discharge planned, but minor inadvertent discharge are possible
	ð.	Number of planned discharges: <100 riparian sites
		Approximate date(s) of planned discharge(s): July-October 2015
	g.	Your rationale supporting your determination that you meet the criterion for which you are submitting this NOI, including appropriate measures to be undertaken to avoid or eliminate the likelihood of adverse effects. For certifications pursuant to Criterion D, indicate whether the discharge is likely to adversely affect NMFS Listed Resources of Concern and, if so, any feasible measures to avoid or eliminate such adverse effects (attach additional pages as necessary): Existing USFS NEPA constrain our herbicide use to three low texicity products of which we plan to use only Glyphosate and Aminopyralid with the surfactant Agridox which is registed for aquatic use in AK.
		While we have no immediate plans to use Imazapyr we seek the ability to use it should the need arise.
		Our NEPA does not permit ANY aquatic use! We are proposing the use ONLY in riparians, ditches and wetlands that do NOT have standing/running water. Any application using Aminopyralid will be at least 10 foot away from standing/running water.
		We use foliar spot-spray treatments with marker dye, directly to the target plants.
		· · · · · · · · · · · · · · · · · · ·
		Our NEPA compliance is limited to a maximum of 200 acres (district-wide) per year, but our operational resources are much more limited
		We believe that our targets project design features are so conservative that any actual discharge to Waters of the US will remain well below pesticide residue measurement detection level.

Submit Notice of Intent Form to: Alaska Department of Environmental Conservation - Wastewater Discharge Authorization Program 555 Cordova Street; Anchorage, AK 99501 Phone: (907) 269-6286; Fax: (907) 269-3487; Email: DEC.Water.WQPermit@alaska.gov

E. 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 for knowing violations.										
Printed Name: Martin Hutten										
Title: Fish and Wildlife Staff Officer										
E-Mail: MartinAHutten@fs,fed.us										
Signature/Responsible Official: Date: 0 5 / 2 1 / 2 0 1 5										
NOI Preparer (Complete if NOI was prepared by someone other than the certifier)										
Preparer Name:										
Organization:										
Phone:/ Ext/ Date:/										
E-Mail: [

AKG870010

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

Who Must File a NOI with EPA?

Any Operator, as described in the Part 1.2.2 of the permit and meeting the eligibility requirements identified in Part 1.1 of the permit and Table 1 below must submit a complete and accurate NOI. As required in the permit, only certain Operators that are also Decision-makers must submit NOIs.

Table 1. Decision-Makers Regulred to Submit NOIs

PGP Parti Pesticide Use	Which Decision-Makers Must Submit NOIs?	For Which Pesticide Application Activities?
All four use patterns identified in Part 1.1.1	Any Decision-maker with an eligible discharge to a Tier 3 water (Outstanding National Resource Water) consistent with Part 1.1.2.2	Activities resulting in a discharge to a Tier 3 water
All four use pattems identified in Part 1.1.1	Any Decision-maker with an eligible discharge to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A	Activities resulting in a discharge to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A
1.1.1(a) - Mosquito and Other Flying Insect Pest	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
Control	Mosquito control districts, or similar pest control districts	All activities resulting in a discharge for which the Decision-maker is responsible for pest control
	Local governments or other entities that exceed the annual treatment area threshold identified here	Adulticide treatment if more than 6,400 acres during a calendar year
1.1.1(b) - Weed and Algae Pest Control	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
	Irrigation and weed control districts, or similar pest control districts	All activities resulting in a discharge for which the Decision-maker is responsible for pest control
	Local governments or other entities that exceed the annual treatment area threshold identified here	Treatment during a calendar year if more than either: 20 linear miles OR 80 acres of water (i.e., surface area)
1.1.1(c) - Animal Pest Control	Any Agency for which pest management for land resource stewardship is an Integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
	Local governments or other entities that exceed the annual treatment area threshold identified here	Treatment during a calendar year if more than either: 20 linear miles OR 80 acres of water (i.e., surface area)
1.1.1.(d) - Forest Canopy Pest Control	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
	Local governments or other entities that exceed the annual treatment area threshold identified here	Treatment if more than 6,400 acres during a calendar year

If you have questions about whether you need to file an NOI or questions about completing the form, see www.epa.gov/npdes/pesticides or contact the NOI Center toll free at 866-352-7755.

One NOI can be submitted for multiple pest management areas in a state for which you are seeking permit coverage; however, no more than one state can be included on any single NOI form.

When to File the NOI Form?

Do not file your NOI until you have obtained and thoroughly read a copy of the permit. A copy of the permit is on EPA's website (www.epa.gov/npdes/pesticides). The permit describes procedures to ensure your eligibility, prepare your Pesticide Discharge Management Plan (PDMP), and complete the NOI form questions-all of which must be done before you sign the NOI certification statement attesting to the accuracy and completeness of your NOI. You will also need a copy of the permit once you have obtained coverage so that you can comply with the implementation requirements of the permit. Note: PDMP is not required for 1) any application made in response to a Declared Pest Emergency Situation, as defined in Appendix A of the permit; and 2) any Decision-maker that is required to submit an NOI solely because their application results in a point source discharge to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the permit.

All eligible discharges are authorized for permit coverage through January 12, 2012 without submission of an NOI. For any discharges after January 12, 2012, Decision-makers meeting the eligibility requirements identified in the Part 1.1of the permit and Table 1 must submit a complete and accurate NOI according to Tables 2, and 3 and consistent with the requirements of the Part 1.2 of the permit. For example, for discharges occurring on or before January 12, 2012 but continuing after January 12, 2012, NOIs are due no later than January 3, 2012 to ensure uninterrupted coverage.

Table 2, NOI Submittal Deadlines and Discharge Authorization Dates for Discharges from the Application of Pesticides 1

After January 12, 2012, any eligible discharge for which an NOI is required must submit an NOI consistent with the earliest due date identified below. If EPA receives an NOI on or before January 2, 2012 (or on or before December 12, 2011, for discharges to Waters of the United States containing NMFS Listed Resources of Concern), uninterrupted coverage continues.2 NOI due dates for any discharges

occurring on or after January 12,	2012 are as follows:	
Operator Type	NOI Submission Deadline	Discharge Authorization Date ²
Any Decision-maker with any discharge to Waters of the United States containing NMFS Listed Resources of Concem, except for those discharges in response to a Declared Pest Emergency Situation, as defined in Appendix A.	At least 30 days before any discharge to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A.5	No earlier than 30 days after EPA posts on the internet a receipt of a complete and accurate NOI. ^{3, 5}
Any Decision-maker with a discharge in response to a Declared Pest Emergency for which that activity triggers the NOI requirement identified in Part 1.2.2, except for any discharges to Waters of the United States containing NMFS Listed Resources of Concem.	At least 30 days after beginning discharge.	Immediately upon beginning to discharge for activities conducted in response to a Declared Pest Emergency Situation.
Any Decision-maker with any discharge to Waters of the United States containing NMFS Listed Resources of Concern, in response to a Declared Pest Emergency Situation, as defined in Appendix A.	Within 15 days after beginning to discharge in response to a Declared Pest Emergency Situation.	Immediately upon beginning to discharge for activities conducted in response to a Declared Pest Emergency Situation for a period of at least 60 days.4
Any Decision-maker that exceeds any annual treatment area threshold.	At least 10 days before exceeding an annual treatment area threshold.	No earlier than 10 days after EPA posts on the Internet receipt of a complete and accurate NOI.
Any Decision-maker otherwise required to submit an NOI as identified in Table 1	At least 10 days before any discharge for which an NOI is required	No earlier than 10 days after EPA posts on the Internet receipt of a complete and accurate NOI.

- 1' State, territory and tribal specific requirements in addition to the requirements in this table are provided in Part 9.0.
- On the basis of a review of an NOI or other information, EPA may delay authorization to discharge beyond any timeframe identified in Table 2, determine that additional technology-based and/or water quality-based effluent limitations or other conditions are necessary, or deny coverage under this permit and require submission of an application for an individual NPDES permit, as detailed in Part 1.3 of the permit.
- Within 30 days after EPA posts on the Internet receipt of a complete and accurate NOI, for those areas with NMFS Listed Resources of Concern, as defined in Appendix A of the permit, NMFS will provide EPA with a determination as to whether it believes the eligibility criterion of "not likely to adversely affect listed species or designated critical habitat" has been met, could be met with conditions that NMFS identifies, or has not been met. EPA expects to rely on NMFS' determination in deciding whether to withhold authorization. If NMFS does not provide EPA with this information within 30 days of EPA posting on the Internet receipt of a complete and accurate NOI, the discharges will be authorized 30 days after EPA posts on the Internet receipt of a complete NOI.
- In any Declared Pest Emergency Situation in areas with Waters of the United States containing NMFS Listed Resources of Concern, NMFS will have 30 days after submission of an NOI to provide EPA with a determination as to whether the eligibility criteria of "not likely to adversely affect listed species or designated critical habitat" has been met, could be met with conditions that NMFS identifies, or has not been met. EPA expects to rely on NMFS' determination in deciding whether to allow continued permit coverage and if additional conditions are necessary. If NMFS does not provide EPA with a recommendation within 30 days of EPA posting on the Internet receipt of a complete and accurate NOI, authorization for these discharges will continue. If EPA identifies additional permit conditions, or includes additional permit conditions recommended by NMFS, as necessary to qualify discharges as eligible for coverage beyond 60 days under the PGP, those conditions remain in effect for the life of the permit.
- 5 EPA may authorize certain discharges in less than 30 days, but no fewer than 10 days, for any discharges authorized under Criterion B, C, or E of Part 1.1.2.4 (for which NMFS has already evaluated the effects of these discharges).

Table 3, NOI Change of Information Submittal Deadlines and Discharge Authorization Dates

Operator Type	NOI Submission Deadline	Discharge Authorization Date
Any Decision-maker requiring permit coverage for a pest management area not identified on a previously submitted NOI for this permit, except for discharges to any; (1) Tier 3 water, or (2) Waters of the United States containing NMFS Listed Resources of Concern. Except for such waters, changes other than identification of a new pest management area or a new pesticlde use pattern do not require a revised NOI submittal.	At least 10 days before beginning to discharge in that newly identified area unless discharges are in response to a Declared Pest Emergency Situation in which case not later than 30 days after beginning discharge.	No earlier than 10 days after EPA posts on the Internet the receipt of a complete and accurate NOI unless discharges are in response to a Declared Pest Emergency Situation in which case coverage is available immediately upon beginning to discharge from activities conducted in response to Declared Pest Emergency Situation.
Any Decision-maker discharging to a Tier3 water not identified by name on a previously submitted NOI for this permit, except for Tier 3 waters containing NMFS Listed Resources of Concern	At least 10 days before beginning to discharge in that newly identified area unless discharges are in response to a Declared Pest Emergency Situation in which case not later than 30 days after beginning discharge.	No earlier than 10 days after EPA posts on the Internet the receipt of a complete and accurate NOI unless discharges are in response to a Declared Pest Emergency Situation in which case coverage is available immediately upon beginning to discharge from activities conducted in response to Declared Pest Emergency Situation.

Operator Type	NOI Submission Deadline	Discharge Authorization Date
Any Decision-maker with any discharge to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A, not identified on a previously submitted NOI for this permit. This includes changes in any treatment area, posticide product, method or rate of application, or approximate dates of applications.	At least 30 days before beginning to discharge in that newly identified treatment area unless discharges are in response to a Declared Pest Emergency Situation in which case not later than 15 days after beginning discharge.	No earlier than 30 days after EPA posts on the Internet receipt of a complete and accurate NOI unless discharges are in response to a Declared Pest Emergency Situation in which case coverage is available immediately upon beginning to discharge from activities conducted in response to Declared Pest Emergency Situation.

Where to File the NOI Form

The Decision-maker must prepare and submit the NOI using EPA's electronic Notice of Intent system (eNOI) available on EPA's website

(www.epa.gov/npdes/pesticides/enoi) unless eNOI is otherwise unavailable or the Decision-maker has filed a waiver from the requirement to use eNOI for submission of the NOI. The Electronic Submission Waiver is at the top of this form. Decision-makers waived from the requirement to use eNOI for NOI submission must certify to EPA on this form that use of eNOI will incur undue burden or expense over the use of the paper NOI form and then provide a basis for that determination.

EPA will immediately post on the pesticides eNOI Website all NOIs received. Late NOIs will be accepted, but authorization to discharge will not be retroactive.

If you file a waiver from using eNOI; you must send the NOI to one of the addresses listed below.

Via United States Mail:

United States Environmental Protection Agency Office of Water, Water Permits Division Mail Code 4203M, ATTN: NPDES Pesticides 1200 Pennsylvania Avenue, NW Washington, DC 20460

Via overnight/express delivery:

United States Environmental Protection Agency
Office of Water, Water Permits Division
EPA East Building - Room 7420, ATTN: NPDES Pesticides
1201 Constitution Avenue, NW

Washington, DC 20004 Phone: 202-564-9545

If you have questions, contact EPA's Pesticides Notice Processing Center toll free at 866-352-7755.

- If you file a paper NOI, submit the original with a signature in ink. Do not send copies. Also, faxed copies will not be accepted.
- If you are required to develop a PDMP, that document does not need to be submitted for review unless specifically requested by EPA. You must keep a copy of your PDMP on-site or otherwise make it available to facility personnel responsible for implementing provisions of the permit.

Completing the NOI Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Please make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed original form to the address above. You may also use this paper form as a checklist for the information you will need when filling an NOI electronically via EPA's Pesticides eNOI System.

Section A. NOI Status

- Indicate if this is the first time you are requesting coverage under the permit or if this is a change of information.
- a. Check this box if this is the first time you are requesting coverage under the permit for these discharges. If this is the first time you are requesting coverage, refer to Table 2 for NOI submittal deadlines and discharge authorization dates. Note: All eligible discharges are authorized for permit coverage through January 12, 2012 without submission of an NOI.

b. Check this box if this is a change of information for a discharge already covered under the permit. If this is a change of information, supply the NPDES permit tracking number that you received in your confirmation letter or e-mail from EPA's Pesticide Notice Processing Center. You can find the tracking number assigned to your previous NOI using EPA's eNOI System (www.epa.gov/npdes/pesticides/enoi). For additional details regarding a change of information, see Table 3. Also fill out Section B of this form (Operator Name and Mailing Address) and the associated fields of information that need to be modified on the NOI.

Section B. Operator Information

- 1. Provide the legal name of the person, firm, public organization or any other public entity that is the Decision-maker for the pesticides applications described in this notice. A Decision-maker is an Operator who has control over the decision to perform pesticide applications including the ability to modify those decisions that result in a discharge to Waters of the United States.
- Provide the Employer Identification Number (EIN from the Internal Revenue Service (IRS)), commonly referred to as your tax payer ID number. If the operator does not have an EIN, enter "N/A" in the space provided.
- Indicate the type of Operator: federal government, state government, local government, mosquito control district (or similar), irrigation control district (or similar), weed control district (or similar), or other. If other, provide brief description of type of Operator in the space provided.
- 4. Indicate whether or not you are a "large entity" as defined in Appendix A of the permit. Note that if you are a large entity, you are required to develop a Pesticide Discharge Management Plan (PDMP) and submit future Annual Reports reflecting all pesticide uses for which you are requesting permit coverage under this NOI.
- Indicate which state your pest management areas are located. Specify only one state per NOI. If there is more than one state, additional NOIs must be submitted.
- 6. Provide the Decision-maker's mailing address, telephone number, fax number (optional), name, and e-mail address. Correspondence will be sent to this address.

Section C. Pest Management Area: Information for each Pest Management Area for which coverage under EPA's Pesticide General Permit is desired.

- 1. Indicate whether you are submitting an NOI for multiple pest management areas. A pest management area is the area of land, including any water, for which you have responsibility and are authorized to conduct pest management activities as covered by this permit (e.g., if you are a mosquito control district, your pest management area is the total area of the district). You must complete a Section C for each pest management area. If you are submitting an NOI for only one area, enter "1" of "1." If you are submitting NOIs for multiple pest management areas, enter the number of the NOI for which you are requesting coverage followed by the total number of pest management areas for which you are requesting coverage. Enter the name of the pest management area. Attach a map of the pest management area or describe the location of the pest management area in the space provided.
- Indicate whether pesticide application will occur on Indian County Lands, and if so, provide the name of the reservation, if applicable.
- Indicate whether pesticide application will occur on a Federal Facility, as defined in Appendix A of the permit.
- 4. Enter the mailing address of the contact person for the pest management area. If this address is the same as the Decision-maker's mailing address, indicate that by checking the box. If it is a different address, enter the mailing address, telephone number, fax number (optional), contact name, and e-mail address.
- Indicate the pesticide use patterns for the pest management area for which the NOI is required. For additional information regarding pesticide use patterns, see Part 1.1.1 of the permit. Check all the use patterns that apply to the pest management area.
- 6. Indicate if permit coverage is being requested for all Waters of the United States within the pest management area or if permit coverage is being requested to specific Waters of the United States within the pest management area. If specific waters are being requested, write the names of the waterbodies. If permit coverage is being requested for all waters of the United States within the pest management area except for specific waterbodies, name those specific waterbodies in the space provided. EPA's Water Locator Tool can help you identify the closest receiving water to your facility (http://cfpub.epa.gov/npdes/stornwater/tmdftool.cfm).
- 7. Indicate if permit coverage is being requested to discharge to a Tier 3 (Outstanding National Resource Water) Water of the United States. If yes, write the name(s) of the Tier 3 water(s) in the space provided. Describe and demonstrate why it is necessary to apply the pesticide discharge to protect the water quality, environment, and/or public health and that any such discharge will not degrade water quality or will degrade water quality only on a short-term or temporary basis.

8. Verify that waters within the pest management area are either not impaired by substances which are either active ingredients in the pesticide planned for use or degradates of such active ingredients, OR that evidence shows that the target waters in question are no longer impaired. See Part 1.1.2.1 of the permit for more information on discharges to Water Quality Impaired Waters.

Section D. Endangered Species Protection. Complete Section D for each Pest Management Area for which coverage under EPA's PGP is desired.

Identify the Pest Management Areas, corresponding to those in Part C.

- 1. Coverage under the permit is available only for discharges and discharge-related activities, as defined in Appendix A of the permit, that are not likely to jeopardize the continued existence of any species that are federally-listed as endangered or threatened ("listed") under the Endangered Species Act (ESA) and not likely to result in the adverse modification or destruction of habitat that is federally-designated as critical under the ESA ("critical habitat") except as provided in criterion b, c, and for at least 60 days, d, below. For a subset of listed species and critical habitat, identified as NMFS Listed Resources of Concern and defined in Appendix A, there are specific criteria for determining eligibility. To demonstrate eligibility, you must meet one or more of the six criteria (a-f) for the entire term of coverage under the permit.
- 2. If you checked criterion d or criterion f, you are required to provide a description of the location of the pest management area or a map of the location, the pest(s) to be controlled, pesticide product(s) to be discharged and method of application, planned quantity and rate of discharge(s) for each application method, number of planned discharges, approximate date(s) of planned discharge(s), and the rational supporting your determination that you meet the criterion for which the Decisionmaker is submitting this NOI and documentation demonstrating the finding of "not likely to adversely affect." If you certify under criteria f and do not hear from EPA within 30 days, you may assume your discharge is authorized. For certifications pursuant to Criterion d, indicate whether the discharge is likely to adversely affect NMFS Listed Resources of Concern and, if so, any feasible measures to avoid or eliminate such adverse effects. If you are certifying under criterion d (which allows you to discharge 15 days before you even submit your NOI), your NOI should describe both the pest emergency activities you plan to do after you submit your NOI as well as the activities you performed in that 15 day period before you had to submit the NO!. See Part 1.1.2.4 of the permit for more information regarding Endangered and Threatened Species and Critical Habitat Protection. If you certify under criterion d and do not hear from EPA, you may assume that permit authorization continues unless notified otherwise.EPA may authorize certain discharges in less than 30 days, but no fewer than 10 days, for any discharges authorized under criterion b, c, or e (for which NMFS has already evaluated the effects of these discharges). If you certify under one of these criteria and do not hear from EPA within 30 days, you may assume your discharge is authorized.

Section E. Certification

Enter the certifier's printed name and title. Sign and date the form. For more information about the certification statement and signature, see Appendix B of the permit. (CAUTION: An unsigned or undated form will not be accepted.) Federal statutes provide for severe penalties for submitting false information. Federal regulations require this application to be signed as follows:

For a corporation: by a responsible corporate officer, means:

- (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated activity including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or For a municipal, state, federal, or other public facility: by either a principal executive or ranking elected official.

If the NOI was prepared by someone other than the certifier (for example, if the NOI was prepared by the PDMP contact or a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the NOI preparer.

Submit Notice of Intent Form to:
Alaska Department of Environmental Conservation - Wastewater Discharge Authorization Program
556 Cordova Street; Anchorage, AK 99501
Phone: (907) 269-6285; Fax: (907) 289-3487; Ernall: DEC.Water.WQPermit@alaska.gov

Paperwork Reduction Act Notice

The public reporting and recordkeeping burden for this collection of information is estimated to average 2.5 hours or 150 minutes per response.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed NOI form to that address.