(For Agency Use) Permit Authorization #: _____

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 of this form intends to be authorized to discharge pollutants to waters of the United States (U.S.) within the pest management identified in Section C under DEC's Pesticide General Permit (AKG870000). 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.

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 APDES permit tracking number for the discharge.

☐ Original NOI Submission

☑ NOI Change of information, APDES Permit Tracking Number: AKG870023

(Please fill out Section B and the fields of the NOI that need to be modified.)

B. Operator Information

Operator Contact Name:	Organization:	Title:
Kenton Curtis	ADOT-Anchorage International Airport	Environmental Specialist

Phone:	Fax (optional):	Email:
907-266-2832		Kenton.Curtis@alaska.gov

Mailing Address:	Street (PO Box):		
	P.O. Box 196960		
	City:	State:	Zip:
	Anchorage	AK	99519-6960

1. 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 a brief description of type of operator:

2. Are you a large entity as defined in Appendix C of the permit? ☑ Yes ☐ No

Please note: If you answer "Yes" to question 3, 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.

Billing Contact Information

Billing Contact Name:	Organization:	Title:
Brienna Demeris	ADOT-Ted Stevens Anchorage International Airport	Office Assistant

Phone:	Fax (optional):	Email:
907-266-2519		Brienna.Demeris@alasksa.gov

Mailing Address:	Street (PO Box):		
☐ Check if same as Operator Information	P.O. Box 196960		
	City:	State:	Zip:
	Anchorage	AK	99519-6960

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

Pest Management Area #: 1 ***of ##:*** 1

1. Name: Lake Hood/Lake Spenard

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

Attached

2. Pesticide Applicator Contact Information:

Pesticide Applicator Contact Name:	Organization:	Title:
Kenton Curtis	State of Alaska, Department of Transportation, Ted Stevens Anchorage International Airport	Environmental Specialist

Phone:	Fax (optional):	Email:
907-266-2832		Kenton.Curtis@Alaska.gov

Mailing Address:	Street (PO Box):		
☐ Check if same as Section B	P.O. Box 196960		
	City:	State:	Zip:
	Anchorage	AK	99519-6960

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

a. ☐ Mosquito and Other Flying Insect Pest Control

b. ☑ Weed and Algae Pest Control

c. ☐ Animal Pest Control

d. ☐ Forest Canopy Pest Control

Pest(s) to be controlled:	Pesticide Products	
	Product Name:	EPA Registration Number:
Nuisance Aquatic Vegetation	Diquat (Littora)	EPA 67690-53
Elodea	SonarGenesis (Fluridone)	EPA 67690-54
Elodea	SonarOne	EPA 67690-45

4. Receiving Waters *(check one)*:

a. ☐ Coverage requested for all waters of the U.S. within the Pest Management Area identified above.

b. ☑ Coverage requested specifically for the following waters of the U.S. within the Pest Management Area identified above.

Lake Hood/Lake Spenard

c. ☐ Coverage requested for all waters of the U.S within the Pest Management Area identified above except for:

5. Tier 3 Waters

Is coverage requested for discharge to a Tier 3 (Outstanding National Resource Water) water of the U.S.? ☐ Yes ☑ No

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 health and that any such discharge will not degrade water quality or will degrade water quality only on a short-term or temporary basis:

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 United States 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 1.1.2.1 of the permit. *Check one:*

a. ☑ 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

b. ☐ 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.

IX. Certification Information

An Alaska Pollutant Discharge Elimination System (APDES) permit application or report must be signed by an individual with the appropriate authority per 18 AAC 83.385. For additional information, please refer to 18 AAC 83.385 at the following link: http://www.legis.state.ak.us/basis/aac.asp#18.83.385.

Corporate Executive Officer 18 AAC 83.385 (a)(1)(A)	For a corporation, a 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.
Corporate Operations Manager 18 AAC 83.385 (a)(1)(B)	For a corporation, the manager of one or more manufacturing, production, or operating facilities, if (i) the manager is authorized to make management decisions that govern the operation of the regulated facility, 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 statutes and regulations; (ii) the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and (iii) authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
Sole Proprietor or General Partner 18 AAC 83.385 (a)(2)	For a partnership or sole proprietorship, the general partner or the proprietor respectively.
Public Agency, Chief Executive Officer 18 AAC 83.385 (a)(3)(A)	For a municipality, state, or other public agency, the chief executive officer of the agency.
Public Agency, Senior Executive Officer 18 AAC 83.385 (a)(3)(B)	For a municipality, state, or other public agency, a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.

Any report required by an APDES permit, and a submittal with any other information requested by the department, must be signed by a person described in above, or by a duly authorized representative of that person.
**For Delegated Authority: the delegation must be made in writing and submitted to the DEC.*
Your signature will not be approved until DEC receives the written delegation.
An Example of written authorization delegating authority can be found on the Division of Water website:
http://dec.alaska.gov/Water/OASysHelp/attachments/Delegation_Authorization_Form.pdf

Operations Manager *(Delegated Authority)** 18 AAC 83.385 (b)(2)(A)	For a duly authorized representative, an individual or a position having responsibility for the overall operation of the regulated facility or activity, including the position of plant manager, operator of a well or a well field, superintendent or position of equivalent responsibility.
Environmental Manager *(Delegated Authority)** 18 AAC 83.385 (b)(2)(B)	For a duly authorized representative, an individual or position having overall responsibility for environmental matters for the company.

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.

Organization:	Name:	Title:
State of Alaska, Department of Transportation, Ted Stevens Anchorage International Airport	Jim Szczesniak	Airport Manager

Phone:	Fax (optional):	Email:
907-266-2673		Jim.Szczesniak@alaska.gov

Mailing Address:	Street (PO Box):		
☑ Check if same as Operator Information	P.O. Box 196960		
	City: Anchorage	State: AK	Zip: 99517-6960

Signature/Responsible Official _____ Date 2/11/19

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

Organization:	Name:	Title:
State of Alaska, Department of Transportation, Ted Stevens Anchorage International Airport	Kenton Curtis	Environmental Specailist

Phone:	Fax (optional):	Email:
907-266-2832		Kenton.Curtis@alaska.gov

Mailing Address:	Street (PO Box):		
☑ Check if same as Operator Information	P.O. Box 196960		
	City: Anchorage	State: AK	Zip: 99517-6960

G. Document Attachments and Supplemental Information

☑ Pest Management Area Map(s)

☑ Delegation of Signatory Authority.

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

Who Must File an NOI Form:

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 1-1: Decision-makers Required to Submit NOIs and Annual Treatment Area Thresholds

PGP Part/ Pesticide Use	Decision-maker	Annual Treatment Area Threshold[1]	NOI Submittal Required
1.1.1.1 - Mosquito and Other Flying Insect Pest Control	Federal and State agencies for which pest management for land resource stewardship is an integral part of the organization's operations.	No annual threshold.	Required.
	Mosquito control districts, or similar pest control districts.	No annual threshold.	Required.
	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.	NOI required when total treatment area in a calendar year exceeds the annual treatment area threshold.
1.1.1.2 - Weed and Algae Pest Control	Federal and State agencies for which pest management for land resource stewardship is an integral part of the organization's operations.	No annual threshold.	Required.
	Weed control districts, or similar pest control districts.	No annual threshold.	Required.
	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 mile of treatment area at water's edge OR 80 acres of water (i.e., surface area).	NOI required when total treatment area in a calendar year exceeds the annual treatment area threshold.
1.1.1.3 - Animal Pest Control	Federal and State agencies for which pest management for land resource stewardship is an integral part of the organization's operations.	No annual threshold.	Required.
	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 mile of treatment area at water's edge OR 80 acres of water (i.e., surface area).	NOI required when total treatment area in a calendar year exceeds the annual treatment area threshold.
1.1.1.4 - Forest Canopy Pest Control	Federal and State agencies for which pest management for land resource stewardship is an integral part of the organization's operations.	No annual threshold.	Required.
	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	NOI required when total treatment area in a calendar year exceeds the annual treatment area threshold.
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.	Required.
All four use patterns identified in Part 1.1.1	Any Decision-maker with an eligible discharge containing a Federally Listed Endangered and Threatened Species and Designated Critical Habitat, Part 1.6	Activities resulting in a discharge to waters of the United States containing a Federally Listed Endangered and Threatened Species and Designated Critical Habitat, Part 1.6	Required.

Table 1-1: Decision-makers Required to Submit NOIs and Annual Treatment Area Thresholds

PGP Part/ Pesticide Use	Decision-maker	Annual Treatment Area Threshold[1]	NOI Submittal Required

Notes:

1. For calculating annual treatment area totals for purposes of determining if an NOI must be submitted, see the definition for "annual treatment area threshold" in Appendix C of the permit.

One NOI can be submitted for multiple pest management areas within for which you are seeking permit coverage. If you have questions about whether you need to file an NOI or questions about completing the form, see http://dec.alaska.gov/water/wnpspc/stormwater/PesticideGP.html or contact the Storm Water section at 907-269-6285.

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 DEC's website (http://dec.alaska.gov/water/wnpspc/stormwater/PesticideGP.html). 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 C 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 C of the permit.

Where to File NOI form

Select one of two options:

(1) If you file by mail please submit the original form with a signature in ink. Remember to retain a copy for your records.

NOIs sent by mail:

Alaska Dept. of Environmental Conservation
Division of Water, Wastewater Discharge Authorization
Storm Water Program
555 Cordova Street
Anchorage, AK 99501
Phone: (907) 269-6285

(2) Submit all pages of scanned original form via Email: DEC.Water.WQPermit@alaska.gov. *(Note, 20MB limit).*

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.

Section A. NOI Status

1. 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 1-2 for NOI submittal deadlines and discharge authorization dates.
   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 APDES permit tracking number that you received in your confirmation letter or e-mail from DEC's Wastewater Discharge Authorization Program. You can find the tracking number assigned to your previous NOI using DEC's Water Permit Search (http://dec.alaska.gov/Applications/Water/

WaterPermitSearch/Search.aspx). For additional details regarding a change of information, see Table 1-3. 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.
2. 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.
3. 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 C 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.
5. Provide the Decision-maker's mailing address, telephone number, fax number (optional), name, and e-mail address. Correspondence will be sent to this address.
6. Provide the Billing Contact mailing address, telephone number fax number (optional), name, and e-mail address. Billing correspondence will be sent to this address.

Section C. Pest Management Area: Information for each Pest Management Area for which coverage under DEC'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 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 for 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.
2. Indicate whether pesticide application will occur on a Federal Facility, as defined in Appendix C of the permit.
3. 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.
4. 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. Include the pest(s) to be controlled and the pesticide product(s) that will be used.
5. 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. Alaska DEC Impaired Waters interactive map can be used to locate nearest water body, and includes layers for Anadromous, Impaired Waters, National Hydrology Dataset, see http://dec.alaska.gov/das/gis/apps.htm.
6. 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.
1. 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. Certification

Include the certifiers name, title, organization, address, telephone number, and email address of the person signing the form and the date of signing. An unsigned or undated NOI form will not be considered valid application for permit coverage.

For more information about the certification statement and signature, see Appendix A of the permit. (CAUTION: An unsigned or undated form will not be accepted.) There are severe penalties for submitting false information. Alaska regulation 18 AAC 83.385 requires this application to be signed as follows:

(a) The NOI must be signed by a responsible official as follows:

(1) For a corporation, a responsible corporate officer shall sign the Annual Report. A responsible corporate officer means:

(A) a 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

(B) the manager of one or more manufacturing, production, or operating facilities, if

(i) the manager is authorized to make management decisions that govern the operation of the regulated facility, 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 statutes and regulations;

(ii) the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and

(iii) authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(2) For a partnership or sole proprietorship, the general partner or the proprietor, respectively; or

(3) for a municipality, state, or other public agency, either a principal executive officer or ranking elected official shall sign the application; in this subsection, a principal executive officer of an agency means

(A) the chief executive officer of the agency; or

(B) a senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.

(4) Include the name, title, organization, address, telephone number, and email address of the person signing the form and the date of signing.

An unsigned or undated NOI form will not be considered valid application for permit coverage.

(b) Any report required by an APDES permit, and a submittal with any other information requested by the department, must be signed by a person described in above, or by a duly authorized representative of that person. A person is a duly authorized representative only if

(1) the authorization is made in writing by a person described in (a) of this section;

(2) the authorization specifies either

(A) an individual or a position having responsibility for the overall operation of the regulated facility or activity, including the position of plant manager, operator of a well or a well field, superintendent, or position of equivalent responsibility; or

(B) an individual or position having overall responsibility for environmental matters for the company; and

Section F. NOI Preparer Information.

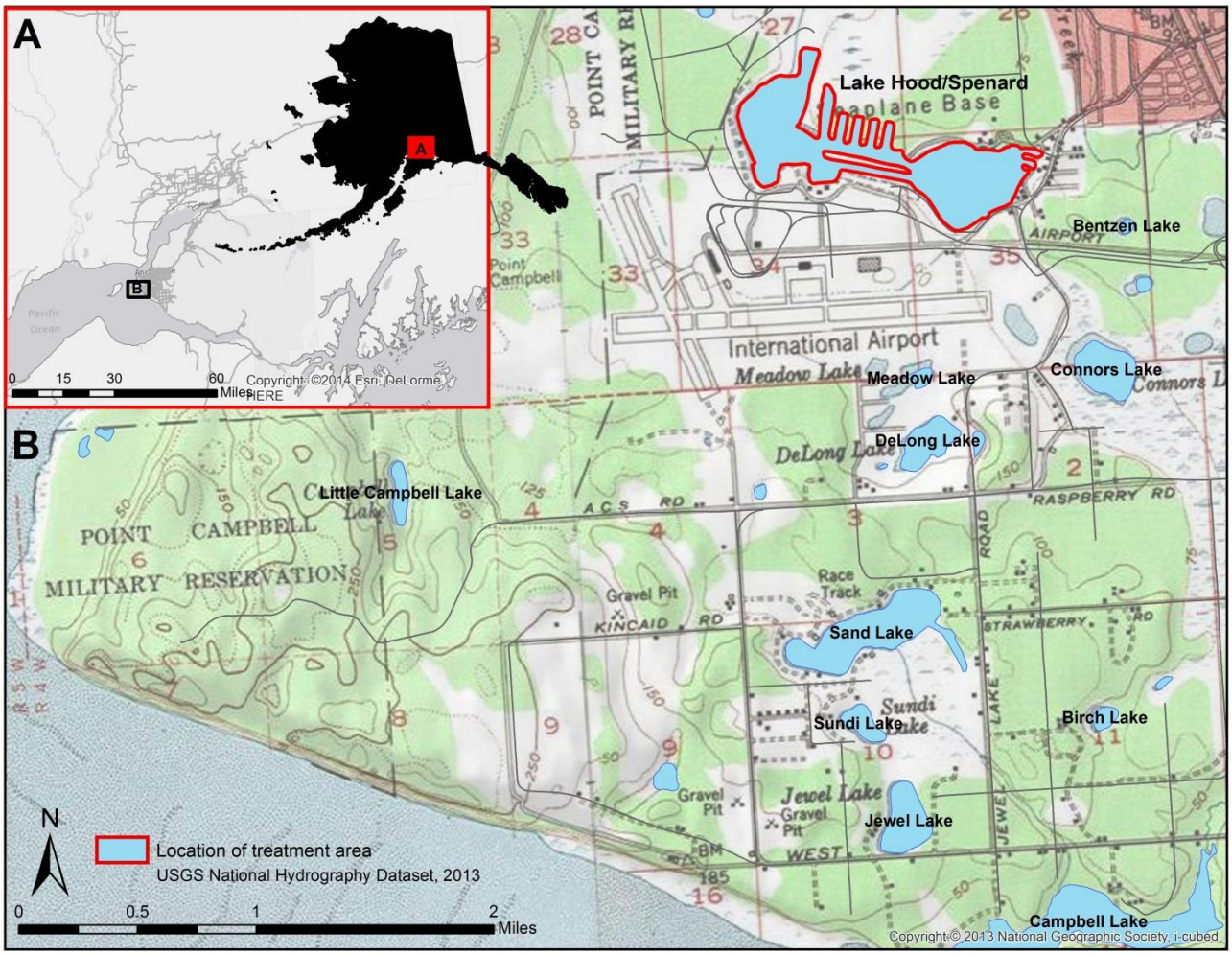
If the NOI was prepared by someone other than the certifier (for example, if the NOI was prepared by a consultant for the certifier's signature), include the name, title, organization, address, telephone number, and email address of the NOI preparer.

Section G. Document Attachments and Supplemental Information

List any attachments.

If you are required to develop a PDMP, that document does not need to be submitted for review unless specifically requested by DEC. 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.

Attachment 1: Treatment Area within the State of Alaska



Attachment 2: Details of Treatment Areas