

# Pesticide General Permit (PGP) Notice of Intent (NOI) Modification

version 1.9

## Form Input

*\*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

### Form Instructions

Please see:

[Instructions for completing the NOI Modification for Storm Water discharges associated with activity under the APDES PGP.](#)

### Modification Reason

#### Permit Number

Are you modifying any of the following things for this permit? *\*Select All That Apply*

Facility Name Change  Transfer of Permit

For this modification reason, this form is the correct form: Facility Name Change or Transfer of Ownership - Stormwater. Please exit this form. When choosing permit change forms, please select the applicable form according to your selection.

#### Modification Description

### Section Changes

Please select which Section(s) will be modified.

Modified Section(s) *\*Select All That Apply*

Contact  Pest Management Area(s)  
 Information

### Contact Information

#### Contacts

If adding a **new contact**, scroll to the bottom and select "Add New Contact Information". Multiple roles may be selected per contact.

To **remove a contact**, select "Inactivate", below.

The following contacts are required for this application. Multiple roles may be selected per contact.

- Applicant (Permittee)
- Billing Contact
- Application Preparer
- Onsite or Operator Contact

Contact Role(s) *\*Select All That Apply*

Applicant  Agent  
 Billing Contact  Consultant  
 Onsite Contact  Owner  
 Operator  Contractor  
 Subcontractor  Application Preparer

To remove a contact, select "Inactivate". *\*Select All That Apply*

Inactivate



**Pesticide Area Details**

**Map Coordinate Info**

Enter map coordinates of Pesticide Management Area.  
Format is decimal degrees (e.g., (61.216962, -149.878897) and the WGS84 standard coordinate system.  
To describe two-dimensional area (polygon) use multiple latitude and longitude coordinates or provide the approximate center point of the area and provide a GIS shapefile or map of the area (PDF).

**Map Coordinates**

Label/Description	Latitude	Longitude
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

**Pesticide Use Patterns to be included in this Pest Management Area** \*Select All That Apply

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

**Pesticide Products**

Pest(s) to be controlled	Pesticide Product Name	EPA Registration Number
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

**Pesticide Applicator Contact Information**

**Prefix**

**First Name**      **Last Name**

**Title**

**Organization Name**

**Phone Type** \*Only one phone number is accepted      **Number**      **Extension**

Home     

Mobile     

Othe     

Business     

**Email**

**Address Line 1**

**Address Line 2**

**City**      **State/Area**      **Postal Code**

**Primary Ownership Type** \*Select One

- Corporation                       Federal Facility (U.S. Government)  
 Mixed Ownership (e.g., Public/Private)     Municipal or Water District  
 Non-Government                       Privately Owned Facility  
 Public (Municipality)                       School District  
 State Government                       Tribal Government

**Receiving Waters**

**Receiving Waters Coverage** \*Select 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:

**Please describe the waters for which you're requesting coverage**

\*This control is conditionally displayed based on answers provided in other parts of the form

**Please describe the waters that are exempt**

\*This control is conditionally displayed based on answers provided in other parts of the form

**Tier 3 Waters**

Is coverage requested for discharge to a Tier 3 (Outstanding National Resource Water) water of the U.S.? <sup>\*Select One</sup>

Yes  No

**Name of Tier 3 Waters**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

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

**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.  
[Impaired Waters List](#)

Please check one <sup>\*Select One</sup>

- 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.

**Attachments**

**Pesticide Discharge Management Plan (PDMP) Template**

Please use the link below to download the ADEC Pesticide Discharge Management Plan (PDMP) Template or attach your own version of a PDMP.

[ADEC Pesticide Discharge Management Plan \(PDMP\) Template](#)

**Pesticide Discharge Management Plan (PDMP) Attachment**

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.htm,\*.html,\*.htm

Comment

Confidential (Reason for Confidentiality)

**Document Attachments**

Please include any additional documents you would like submitted with this NOI

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.htm,\*.html,\*.htm

Comment

Confidential (Reason for Confidentiality)

**Site Name**

*\*This section is conditionally displayed based on answers provided in other parts of the form*

Site Name