



NOTICE OF INTENT (NOI)

For Pesticide Discharges to Waters of the U.S.
Under the AZPDES Pesticide General Permit
AZG2011-001

**FOR COVERAGE, A COMPLETE AND ACCURATE NOI MUST BE SUBMITTED TO:
Arizona Department of Environmental Quality, Surface Water Section/Stormwater and General Permits
1110 West Washington Street, 5415A-1, Phoenix, Arizona 85007**

A. NOI Revision	Authorization No. (ADEQ use only)
<p>Is this NOI a revision for a pesticide discharge activity previously authorized under the AZPDES 2011 Pesticide General Permit? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <ul style="list-style-type: none"> • If "YES," provide current authorization number: _____ • If "YES," provide only the updated information, then complete and sign the certification statement in accordance with section 9.10 of the permit. 	

B. Project Information
<p>Project Name / Discharge Activity: _____</p> <p>Estimated Start Date: _____ Estimated End Date: _____ (Month/Date/Year) (Month/Date/Year)</p> <p>Is any proposed discharge location within Indian Country? <input type="checkbox"/> YES <input type="checkbox"/> NO (If your answer is "YES" you must seek coverage from U.S. EPA for that discharge)</p>

C. Operator (Decision Maker) Information
<p>Contact First Name: _____ Contact Last Name: _____</p> <p>Position / Title: _____</p> <p>Business / Agency Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Phone: _____ Facsimile: _____</p> <p>e-mail: _____</p>

D. Operator (Applicator) Information if Different than Decision Maker
<p>Contact First Name: _____ Contact Last Name: _____</p> <p>Position / Title: _____</p> <p>Business / Agency Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Phone: _____ Facsimile: _____</p> <p>e-mail: _____</p>

E. Type of permit coverage requested

SELECT ONLY ONE: Single Source (skip to section F. below) Area Wide

For Area Wide projects please complete the following:

Jurisdiction Watershed Other: _____

Identify Jurisdiction and Watershed: _____

NOTE: If you are applying for Single Source coverage, complete all sections below. For Area Wide coverage, complete Sections F. and G. for one of the discharge locations, and use **NOI Supplement A** for additional locations. Then proceed to Sections H. and I. below.

F. Discharge Information

1. Pesticide Use Pattern(s) (check all that apply):

- Mosquito and other Flying Insect or Pest Control
- Weed, Algae, and Vegetation Control
- Animal Control
- Forest Canopy Pest Control
- Specific Approval (you must include a copy of your Pesticide Discharge Management Plan with the NOI)

2. Name of Receiving Water: _____

a. Location of Discharge:

Latitude |__|° |__|'| |__|. |__|'' Longitude |__|° |__|'| |__|. |__|''
degrees minutes seconds degrees minutes seconds

b. Receiving Water Designation Category (check all that apply):

- Aquatic and wildlife (warm or cold water)
- Effluent dependent water that flows more than 2.5 miles from the source
- Impaired / Not Attaining water (lists at <http://www.azdeq.gov/environ/water/assessment/index.html>)
- Outstanding Arizona Water (<http://www.azdeq.gov/environ/water/permits/download/oaw.pdf>)

c. Does the proposed discharge activity involve the addition of a pesticide to a water listed as impaired for that same pesticide? YES NO

G. Pesticide Discharge Management Plan (PDMP)

1. Will any pesticide discharge activity meet or exceed one or more of the thresholds identified in Table 6.0 of the permit? YES NO (if the answer is "NO" skip to section H.)

2. If the answer to "G.1" above is "YES" complete the following:
 I confirm that a PDMP that meets the requirements of section 6 of the permit has been developed and will be implemented for the discharge(s).
PDMP Contact First Name: _____ Last Name: _____
Business / Agency Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Facsimile: _____
e-mail: _____

3. If the proposed discharge is to an Outstanding Arizona Water, or requires a Specific Approval, or if Item F.2.c. is answered "YES": I confirm that a copy of the PDMP is enclosed with the NOI for review by ADEQ.

H. Fees

Indicate the fee amount included with this NOI:

- Single Source (\$250.00)
 - Area Wide (\$500.00)
 - Pesticide Discharge Management Plan review (add \$1,000.00 if PDMP is enclosed for review by ADEQ)
 - No fee is required, the decision maker identified in Section D is an Arizona state agency and is exempt from AZPDES Fees.
 - No fee is required, this is a NOI revision associated with a discharge activity previously authorized under the AZPDES 2011 Pesticide General Permit.
- \$ _____ Total payment included

I. Certification (Decision Maker)

Pursuant to A.R.S. § 41-1030:

- (1) ADEQ shall not base a licensing decision, in whole or in part, on a requirement or condition not specifically authorized by statute or rule. General authority in a statute does not authorize a requirement or condition unless a rule is made pursuant to it that specifically authorizes the requirement or condition.
- (2) Prohibited licensing decisions may be challenged in a private civil action. Relief may be awarded to the prevailing party against ADEQ, including reasonable attorney fees, damages, and all fees associated with the license application.
- (3) ADEQ employees may not intentionally or knowingly violate the requirement for specific licensing authority. Violation is cause for disciplinary action or dismissal, pursuant to ADEQ's adopted personnel policy. ADEQ employees are still afforded the immunity in A.R.S. §§ 12-821.01 and 12-820.02.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, as applicable, 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 this system, or those persons directly responsible for gathering the information, I believe the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition as an owner or operator, I certify that I have reviewed and intend to comply with all terms and conditions stipulated in the Pesticide General Permit (AZG2011-001) issued by the director."

Printed Name of Signer: _____ Title: _____
Signature: _____ Date: _____
Business / Agency: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____