

## **NOTICE OF INTENT (NOI)**

For Pesticide Discharges to Protected Surface Waters
Under the AZPDES Pesticide General Permit
AZG2021-003

To Obtain Coverage, a Complete and Accurate NOI Shall be Submitted to:
 Arizona Department of Environmental Quality
 PO Box 18228
 Phoenix, Arizona 85005

| A. New NOI / Revised NOI   | ADEQ Only:                     |
|--|--------------------------------|
| Is this NOI a revision for a pesticide discharge activity previously authorized under the AZPDES 2021 Pesticide General Permit?YESNO   | LTF #                          |
| <ul> <li>If "YES," provide current authorization number:</li></ul>   | Authorization # (if different) |
| B. Project Information   |                                |
| Project Name / Discharge Activity:  Estimated Start Date:  (Month/Date/Year)  Estimated End Date: (Month/Date)  Is any proposed discharge location within Indian Country?  (If your answer is "YES" you must seek coverage from U.S. EPA Region 9 for that | re/Year)                       |
| C. Operator (Decision Maker) Information   |                                |
| Contact First Name: Contact Last Name:  Position / Title:  Business / Agency Name:   |                                |
| Mailing Address:   |                                |
| City: State: Z   | ip Code:                       |
| Phone: e-mail:   |                                |
| D. Operator (Applicator) Information if Different than Decision Maker  |                                |
| Contact First Name: Contact Last Name: Position / Title:   |                                |
| Business / Agency Name:  |                                |
| Mailing Address:   |                                |
| City: State: Z   | p Code:                        |
| Phone: e-mail:   |                                |

| 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 <u>one</u> of the discharge locations, and use <b>NOI Supplement A</b> for additional locations. Then proceed to Sections H. 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   |  |  |
|       | 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 (http://www.azdeq.gov/programs/water-quality-programs)  |  |  |
|       | Outstanding Arizona Water ( <a href="https://static.azdeq.gov/wqd/stormwater/oaw.pdf">https://static.azdeq.gov/wqd/stormwater/oaw.pdf</a> )  |  |  |
|       | 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 require answered "YES":  I confirm that a copy of the PDMP is encl  |           |  |  |
| Н.   | Certification (Decision Maker)   |           |  |  |
| that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy. This section does not abrogate the immunity provided by section 12-820.01 or 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 I have reviewed and intend to comply with all terms and conditions stipulated in the Pesticide General Permit (AZG2021-003) issued by the director."  Printed Name of Signer:  Title: |  |           |  |  |
| Signatur   |  | Date:     |  |  |
| Business / Agency:   |  |           |  |  |
| Mailing A  | Address:   |           |  |  |
| City:  | State:   | Zip Code: |  |  |
|  |  |           |  |  |