



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)

Is this NOI a revision for a pesticide discharge activity previously authorized under the AZPDES 2011 Pesticide General Permit? YES NO

- 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

Project Name / Discharge Activity: _____

Estimated Start Date: _____ Estimated End Date: _____
(Month/Date/Year) (Month/Date/Year)

Is any proposed discharge location within Indian Country? YES NO

(If your answer is "YES" you must seek coverage from U.S. EPA for that discharge)

C. Operator (Decision Maker) Information

Contact First Name: _____ Contact Last Name: _____

Position / Title: _____

Business / Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

D. Operator (Applicator) Information if Different than Decision Maker

Contact First Name: _____ Contact Last Name: _____

Position / Title: _____

Business / Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

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: _____ Fax: _____ 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)
- Areawide (\$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: _____