



NOTICE OF INTENT
Oklahoma Department of Agriculture, Food, and Forestry
Agriculture Pollutant Discharge Elimination System (AgPDES)

FORM
AEMS 098
 Rev. 6/2015

Notice of Intent (NOI) of Coverage Under the 2011 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 intends to be authorized to discharge pollutants to Waters of the United States within the pest management area identified in Section C under the 2011 Pesticide General Permit. 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 NPDES permit tracking number for the discharge.

- a. Original NOI Submission
- b. NOI Change of Information: (NPDES Permit Tracking Number)

Please note: If selecting NOI Change of Information (box b.) please complete Section B (Operator Name and Mailing Address) and other NOI Sections that need to be modified.

B. Operator Information

1. Operator Name

2. Operator Type (check one)

- Federal government
- State government
- Local government
- Mosquito control district (or similar)
- Irrigation control district (or similar)
- Weed control district (or similar)
- Other: If other, provide brief description of type of operator [Click here to enter text.](#)

3. Are you a large entity as defined in Appendix A of the permit? (check one) 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.

4. Mailing Address

Contact Name

Street

City

State

ZIP Code

Telephone

Fax

E-mail

C. Pest Management Areas

Complete Section C for **each** Pest Management Area for which coverage under the Pesticide General Permit is desired. Please save and/or make multiple copies of this Section, as needed.

Pest Management Area # _____ of ## _____

1. Pest Management Area Name

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

2. Are any of your activities for which you are requesting coverage under this NOI occurring on Indian Country Lands?

Yes No If yes, Please contact Jenelle Hill with EPA Region 6 at 214-665-9737 or hill.jenelle@epa.gov. EPA is the permitting authority for all discharges occurring on Indian Country Lands.

3. Are any of your activities (in this pest management area) for which you are requesting coverage under this NOI occurring on areas considered "federal facilities" as defined by the permit? Yes No

4. Mailing address and contact information of the pesticide applicator (or check here if same as provided in Section B):

Contact Name

Street City

State ZIP Code

Telephone Fax E-mail

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

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

6. Receiving Waters (check one)

- Coverage requested for all Waters of the United States within the Pest Management Area identified above.
- Coverage requested specifically for the following Waters of the United States within the Pest Management Area identified above.
- Coverage requested for all Waters of the United States within the Pest Management Area identified above except for:

7. Outstanding National Resource Waters or Scenic Rivers

Is coverage requested for discharge to an Outstanding National Resource Water, or Scenic River (Tier 3 waterbody)? Yes No
If yes, answer a and b

- a. Name of Outstanding National Resource Water or Scenic River (Tier 3 waterbody)
- 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.

8. 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. For a list of impaired waterbodies please see the Oklahoma Department of Environmental Quality 303(d) List. http://www.deq.state.ok.us/wqdnew/305b_303d/index.html See Part 1.1.2.1 of the permit. Check one:

- 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.

D. Certification

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. On the basis of 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.

Printed Name

Title

E-Mail

Signature/Responsible Official _____ Date _____

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

Preparer Name

Organization

Phone _____ Date [Click here to enter a date.](#)

E-Mail

Instructions for Completing the Notice of Intent (NOI) for Coverage Under the 2011 Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

Who Must File a NOI?

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. One NOI can be submitted for multiple pest management areas.

PGP Part/ Pesticide Use	Which Decision-Makers Must Submit NOIs?	For Which Pesticide Application Activities?
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.
All four use patterns identified in Part 1.1.1	Any Decision-maker with an eligible discharge to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A.	Activities resulting in a discharge to Waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A.
1.1.1(a) - Mosquito and Other Flying Insect Pest Control	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control.
	Mosquito control districts, or similar pest control districts.	All activities resulting in a discharge for which the Decision-maker is responsible for pest control.
	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.
1.1.1(b) Weed and Algae Pest Control	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control.
	Irrigation and weed control districts, or similar pest control districts.	All activities resulting in a discharge for which the Decision-maker is responsible for pest control.
	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 miles OR 80 acres of water (i.e., surface area).
1.1.1(c) Animal Pest Control	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control.
	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 miles OR 80 acres of water (i.e., surface area).
1.1.1(d) Forest Canopy Pest Control	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control.
	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.

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 ODAFF's website.

<http://www.oda.state.ok.us/aems/agpdes.htm>

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 any application made in response to a Declared Pest Emergency Situation, as defined in Appendix A of the permit.

Operator Type	NOI Submission Deadline	Discharge Authorization Date ²
Any Decision-maker with a discharge in response to a Declared Pest Emergency for which that activity triggers the NOI requirement identified in Part 1.2.2, except for any discharges to Waters of the United States containing NMFS Listed Resources of Concern.	At least 30 days after beginning discharge.	Immediately upon beginning to discharge for activities conducted in response to a Declared Pest Emergency Situation.
Any Decision-maker that exceeds any annual treatment area threshold.	At least 10 days before exceeding an annual treatment area threshold.	No earlier than 10 days after ODAFF posts on the Internet receipt of a complete and accurate NOI and Discharger receives letter of authorization from ODAFF.
Any Decision-maker otherwise required to submit an NOI as identified in Table 1.	At least 10 days before any discharge for which an NOI is required.	No earlier than 10 days after ODAFF posts on the Internet receipt of a complete and accurate NOI and Discharger receives letter of authorization from ODAFF.

¹ State, territory and tribal specific requirements in addition to the requirements in this table are provided in Permit Part 9.0.

² On the basis of a review of an NOI or other information, ODAFF may delay authorization to discharge beyond any timeframe identified in Table 2, determine that additional technology-based and/or water quality-based effluent limitations or other conditions are necessary, or deny coverage under this permit and require submission of an application for an individual NPDES permit, as detailed in Part 1.3 of the permit.

³ Certain discharges may be authorized in less than 30 days, but no fewer than 10 days, for any discharges authorized under Criterion B, C, or E of Part 1.1.2.4.

Where to File the NOI Form

ODAFF
AEMS Division
P.O. Box 528804
Oklahoma City, OK 73152
FAX (405) 522-6357

- If you have questions please contact ODAFF AEMS at 405-522-5495 or 405-522-5493.
- If you are required to develop a PDMP, that document does not need to be submitted for review unless specifically requested by ODAFF. 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.

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. Ensure you make a photocopy for your records before you send the completed original form to the address above.

Operator Type	NOI Submission Deadline	Discharge Authorization Date
Any Decision-maker requiring permit coverage for a pest management area not identified on a previously submitted NOI for this permit, except for discharges to any Tier 3 water. Except for such waters, changes other than identification of a new pest management area or a new pesticide use pattern do not require a revised NOI submittal.	At least 10 days before beginning to discharge in that newly identified area unless discharges are in response to a Declared Pest Emergency Situation in which case not later than 30 days after beginning discharge.	No earlier than 10 days after ODAFF posts on the Internet the receipt of a complete and accurate NOI and Discharger receives letter of authorization from ODAFF, unless discharges are in response to a Declared Pest Emergency Situation in which case coverage is available immediately upon beginning to discharge from activities conducted in response to Declared Pest Emergency Situation.
Any Decision-maker discharging to a Tier 3 water not identified by name on a previously submitted NOI for this permit.	At least 10 days before beginning to discharge in that newly identified area unless discharges are in response to a Declared Pest Emergency Situation in which case not later than 30 days after beginning discharge.	No earlier than 10 days after ODAFF posts on the Internet the receipt of a complete and accurate NOI and Discharger receives letter of authorization from ODAFF, unless discharges are in response to a Declared Pest Emergency Situation in which case coverage is available immediately upon beginning to discharge from activities conducted in response to Declared Pest Emergency Situation.

Section A. NOI Status

Indicate if this is the first time you are requesting coverage under the permit or if this is a change of information.

- 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 2 for NOI submittal deadlines and discharge authorization dates.
- 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 NPDES permit number that you received in your confirmation letter. For

additional details regarding a change of information, see Table 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

- 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.
- 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.
- Indicate whether or not you are a "large entity" as defined in Appendix A 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.**
- Provide the Decision-maker's mailing address, telephone number, fax number (optional), name, and e-mail address. Correspondence will be sent to this address.

Section C. Pest Management Area: Information for each Pest Management Area for which coverage under the Pesticide General Permit is desired.

- 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 a 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.
- Indicate whether pesticide application will occur on Indian Country Lands, and if so, contact EPA Region 6.
- Indicate whether pesticide application will occur on a Federal Facility, as defined in Appendix A of the permit.
- 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.
- 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.
- 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. The EPA tool **Water Locator** can help you identify the closest receiving water to your facility. <http://cfpub.epa.gov/npdes/stormwater/tmdltool.cfm>
- Indicate if permit coverage is being requested to discharge to an Outstanding National Resource Water and/or Scenic River (Tier 3 waterbody). If yes, write the name(s) of the waterbody 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.

8. 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 the Oklahoma Department of Environmental Quality list of impaired waters (i.e. 303(d) list).

http://www.deq.state.ok.us/wqdnew/305b_303d/index.html

See Part 1.1.2.1 of the permit for more information on discharges to Water Quality Impaired Waters.

Section D. Certification

Enter the certifier's printed name and title. Sign and date the form. For more information about the certification statement and signature, see Appendix B of the permit. (**NOTE: An unsigned or undated form will not be accepted.**) Federal statutes provide for severe penalties for submitting false information. Federal regulations require this application to be signed as follows:

For a corporation: by a responsible corporate officer, means:

- (i) 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
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated activity 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 laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or

For a municipal, state, federal, or other public facility: by either a principal executive or ranking elected official.

If the NOI was prepared by someone other than the certifier (for example, if the NOI was prepared by the PDMP contact or a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the NOI preparer.