

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG870000

NPDES PERMIT NUMBER ALG870000 IS A GENERAL PERMIT AUTHORIZING DISCHARGES FROM THE APPLICATION OF PESTICIDES

**Mail to: Alabama Department of Environmental Management
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

FOR OFFICE USE ONLY

NPDES PERMIT NUMBER

RECEIPT NUMBER

PLEASE COMPLETE ALL QUESTIONS. RESPOND WITH "N/A" AS APPROPRIATE. INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL DELAY PROCESSING. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. ATTACH OTHER INFORMATION AS NEEDED. PLEASE TYPE OR PRINT LEGIBLY IN INK.

I. OPERATOR INFORMATION Initial: Modification: Transfer: Renewal: ALG _____

Operator Name	County (ies) of Application
Operator Mailing Address	City, State, Zip Code
Operator Physical Address	City, State, Zip Code
Operator Phone Number	Operator E-Mail Address
Contact Name and Title	Contact Phone Number

II. LOCATION OF NPDES RECORDS STORAGE

Street Address	City, State, Zip
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III. PESTICIDE USE PATTERNS

Check all that apply:

(a) Mosquito and Other Flying Insect Pest Control (c) Animal Pest Control

(b) Weed and Algae Pest Control (d) Forest Canopy or Other Area-Wide Pest Control

For each use pattern checked above, provide the following information (attach additional pages if necessary):

- Use Pattern from above: _____
- Receiving Waters (check one):
 - Coverage requested for all waters of the State within the areas identified on the location map, or
 - Coverage requested for all waters of the State within the areas identified on the location map, except the following:

(If you checked either Receiving Waters box above, skip Section V. below)

Coverage requested for specific waters of the State within the areas identified on the location map. Complete Section V. below.

IV. PESTICIDE APPLICATION TREATMENT AREA MAP

Please attach a USGS or equivalent topographic map outlining the pesticide application treatment area. If multiple use patterns with different treatment areas are to be permitted, please provide a map for each use pattern and each different treatment area.

V. RECEIVING WATERS

For each use pattern checked in Section III. above, where coverage is requested for specific waters, provide the following information (attach additional pages if necessary):

Use Pattern: _____

List the name of each receiving water for the indicated use pattern listed above (attach additional pages if necessary).

Receiving Water(s)	Receiving Water(s)

VI. Tier 3 (ONRW) Waters and Water Quality Impaired Waters

Is/are the receiving water(s) classified as a Tier 3 or ONRW water, as defined by Part VII.Q.40 of the general permit and ADEM Admin. Code r. 335-6-10-.10? Yes No

If yes, please list the Tier 3 water(s) below:

NOTE: Tier 3 or ONRW waters are identified in ADEM Admin. Code r. 335-6-11-.02

Pursuant to Part I.B.2(a) of the general permit, discharges from a pesticide application to a water of the State are not authorized by this permit if the water is identified as being impaired by that pesticide or its degradates. For the purposes of this permit, impaired waters are those that have been identified by the State, pursuant to Section 303(d) of the CWA, as not meeting applicable State water quality standards and those waters with EPA-approved or EPA-established Total Maximum Daily Loads (TMDLs) for a pesticide or its degradates.

Is/are the receiving water(s) impaired for the pesticide(s) being used, an active ingredient of the pesticide, or a degradate of an active ingredient of the pesticide(s)? Yes No

VII. CERTIFICATION OF OPERATOR RESPONSIBLE OFFICIAL

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. Based on 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 or imprisonment for knowing violations. I further certify that the applicant has sufficient title, right or interest in the property where the proposed activity occurs.

Name (type or print) _____ Official Title _____

Signature _____ Date Signed _____