



Notice of Intent
State Pollution Discharge Elimination System (SPDES)
Point Source Discharges to Surface Waters of New York from Pesticide Applications
General Permit GP-0-16-005

Completed Notice of Intent (NOI) should be submitted to:

Notice of Intent
NYS DEC, Bureau of Water Permits
625 Broadway, 4th Floor
Albany, NY 12233-3505

DEC Use
SPDES ID NYP160
Received
DEC Use

This is a modification to an existing Pesticide General Permit issued under GP-0-16-005. You must provide your 2016 PGP Permit Number: NYP160

Not a modification. Skip to Page 2 of this NOI.

Please Note: The items identified below may be modified for authorized PGP coverage by NYSDEC Division of Water, Bureau of Water Permits. Any modification must be in conformance with the requirements and conditions of the Pesticide General Permit (GP-0-16-005). Any modification to the Notice of Intent (NOI) must also be reflected in an updated Pesticide Discharge Management Plan (PDMP), in accordance with Part III.B of GP-0-16-005.

The NOI parts to be modified must be completed in full.

Check the appropriate box(es) below to identify the parts of the NOI being modified:

- Part I.A Operator Information (see note below)
Part I.B Billing Information
Part II Pesticide Discharge Information, Sections A, B, and/or C
Part II Pesticide Discharge Information, Sections D, and/or E
Part III Waterbody/Pest Management Area Information

Note: Part I.A, Operator information (page 2 of 5) may only be changed using an NOI modification IF:

- a. The certifying Operator (contact person) is an elected official or board member of a municipality, lake association, home-owners association, or business/company, and
b. The unique federal Employer Identification Number (EIN) remains unchanged, and
c. The name of the organization (municipality, lake association, home-owners' association, or business/company) remains unchanged.

For all modifications the Operator must recertify/sign the NOI by completing the Certification Statement in Part IV (page 5 of 5) of the NOI.

Other records, plans, or evaluations that the permit may require to be maintained in the operator's records are not to be submitted with the NOI. Annual fees associated with the NOI will be billed separately and are not to be submitted with the NOI.

I. Contact Information

Identify the entity/person that decides to apply aquatic use pesticides to, in, or over surface waters of the State as the operator, regardless of who performs the pesticide application.

The operator under this SPDES general permit must be the same as the permittee for an Article 15 or 24 permit addressing the same discharge, where applicable.

The operator information entered in Section I may be that of a company, private owner, or municipality. However, for a company or municipality, the person responsible for the aquatic use pesticide application (either by decision or performance) must sign the certification in Section IV.

A. Operator Information

Name of Organization if Applicable (Company Name/Municipality Name)

Operator First Name

Operator Last Name

Individual (EIN not required)

Not Individual (EIN required)

Fed Tax ID/IRS EIN

Operator Street Address

Operator City

State

Zip

Operator Phone

Operator Email Address

B. Billing Information

Billing is Same as Operator (Do Not Complete This Section)

Billing is Different From Operator (Complete Billing Information Below)

Billing Organization Name (if applicable)

Billing Contact First Name

Billing Contact Last Name

Billing Street Address

Billing City

State

Zip

Billing Phone

Billing Email Address

II. Pesticide Discharge Information

A. Other Permits Addressing the Permit Application(s). Check all that apply.

Article 15, 6NYCRR Part 327, 328 or 329

Article 24, 6NYCRR Part 663 – Freshwater Wetlands

Article 24, 9NYCRR Part 578 – Freshwater Wetlands in Adirondack Park

None of the above

If you do not have coverage under an Article 15 permit, please explain why.

**B. Is Integrated Pest Management (IPM) Evaluation documented in operator records?
(refer to Part III.A.5 of SPDES general permit)**

Yes

No – IPM evaluation not required by SPDES general permit. (refer to Part III.A.5(d) of permit)

C. Is the Pesticide Discharge Management Plan (PDMP) documented in operator records? (refer to Part II.B of SPDES general permit)

Yes

No – PDMP not required by SPDES general permit (refer to Part III.B.3 of permit)

If you have a separate document listing the information in questions D-E, you may attach it to this submission.

D. Target pest(s). List all target pests intended to be covered by this NOI.

E. Pesticide product(s). List all pesticides intended to be covered by this NOI. Provide pesticide commercial trade names(s), CAS Number (if applicable) and EPA Registration Number(s).

III. Waterbody/Pest Management Area Information

A. Waterbody. Answer the 5 questions below for the waterbody you are discharging to. If the waterbody is unnamed, write “Unnamed” in question 1 below. If discharge(s) will occur in more than one waterbody or in more than one unnamed waterbody (including wetlands), you must submit the Waterbody Information Document. This document allows you to provide the requested information for each waterbody. The Waterbody Information Document can be found at: <http://WWW.dec.ny.gov/chemical/70489.html>

1. Waterbody Name

2. Municipality Name

3. Is this a Class A waterbody?

Yes

No

4. Is there a public drinking water source (intake) in the waterbody?

Yes

No

5. Waterbody/Pest Management Area Coordinates in decimal degrees. The Latitude/Longitude should identify the center of each treatment area. If the treatment area is not known at the time of the NOI submittal, you must identify this information, once known, in your PDMP prior to the pesticide application

Latitude:

Ex.: 42.675401

Longitude:

Ex.: -74.093438

B. NYS DEC Region(s) where discharge(s) will occur. (Select at least one and all others that apply) County names within DEC Regions are provided:

- DEC Region 1 (Nassau, Suffolk)
- DEC Region 2 (Bronx, Kings, New York, Queens, Richmond)
- DEC Region 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)
- DEC Region 4 (Albany, Columbia, Delaware, Green, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)
- DEC Region 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)
- DEC Region 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)
- DEC Region 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)
- DEC Region 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates)
- DEC Region 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

IV. GP-0-16-005 Certification

Certification Statement

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 and imprisonment for knowing violations.

First Name

MI Last Name

Signature

Date (mm/dd/yyyy)