



NOTICE OF INTENT FOR COVERAGE AQUATIC MOSQUITO CONTROL GENERAL PERMIT

To comply with the terms of the statewide general permit for the discharge of pesticide to waters of the state for the control of mosquitoes.

New Application

Updated Application

I. Permittee

Name of Entity:

Are you a commercial pest control business? Yes No

II. Contact and Mailing Information

Contact Name:

Title:

Mailing Address:

City: State: Zip:

Phone Number: Fax Number:

Email address:

III. Project and SEPA Information

Project Type and Name
 Business:
 City:
 County:
 Homeowners Association:
 Mosquito Control District:
 Public Utility/Public Works:
 State Agency:

Provide a description (such as legal description of boundaries and maps) of the project. Attach extra sheets if necessary.

Is SEPA review been complete? Yes No
Type of SEPA determination: Determination of Non-Significance (DNS), Final Environmental Impact Statement, Mitigated DNS (MDNS)
Agency issuing DNS, MDNS, or Final EIS:
Date:

If Ecology will be the lead agency for the SEPA determination, attach a completed and signed SEPA checklist to this NOI.

IV. Chemical Information

Anticipated Larvicides to be Used	Anticipated Adulticides to be Used
<input type="checkbox"/> <i>Bacillus sphaericus</i> (H-5a5b)	<input type="checkbox"/> Etofenprox
<input type="checkbox"/> <i>Bacillus thuringiensis israelensis</i> (Bti)	<input type="checkbox"/> Malathion
<input type="checkbox"/> Malathion	<input type="checkbox"/> Naled
<input type="checkbox"/> Methoprene	<input type="checkbox"/> Natural Pyrethrins
<input type="checkbox"/> Monomolecular surface films	<input type="checkbox"/> Permethrin
<input type="checkbox"/> Paraffinic White Mineral Oil	<input type="checkbox"/> Piperonyl Butoxide (PBO)
<input type="checkbox"/> Spinosad	<input type="checkbox"/> Resmethrin
<input type="checkbox"/> Temephos	<input type="checkbox"/> Sumithrin (d-phenothrin)
<input type="checkbox"/> Other (State or Federal EUP):	<input type="checkbox"/> Other (State or Federal EUP):

V. Regulatory Status

WSDA Pesticide Applicator License Number:
WSDA Pesticide Applicator License Expiration Date:
<input type="checkbox"/> Licensee has a Public Health Pest Control, Aquatic Pest Control, or a Statewide category endorsement or will be supervised by someone with one of these endorsements.
<input type="checkbox"/> License renewal has been satisfied for this year and will remain current.
Do you have a complete and up-to-date spill kit? <input type="checkbox"/> Yes <input type="checkbox"/> No

VI. Public Notice

The public notice must be published at least <u>once</u> each week for 2 consecutive weeks, in a <u>single</u> newspaper that has general circulation in the county in which the project is to take place. See the NOI instructions for the public notice language requirements. Permit coverage will not be granted sooner than <u>31 days</u> after the date of the second public notice. Note: This NOI must be submitted to Ecology on or before the date of the first public notice.	
Provide the <u>exact</u> dates (m/d/y) that the first and second public notices will appear in the newspaper:	
First public notice date:	Second public notice date:
Newspaper publishing the public notice:	

VII. Certification

<i>"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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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. Unless the Department of Ecology Permit has more stringent requirements, all FIFRA label directions and requirements will be followed."</i>	
Applicant Print Name:	Date:
Applicant Signature:	
<i>Sign and return this document to the address below. For questions call (360) 407-6283</i>	
<i>Washington Department of Ecology Water Quality Program Aquatic Pesticides PO Box 47600 Olympia, WA 98504-7600</i>	<i>To ask about the availability of this document in a format for the visually impaired, call the Water Quality Program at 360-407-6401. Persons with hearing loss may call 711 for Washington Relay Service. Persons with a speech disability may call 877-833-6341.</i>