



## Aquatic Pesticides for the Control of Mosquito-Borne Diseases

**NOTE:** A copy of this NOI Form must be filed with the municipal or County Commissioners office in which the discharge is located at the time it is submitted to the Department.

### 1. Property Owner Information

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_  
Town State ZIP

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 2. Agent Information (if applicable)

Name/Affiliation: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_  
Town State ZIP

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 3. Licensed Applicator Information

Name/Affiliation: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_  
Town State ZIP

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Maine Board of Pesticides Control License Number: \_\_\_\_\_

**4. Waterbody Information** (Provide the following information for each waterbody having different physical or hydrologic characteristics. Use additional sheets as necessary.)

Name of waterbody: \_\_\_\_\_

Size of area to be treated (indicate in square feet or acres): \_\_\_\_\_

Average Water Depth (check all that apply): 0-6"                  6-12"                  12-24"                  >48"

Has the waterbody been treated before for mosquito control?      YES\_\_      NO

If YES, provide dates and pesticides used: \_\_\_\_\_  
 \_\_\_\_\_

**5. Aquatic Pesticide Information**

Bti. Formulation: \_\_\_\_\_      Concentration: \_\_\_\_\_      Max. Application Rate \_\_\_\_\_  
 (granule, liquid, power, etc.)      (% active ingredient)      Frequency \_\_\_\_\_

Bs. Formulation: \_\_\_\_\_      Concentration: \_\_\_\_\_      Max. Application Rate \_\_\_\_\_  
 (granule, liquid, power, etc.)      (% active ingredient)      Frequency \_\_\_\_\_

**6. Statement of Significant Need to Control Target Species**

On a separate piece of paper, please provide a statement demonstrating a significant need to control the target species and an explanation as to why application of the authorized aquatic pesticide is the most effective means of mosquito control. The statement must provide reasonable justification for the proposed treatment. (See General Permit Section I.D.2.d.)

**7. Statement of Coordinated Area-Wide Control Strategy**

On a separate piece of paper, please provide a statement demonstrating that the proposed aquatic pesticide application(s) will be performed in conjunction with a specific written management plan for the control of mosquito species known to be potential vectors of infectious diseases. For individual property owners seeking coverage, a statement demonstrating efforts to coordinate mosquito treatments with local governments, tribal governments, state public health agencies, or other appropriate organizations must be submitted.

**8. Required Attachments**

The following attachments are required for consideration of coverage under this general permit. Failure to attach the following items will result in a delay in processing and possible denial of a coverage.

- Topographic or similar map (or copy thereof) extending at least one mile beyond each waterbody to be treated with proposed treatment areas indicated.

- Specific detailed written directions to each proposed treatment site.
- A minimum of three color photographs of each waterbody (or representative photos for a group of waterbodies having similar physical and hydrologic characteristics) to be treated. The photographs must be taken during a period when the waterbody and surrounding area is free of snow cover, must be labeled with the applicant’s name and the civil jurisdiction (for example city, town, territory) in which the waterbody exists, and must relate to the location map submitted as part of this NOI form.
- A description of each area to be treated, including, but not limited to, identification of any intermittent or permanent inlets to or outlets from the waterbody, presence or absence and characterization (herbaceous, woody) of vegetation within the waterbody, whether the area in and around the waterbody is forested, open (field), marsh, etc.

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. I further certify that the applicant has sufficient title, right or interest in the property where the proposed activity occurs.

**9. Signature of Applicant**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Assisting Parties. If the applicant has been assisted in preparing this NOI Form, the person(s) assisting must sign below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Keep a copy as record of permit. Send the form with attachments via certified mail to the Maine Department of Environmental Protection, 17 SHS, Augusta, ME 04333-0017. A copy of this NOI must be provided to the municipal or County Commissioners office. Authorization to discharge is valid for one year. Work carried out in violation of any applicable standard is subject to enforcement action.

This area for office use only.

NOI #	Date Received	Date Approved	Date Returned	Staff
#MEG				