

Maine Department of Environmental Protection General Permit Notice of Intent (NOI)

Aquatic Herbicides for the Control of Invasive Aquatic Plants

NOTE: A copy of this NOI Form must be filed with each civil jurisdiction in which the treatment will be located (municipal office, LURC Regional Office, County Commissioner's office, as appropriate); with MDIFW, MNAP, MASC, USFWS, and NOAA Fisheries, and with any public drinking water suppliers who use the waterbody.

This NOI is subject to General Permit #MEG150000 / WDL #W-009004-5G-A-N, issued by the Department of Environmental Protection (DEP) for the herbicidal treatment of invasive aquatic plants. Project specific information may be obtained from DEP staff listed in Section 1 below:

DEDI ' A 4' C ' D (LCD) C 4 4

I. DE	P invasive Aquatic Species Prog	ram (IASP) Contac	i.			
Naı	me:					
Ma	iling address:					
Town:		_ State:	_ ZIP:			
Tel	ephone:	E-mail:				
2. Ago	. Agent Managing the Project (if different from IASP Contact)					
Naı	me/Affiliation:					
Ma	iling address:					
Tov	vn:	State:	_ ZIP:			
Tel	ephone:	E-mail:				
3. Lic	ensed Applicator Information					
Naı	me/Affiliation:					
Ma	iling address:					
Tov	vn:	State:	ZIP:			
Tel	ephone:	E-mail:				
Cui	rrent Maine Board of Pesticides Co	ontrol License Numb	oer:			

4.	Statement of Significant Need to Control Target Species
	Name of primary target species (must be State-listed or determined by DEP to be invasive):
	Names of other invasive plants, if applicable:
	Reasons for this project: The target population of aquatic plants cannot be controlled by non-chemical means High potential for the plant(s) populations to spread rapidly Probability of significant disruption of aquatic habitat caused by the target species The treatment is required to enable a broader scale plant control project under an aquatic plant management plan The treatment is needed to restore habitat and/or that failure to rapidly control the species threatens to result in significant environmental harm to this or other natural resources. Other
	Attach additional detail as needed. Describe past treatment efforts and how those affect the decision to perform an herbicide treatment; why are non-herbicidal means not considered sufficient:
	Other treatment options previously used (check all that apply): Manual Removal Benthic Barriers Mechanical Harvesting Other Herbicides If yes, list other herbicides used.
	Attach additional detail as needed.
5.	This treatment:
	☐ Requires rapid response in advance of developing a management plan because
6.	Topographic or similar map extending one mile beyond treatment site(s)
	Directions to Treatment Site(s):

7.	Waterbody Map showing monitoring location(s) and area(s) to be treated if spot treatments are proposed				
	Attach additional detail as needed				
8.	Treatment will include:				
	□Spot Treatment(s) subsurface □Spot Treatment(s) surface □Whole-lake				
9.	Description of each area to be treated (number areas keyed to map)				
	Area ID label/# Area to be treated Range of Depths Volume:				
	Mean Depth Substrate(s): Sand□ Gravel□ Mud/silt□ Organic□ Other □				
	Describe any special application methods (such as use of containment barriers) or timing issues:				
10.	. Other Waterbody Characteristics (identify on waterbody map)				
	Active outlet (likely to be flowing during treatment) Yes \square No \square				
	Number of permanent streams which may be affected by treatment				
	Other physical aspects that affect operations (including hydrologic considerations)				
11.	. Non-target plant species, and community characteristics				
12.	. Has the waterbody previously been treated with aquatic herbicides for plant control				
	Yes □ No□				
	If yes, indicate where treatment(s) occurred and provide dates treated, herbicides used, amounts applied:				

13. Herbicides to be used:
List:

14. For each herbicide proposed for use, list:
14. For each nerotetae proposed for use, list.
Herbicide Name:
Max. Application Rate (Lbs or gallons/acre):
Target Concentrations:
Duration (expected time to non-detect):
Booster Treatments (number, interval):
Target Application date(s):
If spatially variable rate, or other treatment variations, provide details on separate sheet.
15 Horbioido Monitoring
15. Herbicide Monitoring:
☐ Will be in accordance with Part 1E1, Table 2 of the General Permit
☐ Will require outlet monitoring
☐ Will deviate from standard protocol (attach explanation and justification)
16 Water Orolity Manitoring
16. Water Quality Monitoring:
☐ Will be in accordance with Part 1E2 of the General Permit
☐ Will deviate from standard protocol (attach explanation and justification)
17 Diana Camana da Manda da Ma
17. Plant Community Monitoring:
☐ Will be in accordance with Part 1E3 of the General Permit
☐ Will require outlet monitoring
☐ Will deviate from standard protocol (attach explanation and justification)
18. Rare, Threatened, or Endangered Species or Communities:
☐ MDOC-MNAP has been consulted
☐ MDIFW-NonGame Program has been consulted
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☐ MDIFW-Regional Biologists have been consulted ☐ MASC NOAA Fisheries USEWS have been potified.
☐ MASC, NOAA Fisheries, USFWS have been notified

If agency consultations indicate elements of concern, attach explanation and mitigation strategy

If

19. Public Water Supplies				
□ DHHS-Drinking water program has been consulted re:□ Public water supplies exist	existence of public water supplies			
Identify Public water supplies:				
☐ Identified Public water supplies have been consulted				
(Attach correspondence from each public water supply indicating consent and any conditions theret consent is conditioned, indicate how conditions will be met.)				
20. Public Notice				
List municipalities, counties, and/or LURC Regional Offices to be notified by copy of NOI:				
Date of press release or advertisement publication date and name of newspaper with general circulation in the treatment program area (attach copy at end):				
I certify under penalty of law that this document and all attach or supervision in accordance with a system designed to assure and evaluate the information submitted. The information submbelief, true, accurate, and complete. I am aware that there are information, including the possibility of fine and imprisonment	e that qualified personnel properly gather nitted is, to the best of my knowledge and significant penalties for submitting false			
Signature:	Date:			
Affiliation:				
Printed Name:				
Keep a copy as record of permit. Send the form with attachments Environmental Protection, 17 SHS, Augusta, ME 04333-0017 or as desmust be provided to the municipal office or County Commissioners' of	scribed in the General Permit. A copy of this NOI			

waterbody is LURC jurisdiction. 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							

NOTICE OF INTENT TO FILE MAINE WASTE DISCHARGE GENERAL PERMIT FOR APPLICATION OF HERBICIDES FOR THE CONTROL OF INVASIVE AQUATIC PLANTS

A copy of the General Permit may be obtained from the Department or at http://www.maine.gov/dep/water/wd/herbicides-piscicides-application/index.html

The Department will take no action on the Notice of Intent until 30 days from the date of this publication. Any person wishing to submit comments to the Department regarding the Notice of Intent should do so in writing within 30 days of this publication. Comments should be limited to the applicant's ability to comply with the terms and conditions of the General Permit. The Department will take these comments into consideration in determining whether to approve of the Notice of Intent.

Written public comments, requests for information or questions may be directed to the Maine Department of Environmental Protection, Division of Water Quality Management, Waste Discharge Permitting, State House Station #17, Augusta, Maine 04333. Telephone (207) 287-7688.