



Maine Department of Environmental Protection

## NOTICE OF INTENT FOR COVERAGE Discharge of Pesticides to Surface Waters General Permit

For coverage under MEG230000 Discharge of Pesticides to Surface Waters General Permit

**NOTE:** Pursuant to 06-096 CMR 2, within 30 days prior to filing the NOI with the Department, an applicant for coverage under this GP shall give public notice of its intent to submit a NOI to the Department via an advertisement published in a newspaper having general circulation in the area of the proposed treatment program. The advertisement in the newspaper will also serve as notice to abutting landowners that are adjacent to and within one mile of the treatment area.

This NOI is subject to General Permit #MEG230000 / WDL #W009129-5Y-A-N, issued by the Maine DEP for use of terrestrial pesticides to reduce a significant risk to public health and safety or risk of widespread economic harm subject to specified conditions, which may result in incidental, unintended, and unavoidable discharges to waters of the State.

### 1. Property Owner Information (use additional sheets if multiple property owners)

Name:

Mailing Address:

Town:

State:

Zip

Telephone:

E-mail:

### 2. Decision maker 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. Pesticide Information (Provide the following information for pesticides to be used. Use a additional sheets as necessary)

a. Pesticide: Concentration (% active ingredient):

Max. Application Rate: Frequency:

b. Pesticide: Concentration (% active ingredient):

Max. Application Rate: Frequency:

c. Pesticide: Concentration (% active ingredient):

Max. Application Rate: Frequency:

Please include a copy of the label from each pesticide to be used. On a separate paper, please indicate the extent to which the proposed pesticide treatment program constitutes target specific materials and methods and how this will be implemented.

5. Submit a copy of a site plan depicting the boundaries of the treatment area unless not required by MBPC CMR 01-026, Chapter 22.

6. Has the proposed treatment area been treated for the same purpose in the same calendar year?

No

Yes

Dates:

Pesticide applied:

Brief description and details of the event(s):

7. Pesticide Discharge Management Plan (PDMP)

The proposed pesticide treatment program will be conducted pursuant to a PDMP, as required by Part II, Special Condition 5 of the PGP, that provides for compliance with the terms and conditions of the GP. The PDMP includes components for record keeping, annual reporting, and incident reporting. A copy of the PDMP must accompany the NOI at the time of the submission to the Department.

8. Notification of Natural Resource Agencies

The following organization have received written notice of the proposed treatment. If available, please include the responses received from the agencies.

Maine Department of Inland Fisheries & Wildlife (MIFW)

Maine Department of Marine Resources (MDMR)

US Fish and Wildlife Service (USFWS)

National Oceanic and Atmospheric Administration's National Marine Fisheries Service (NMFS)

9. Signature of Applicant

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. 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 fines and imprisonment for knowing violation. I further certify that the applicant has sufficient title, right or interest in the property were the proposed activity occurs.

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: