



Example NOTICE OF INTENT (NOI)
PERMIT APPLICATION FORM
Aquatic and Invasive Species Control General Permit

1. Agency Information

Treatment activities authorized under this permit may take place in lakes, streams, rivers and marine water around Washington state. For the purposes of the location, please enter information for where you want permit related mail to be sent. Your facility address will be standardized against the postal service (USPS) mailing database when you click on the "Select facility from map" button. Verification may be necessary.

Agency Project Name:

Agency Address: (please enter a physical address and not a Post Office Box)

City:

ZIP:

Or, if the site lacks a street address, describe it's location.

(Example: Diane's stream, between river mile 4.1 and 4.3)

Location Description:

Find my agency on a map

Please use the pop up map to complete the latitude, longitude and county information below.

Use the pencil tool on the map to locate your agency office location. (The map may take a second to pop up.) [Select facility/site from map]

Latitude:

Longitude:

County:

2. Contact Information

Permittee Contact Information

Contact Type: (Permittee) (Site Operator) (Legally Responsible Party)

Honorific:

First Name:

Last Name:

Organization Name:

Title:

Mailing Address:

Country:
City:
State:
ZIP Code:
Email address:
Primary Phone:
Secondary Phone:
FAX Number:
UBI Number:

[Save Contact] [Add Additional Contact] [Cancel]

Licensed Pesticide Applicator(s)

Contact Type: (Pesticide Applicator)

Start date:

End Date:

Honorific:

First Name:

Middle Name:

Last Name:

Title:

Organization Name:

Mailing Address:

City:

State:

ZIP Code:

Country:

Email address:

Primary Phone Number:

Secondary Phone Number:

Fax Number:

WSDA Pesticide License Number:

License Expiration Date:

[Add Additional Applicator]

3. Project Information

Project Category:

Aquatic Invasive Species Fisheries Management Invasive Insects

Project description:

Please include information about the location, methods, and timeline of each project.

Note: Once this form is completed, after clicking "Complete Application", remember to attach a Discharge Management Plan (DMP) and/or Integrated Pest Management (IPM) Plan for your project if they exist.

Chemicals & Methods Information

Please select the categories that apply to your treatment activity:

- "Marine and Freshwater",
- "Freshwater",
- "Invasive Insect Control",
- "Adjuvant"
- "Experimental Use Permit" (state) (federal)

Identify the treatment chemical(s) or method(s) to be used by selecting the applicable boxes:

Marine and Freshwater Applications:

- Sodium Chloride
- Potassium Chloride
- Chlorine Compounds
- Tracer & Marker Dyes
- Acetic Acid
- Calcium hydroxide/oxide (lime)
- Heating/Cooling (Temperature Alteration)

Freshwater Applications Only:

- Rotenone
- Potassium Permanganate
- Endothall (Hydrothol 191)
- Sodium Carbonate Peroxyhydrate
- Tracer and Marker Dyes
- Methoprene
- Chelated Copper Compounds

- Pseudomonas fluorescens Strain CLO145

Invasive Insect Control:

- Gypsy moth pheromone: (+) and (-) Disparlure enantiomers (cis-7,8-epoxy-2-methyloctadecane)
- Bacillus thuringiensis* var. *kurstaki* (Btk)
- Chlorantraniliprole: 3-Bromo-N-[4-chloro-2-methyl-6-[(methylamino)carbonyl]phenyl]-1-(3-chloro-2-pyridinyl)-1H-pyrazole-5-carboxamide
- Cyfluthrin: cyano(4-fluoro-3-phenoxyphenyl)methyl 3(2,2dichloroethenyl)-2, 2-dimethylcyclopropane-carboxylate
- Leafroller/fruitworm pheromone: E-11-Tetradecen-1-yl Acetate
- European grape vine moth pheromone: (E,Z)-7,9-Dodecadien-1-yl acetate
- Gypcheck spongy moth virus
- Imidacloprid: 1-[(6-Chloro-3-pyridinyl)methyl]-N-nitro-2-imidazolidinimin
- Japanese beetle nematode

Adjuvants:

- Micro-Tac

Experimental Use Permit (EUP):

- State
- Federal

Please describe the treatment methods to be used under the EUP:

4. SEPA

NOTE: The AISC permit currently states that permittees “must complete an annual State Environmental Policy Act (SEPA) process prior to conducting surface water treatment activities.”

State Environmental Policy Act (SEPA)

Date Facility began operation or will begin operation:

SEPA and Public Notice sections apply only to facilities that began operations on or after June 1, 2016. If the facility began operations before this date, these sections do not need to be filled out.

If SEPA requirements apply to this application. Please fill out the questions below and also the Public Notice section.

1. Who is the SEPA lead agency on your site?
2. Has the SEPA lead agency issued a final decision on your checklist? (Yes/No/Exempt)

More SEPA information is available at: <http://ecology.wa.gov/regulations-permits/SEPA-environmental-review>

5. Questions

For questions and staff contact information, please visit our web site at: ecology.wa.gov/AISC-general-permit

6. Public Notice

Public notice must be published at least **once** a week for **two** consecutive weeks with **seven days** between publications, in a **single** newspaper of general circulation in the county in which the project is located. Ecology cannot issue permit coverage sooner than the end of the 30-day public comment period, which begins on the date of the **second** public notice.

You may choose to use a system generated public notice and download it. If not, you need to upload the public notice used.

To add a public notice to your application, select the newspaper name and enter your public notice dates, then click on the "Add" link. If you do not click the "Add" link, the public notice entry will be lost.

Note: This system does not publish your public notice in the newspaper for you. You must submit your public notice text to your selected newspaper. Please fill out the newspaper information below:

Newspaper name:

First notice date:

Second notice date:

7. Public Notice Template

The words in italics are guidance for the Permittee. Remove italicized words before printing notice. The Permittee must publish this notice once each week for two consecutive weeks, in a single newspaper of general circulation in the county in which the chemical treatment is to take place. The non-italicized language is required by [WAC 173-226-130](#) and must be included as part of the public notice in its entirety. Information may be added to this template, but no information may be removed or changed.

_____ (*Applicant name*), _____ (*Address of applicant/Permittee*), is seeking coverage under Washington State Department of Ecology's Aquatic and Invasive Species Control General Permit.

The proposed coverage applies to lakes, rivers, marine water and other surface water throughout the State of Washington. The permit allows the discharge of specific chemicals to control fish, invasive animals, insects and algae. The state agency listed above that is applying for permit coverage has completed a SEPA determination for this project.

Any person desiring to present their views to the Department of Ecology regarding this application, or interest in Ecology's action on this application, may notify Ecology in writing no later than 30 days from the last date of publication of this notice.

Comments may be submitted to:

Department of Ecology
Water Quality Program, Attn: AISC Permit Manager
PO Box 47696, Olympia, WA 98504-7696
Or by email to: aquaticpesticideperm@ECY.WA.GOV

8. Applicant/Permittee Certification

"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 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."

Applicant Printed Name

Title

Applicant/Permittee Signature*

Date

* Federal regulations require this application is signed by one of the following:

- A. For a corporation: By a responsible corporate officer, of at least the level of vice president.
- B. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility: By either a principal executive officer or ranking elected official.

Please print, sign and mail this form to the following address:

Washington Department of Ecology
Water Quality Program
Aquatic and Invasive Species Control Permit Manager
PO Box 47696
Olympia, WA 98504-7696

For questions, call 360-407-6600.

If you need this document in a format for the visually impaired, call the Water Quality Program at 360-407-6600. Persons with hearing loss may call 711 for Washington Relay Service. Persons with a speech disability may call 877-833-6341.