



NOTICE OF INTENT: PERMIT COVERAGE APPLICATION FORM FOR GOVERNMENT ENTITIES Aquatic Plant and Algae Management General Permit

1. Select Type of Permit Coverage Application

- New Application for Permit Coverage
- Application to Modify Existing Permit Coverage: *[enter permit number]*
- Information Update for Existing Permit Coverage: *[enter permit number]*

2. Applicant/Permittee Information (Government Entity)

Entity Name:	Mailing Address:
Representative Name:	
Title:	
Phone Number:	E-Mail:
Cell Phone Number (Optional):	

3. Permit/Project Contact (Point of contact for the project at Government Entity if different from above)

Entity Name:	Mailing Address:
Contact Name:	
Title:	
Phone Number:	E-Mail:
Cell Phone Number (Optional):	

4. Project Specific Information

Fill out the attached **Appendix A: Project Specific Information** for each project that your organization is proposing where treatment with chemicals will occur. Government entities are responsible for making their own SEPA determinations, and must provide this determination to Ecology with their application for coverage.

5. Public Notice

Using the template in form section 6, Public Notice Template, publish public notice once each week for 2 consecutive weeks, at least one week apart, in a single newspaper that has general circulation in the county in which the proposed project is to take place. Ecology will not issue permit coverage sooner than 31 days after the date of the second public notice.

Note: This permit application must be submitted to Ecology on or before the first publication date.

Provide the **exact** dates (yyyy/mm/dd) that the public notice will appear in the newspaper.

First publication date: _____ Second publication date: _____

Newspaper publishing the public notice: _____

6. Public Notice Template (Not required for information updates)

Complete this template using project-specific information and submit to a local newspaper with general circulation within the county where the project is located.

- **Bold** language is required and must be included in its entirety.
- *Italics* language indicates where the permit applicant must provide information.

[Add name of Applicant/Permittee], [Add address of Applicant/Permittee] is seeking coverage under the Washington State Department of Ecology Aquatic Plant and Algae Management NPDES and State Waste Discharge General Permit.

The proposed project applies to following geographical area: *[Describe proposed coverage area. For example waterbody names if entire waterbodies are covered, portions of waterbodies if only part is covered].*

The permit allows the discharge of a specific list of pesticides provided permit conditions are met, however the pesticides currently anticipated for use are: *[Add list active ingredients applicant anticipates using].*

Any person desiring to present their views to Ecology regarding this application may do so in writing within 30 days of the last date of publication of this notice. Comments should address whether this permit is the appropriate permit for the proposed project.

Comments must be submitted to Ecology to be considered. Any person interested in Ecology’s action on this permit application may notify Ecology of their interest within 30 days of the last date of publication of this notice.

**Comments may be emailed to aquaticpesticideperm@ecy.wa.gov or mailed to:
Department of Ecology, Water Quality Program, Attn: Aquatic Pesticide Permit Manager, P.O. Box 47600, Olympia, WA 98504-7600.**

7. 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 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.”

Applicant Printed Name:	Date:
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Applicant Signature:

Completed Permit Application Submittal Instructions	Questions? Contact the Aquatic Pesticide Permit Manager at (360) 407-6600 or email at aquaticpesticideperm@ecy.wa.gov.
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<p>Sign and return this original document to the address below and retain a copy for your records.</p> <p><i>Washington Department of Ecology Water Quality Program Aquatic Pesticide Permit Manager PO Box 47600 Olympia, WA 98504-7600</i></p>	<p>ADA Accommodation Requests: <i>To request ADA accommodation including materials in a format for the visually impaired, call Ecology at 360-407-6600 or visit https://ecology.wa.gov/accessibility. People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TTY at 877-833-6341.</i></p>
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Appendix A: Project Specific Information
Notice of Intent: Permit Coverage Application Form For Government Entities
Aquatic Plant and Algae Management General Permit

For each project/waterbody included on your permit application, fill out the project/waterbody specific information. A separate Appendix A must be completed for each project/waterbody.

A. Waterbody Information

Waterbody Name:	Waterbody Type: <input type="checkbox"/> Wetland <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Roadside Ditch <input type="checkbox"/> Manmade Dike
County:	
Surface Acres:	
Acres Littoral Zone:	
Is the water body, or for large water bodies the section(s) of the water body where treatment is proposed, 303d listed for phosphorus or dissolved oxygen? https://fortress.wa.gov/ecy/approvedwqa/ApprovedSearch.aspx	
<input type="checkbox"/> Dissolved Oxygen <input type="checkbox"/> Phosphorus	
Rare Plants: <i>List species, or N/A if none.</i>	
Fish Hatcheries that withdraw water from the water body: <i>List hatchery locations, or N/A if none.</i>	
Water Claims/Rights Holders within proposed treatment area or within ¼ mile of proposed treatment area: <i>List Claim/Right numbers, or N/A if none.</i> https://fortress.wa.gov/ecy/waterresources/map/WaterResourcesExplorer.aspx	

B. Pesticide Applicator for Project

Entity Name:	Mailing Address:
Representative Name:	
Title:	
Phone Number:	E-Mail:
Cell Phone Number (Optional):	UBI:
WSDA Pesticide Applicators License Number:	Expiration Date (yyyy/mm/dd):
Does the pesticide applicator have, or will be supervised by, someone with an aquatic endorsement?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Is the pesticide applicator license of the individual with the aquatic endorsement current, and will it remain current?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

C. Project Information

Project Type(s):	<input type="checkbox"/> Algae Control <input type="checkbox"/> Nuisance Weed Control <input type="checkbox"/> Noxious Weed Control <input type="checkbox"/> Phosphorus Sequestration
<ul style="list-style-type: none"> Attach a map of the proposed treatment area to your permit application form with the proposed area highlighted and the boundaries of the area clearly delineated. For partial lake treatments, provide the GPS (Lat/Long) coordinates of the proposed treatment area polygon on the proposed treatment area map. 	
Center of Treatment Area	Latitude: Longitude:
Total littoral zone acreage proposed for treatment (covered by permit):	

Problem Statement:

Describe the problem with aquatic plants, algae, or phosphorus that the applicant is proposing to address using chemical treatment.

Action Threshold(s):

Specify the plant or algae population thresholds, or phosphorus concentration threshold which will cause treatment to take place.

Plant Removal Impact Statement:

- For control projects, the applicants must provide information discussing the potential for the removal of aquatic plants to contribute to toxic algae blooms and colonization of the treated area by noxious weeds. The applicants must discuss how their project will account for these potential impacts.
- For noxious weed eradication projects, discuss: 1. Scale of noxious weed eradication. 2. Impacts to native plants, and habitat. 3. Waterbody benefits anticipated from noxious weed eradication. 4. The potential for the removal of aquatic plants to contribute to toxic algae blooms and re-colonization of the treated area by noxious weeds. The applicants must discuss how their project will account for these potential impacts.

Potential Impacts to Animals: Identify and discuss any potential to impact animals.

Impacts to Waterbody Uses: *Identify and discuss short-term impacts to the beneficial uses of the waterbody.*

Active Ingredients Proposed for Use:

Check the boxes for all the active ingredients the applicant is currently anticipates using and provide target organism(s) for each active ingredient. All active ingredients listed in the Aquatic Plant and Algae Management General Permit may be used after Ecology issues permit coverage.

Active Ingredient	Target Plants, Algae, or Nutrients:
<input type="checkbox"/> 2,4-D Amine	
<input type="checkbox"/> 2,4-D Ester	
<input type="checkbox"/> Bispyribac-sodium	
<input type="checkbox"/> Carfentrazone-ethyl	
<input type="checkbox"/> Diquat Dibromide	
<input type="checkbox"/> Endothall Dipotassium Salt	
<input type="checkbox"/> Endothall Mono-Potassium Salt	
<input type="checkbox"/> Flumioxazin	
<input type="checkbox"/> Fluridone	

<input type="checkbox"/> Glyphosate	
<input type="checkbox"/> Imazamox	
<input type="checkbox"/> Imazapyr	
<input type="checkbox"/> Penoxsulam	
<input type="checkbox"/> Sodium Carbonate Peroxyhydrate	
<input type="checkbox"/> Triclopyr TEA	
<input type="checkbox"/> Alum	
<input type="checkbox"/> Calcium Hydroxide/Oxide	
<input type="checkbox"/> Calcium Carbonate	
<input type="checkbox"/> Marker Dyes	
<input type="checkbox"/> Adjuvants	
<input type="checkbox"/> Shading Products	
<input type="checkbox"/> Barley Straw	
<input type="checkbox"/> Biological Water Clarifiers	
<input type="checkbox"/> Other (experimental):	
<p>Treatment Timing Windows: <i>Some active ingredients may only be used within a Treatment Timing Window. The default window for all water bodies is July 15 to October 31 (dates inclusive) unless otherwise specified here: https://ecology.wa.gov/Asset-Collections/Doc-Assets/Water-quality/Water-Quality-Permits/Aquatic-Pesticides-Permits/wdfwtimingtable</i></p> <p><i>Treatment Timing Windows may be changed if requested by the applicant, and WDFW agrees based on their review of available information.</i></p>	
<p>Do you want to request a timing window change? <input type="checkbox"/> Yes / <input type="checkbox"/> No</p>	
<p>Proposed Treatment Timing Window (mm/dd – mm/dd):</p>	

**Instructions For:
Notice of Intent: Permit Coverage Application Form
Aquatic Plant and Algae Management General Permit**

<p>1. Type of Application Being Submitted</p>	<ul style="list-style-type: none"> • New Application for Permit Coverage: Check this box if the government entity does not currently have an Aquatic Plant and Algae Management General Permit coverage. This action requires following public notice requirements. • Update Application to Add New Waterbody or Waterbody Acreage to Existing Coverage: Check this box if the government entity currently has permit coverage and is adding area to the coverage that was not previously covered. This action requires following public notice requirements. • Updated Information for Permit: Check this box when information about the permitted government entity has changed. Examples of when to use this are a change in the signatory authority (Permittee representative), change in contact information, or a change in aquatic pesticide applicator for a waterbody. Do not use this if the government entity is expanding permit coverage to include new area.
<p>2. Applicant/Permittee Information</p>	<p>Provide the name and contact information of the government entity representative with the authority to enter the government entity into contracts. For example, a department director, mayor, city manager.</p>
<p>3. Permit/Project Contact</p>	<p>Provide the name and contact information of the person at the government entity who will be the individual Ecology contacts about operations taking place under permit coverage.</p>
<p>4: Project Specific Information</p>	<p>Complete a separate Appendix A: Project Specific Information for each waterbody or project that is included on your permit application. Attach all sets of completed Appendix A and treatment area maps to the main application form when submitting your application to Ecology.</p>
<p>5. Public Notice</p>	<p>In section 1, if you selected <i>New Application for Permit Coverage</i> or <i>Update Application to Add New Waterbody or Waterbody Acreage to Existing Coverage</i>, you are required to publish public notice as described in this section.</p> <p>You are required to publish public notice for all new applications for permit coverage and modifications to existing permit coverage.</p> <p>In form section 1, if you selected <i>New Application for Permit Coverage</i> or <i>Update Application to Add New Waterbody or Waterbody Acreage to Existing Coverage</i>, you are required to publish public notice as described in this section.</p>

<p>6. Public Notice Template</p>	<p>You are required to use the public notice template for all new applications for permit coverage and modifications to existing permit coverage.</p> <p>In form section 1, if you selected <i>New Application for Permit Coverage</i> or <i>Update Application to Add New Waterbody or Waterbody Acreage to Existing Coverage</i>, you are required to publish public notice as described in this section.</p>
<p>7. Applicant/Permittee Certification</p>	<p>The individual whose name and contact information is included in section 2, Applicant/Permittee Information as the government entity representative with authority to enter the government entity into contracts must sign this section. Other signatures are not be accepted.</p> <p>The individual whose name and contact information is included in form section 2, Applicant/Permittee Information as the company representative with authority to enter into contracts must sign this section. Other signatures are not be accepted.</p>
<p>Permit Application Submittal Instructions</p>	<p>Questions? Contact the Aquatic Pesticide Permit Manager at (360) 407-6600 or email at aquaticpesticideperm@ecy.wa.gov.</p>
<p>Sign and return this original document to the address below and retain a copy for your records.</p> <p>Mailing Address: Department of Ecology Water Quality Program Attn: Aquatic Pesticide Permit Manager PO Box 47600 Olympia, WA 98504-7600</p>	<p>ADA Accommodation Requests: To request ADA accommodation including materials in a format for the visually impaired, call Ecology at 360-407-6600 or visit https://ecology.wa.gov/accessibility. People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TTY at 877-833-6341.</p>

Instructions for Government Entity Version

Appendix A: Project Specific Information

NOTE: A government entity that is applying for permit coverage for multiple waterbodies, or multiple locations on a large waterbody (e.g. Lake Washington, Columbia River) must complete a separate Appendix A for each waterbody or location.

<p>A. Waterbody Information</p>	<p>This section requires providing basic information about the waterbody that the government entity is proposing to treat. Links are provided to various databases, if available, where applicants for permit coverage may obtain the required information.</p>
<p>B. Pesticide Applicator for Project</p>	<p>Provide the contact and pesticide applicators license information for the government entity employee or contracted entity that will be applying the chemicals to the waterbody.</p>
<p>C. Project Information</p>	<p>This section requires that the applicant for permit coverage provide details about the proposed project.</p> <p>Be sure to attach a map of the proposed treatment area with boundaries that are clearly defined.</p>
<p>Permit Application Submittal Instructions</p>	<p>Questions? Contact the Aquatic Pesticide Permit Manager at (360) 407-6600 or email at aquaticpesticideperm@ecy.wa.gov.</p>
<p>Sign and return this original document to the address below and retain a copy for your records.</p> <p>Mailing Address: Department of Ecology Water Quality Program Attn: Aquatic Pesticide Permit Manager PO Box 47600 Olympia, WA 98504-7600</p>	<p>ADA Accommodation Requests: To request ADA accommodation including materials in a format for the visually impaired, call Ecology at 360-407-6600 or visit https://ecology.wa.gov/accessibility. People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TTY at 877-833-6341.</p>