



# Notice of Intent (NOI) Application for Private Project Permit Coverage Form Aquatic Plant and Algae Management General Permit

### 1. Select Type of Permit Application

- New Application for Permit Coverage – Decision Maker and WSDA Licensed Applicator
- New Application for Permit Coverage – Decision Maker and **Unlicensed** Applicator
- Application to Modify Current Permit Coverage: [enter permit number]
- Information Update for Current Permit Coverage: [enter permit number]

### 2. Applicant/Permittee Information (The Entity or individual who will perform treatment)

Entity Name:	Mailing Address:
Representative Name:	
Title:	
Phone:	Cell Phone (optional):
E-mail:	UBI:

### 3. Applicant/Permittee Contact (Fill out if the contact is different from the representative listed in Section 2)

Contact Name:	Mailing Address:
Title:	
Phone:	
E-mail:	Cell Phone (optional):

### 4. Decision Maker/Copermittee Information (Group or individual who decided on using chemical treatment)

Entity Name:	Mailing Address:
Representative Name:	
Title:	
Phone:	Cell Phone (optional):
E-mail:	UBI:

### 5. Decision Maker/Copermittee Contact (Fill out if the contact is different from representative listed in Section 4)

Contact Name:	Mailing Address:
Title:	
Phone:	
E-mail:	Cell Phone (optional):

### 6. Acknowledgement Statements (Applicants read and initial appropriate acknowledgements)

#### A. WSDA Licensed Pesticide Applicator/Permittee

WSDA Pesticide Applicator License Number:	Expiration Date:
<b>Acknowledgement that WSDA pesticide applicator license with aquatic endorsement is required to hold permit coverage:</b>	
<i>"I acknowledge that in order to hold permit coverage, and while I hold permit coverage, my WSDA pesticide applicator license and aquatic endorsement will remain current at all times. I am aware that failure to maintain a current applicator license and aquatic endorsement is a permit violation and can result in enforcement actions and/or revocation of permit coverage."</i>	<b>Applicant/Permittee Initial:</b>  

#### B. Unlicensed Applicant/Permittee

<b>Acknowledgement that the Unlicensed Applicant/Permittee will only apply Phosphorus Sequestration Products, Microbe-based Water Treatments, or Water Clarifiers/Flocculants as conditionally authorized by the permit:</b>
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<p>"I acknowledge that in order to hold permit coverage, and while I hold permit coverage, I will only apply Phosphorus Sequestration Products, Microbe-based Water Treatments, Flocculants, or Water Clarifiers. Application of herbicides, algaecides, and adjuvants/surfactants is a permit violation and can result in enforcement actions and/or revocation of permit coverage."</p>	<p><b>Unlicensed Applicant/ Permittee Initial:</b></p>
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**C. Decision Maker/Copermittee**

**Acknowledgement that the Decision Maker/Copermittee has authority to manage waterbody:**

<p>"I/We acknowledge that in order to hold permit coverage, and while I/we hold permit coverage, I/we have the authority to manage the waterbody, or area of waterbody, that I am/we are proposing to manage. I am aware that misrepresentation of my/our authority can result in enforcement actions and/or revocation of permit coverage."</p>	<p><b>Decision Maker/ CoPermittee Initial:</b></p>
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**7. Project Specific Information**

Fill out the attached **Appendix A: Project Specific Information** for the project that the Applicant/Permittee and Decision Maker/Copermittee are proposing where treatment with chemicals will occur. The permittee acknowledges that Ecology will lead a SEPA determination for this permit application based on the information included in this section.

**8. Public Notice**

Using the template below, publish public notice once each week for two 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 so that Ecology receives the complete application on or before the second publication date below.**

Provide the dates (mm/dd/yy) that the first and second public notices will appear in the newspaper:

First publication date:	Second publication date:
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Newspaper publishing the public notice:

**Public Notice Template**

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 as written in the template.
- *Italics* language indicates where the applicant/Permittee must provide information.

*Applicant name and contact information (e.g., address, phone number, email address) is seeking coverage under the Washington State Department of Ecology Aquatic Plant and Algae Management General Permit jointly with (Decision Maker name(s) and contact information (e.g., address, phone number, email address).*

**We are seeking coverage because we decided to use chemical methods to manage aquatic plants, algae, or to perform phosphorus sequestration, and a permit from Ecology is required for this discharge. Our proposed project, where we plan to treat with chemicals as conditionally authorized by the general permit, includes the following geographical area:** *Describe proposed coverage area. For example waterbody names if entire waterbodies are covered, lat/long of treatment area corners if a portion of a waterbody are to be included in permit coverage.*

*If the applicants are proposing an experimental use product, include the following:*

**We are also seeking approval to for an experimental use product** *product or chemical name* **for the purpose of a research and development project targeting** *select one or more: aquatic plant management/algae management/phosphorus sequestration.*

**Ecology has made a SEPA determination of significance with the adoption of an existing environmental document for this proposal.**

**Any person desiring to present their views to the Department of Ecology regarding this application may do so in writing within 30 days of the last date of publication of this notice. Public notice will be published on DATE and DATE. Comments must be submitted to the Department of Ecology to be considered. Any person**

interested in the department's action on this application may notify the department of their interest within 30 days of the last date of publication of this notice.

Comments on our proposal may be emailed to [aquaticpesticideperm@ecy.wa.gov](mailto: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

### 9. Applicant/Permittee Certification

**Read this statement before signing:** "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."

Signature

Date:

### 10. Decision Maker/Copermittee Certification

**Read this statement before signing:** "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."

Signature

Date:

### 11. Completed Permit Application Form Submittal Instructions

Send your completed, original permit coverage application form initialed and signed by both the Applicant/Permittee and Decision Maker/Copermittee (permit General Condition G1), to the mailing address below. Be sure to include the required attachments, and attachments for special circumstances from Section 12 of this form:

1. A map of the permit coverage area showing where pesticides may be applied (for example, a map of the entity's jurisdiction).
2. A signed and dated Fluridone Vegetation Management Plan (Appendix C of the General Permit), if applicable (permit Special Condition S2.B.1).
3. If the product label has potable water use restrictions and the treatment occurs in water bodies with municipal or community drinking water intakes, the applicant must obtain and submit written consent to the treatment from the municipality or community (permit Special Condition S2.B.2)

**Note:** This permit application for coverage must be submitted to Ecology on or before the second public notice date in form Section 8

#### Submittal Mailing Address:

Department of Ecology  
Water Quality Program  
Attn: Aquatic Pesticide Permit Specialist  
PO Box 47600  
Olympia, WA 98504-7600

#### Questions?

Contact the Aquatic Pesticide Permit Specialist at (360) 407-6600, or email [aquaticpesticideperm@ecy.wa.gov](mailto:aquaticpesticideperm@ecy.wa.gov).

#### 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.

### 12. Application Form Attachments (Required by permit Special Condition S2.B – How to Apply for Permit Coverage)

**Map Requirement:** Attach a map of the permit coverage area showing where pesticides may be applied (for example, a map of the entity's jurisdiction). See Appenix A of this form for additional details for map requirements.

**Fluridone Vegetation Management Plan (if applicable):** Attach a completed Fluridone Vegetation Management Plan (permit Special Condition S2.B.1 and Appendix C) to this permit application.

**Written Consent to Treat with Potable Water Restricted Chemicals (if applicable):** If the product label has potable water use restrictions and the treatment occurs in water bodies with municipal or community drinking water intakes, the applicant must obtain and submit written consent to the treatment from the municipality or community (permit Special Condition S2.B.2)

**Appendix A: Project Specific Information  
Notice of Intent (NOI) Application Form  
Aquatic Plant and Algae Management General Permit**

**A. Waterbody Information**

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

**B. Project Information**

<b>Project Type(s):</b>	<input type="checkbox"/> Algae Control	<input type="checkbox"/> Noxious Weed Control	
	<input type="checkbox"/> Nuisance Weed Control	<input type="checkbox"/> Noxious Weed Eradication	
	<input type="checkbox"/> Phosphorus Sequestration		
<b>Proposed Coverage Area:</b>			
<ul style="list-style-type: none"> <li>• <b>Attach a map of the proposed treatment area to your permit application form with the proposed area highlighted and boundaries of the area are clearly delineated.</b></li> <li>• <b>For partial lake treatments, provide the GPS (Lat/Long) coordinates of the proposed treatment area polygon on the proposed treatment area map.</b></li> </ul>			
<b>Center of Treatment Area</b>	Latitude:		
	Longitude:		
<b>Total littoral zone acreage proposed for treatment (covered by permit):</b>			
<b>Problem Statement:</b> Describe the problem with aquatic plants, algae, or phosphorus that the applicants are proposing to manage using chemical treatment.			
<b>Action Threshold(s):</b> Specify the plant or algae population thresholds, or phosphorus concentration threshold which will cause treatment to take place.			
<b>Plant Removal Impact Statement:</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>			
<b>Potential Impacts to Animals:</b> 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 applicants currently anticipate 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 Phosphorus
<input type="checkbox"/> 2,4-D Amine	
<input type="checkbox"/> 2,4-D Ester	
<input type="checkbox"/> Adjuvants/Surfactants	
<input type="checkbox"/> Aluminum sulfate/Sodium Aluminate	
<input type="checkbox"/> Aminopyralid	
<input type="checkbox"/> Bispyribac-sodium	
<input type="checkbox"/> Calcium Hydroxide/Oxide	
<input type="checkbox"/> Calcium Carbonate	
<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"/> Experimental Use Permit: <i>active ingredient or product</i>	
<input type="checkbox"/> Florpyrauxifen-benzyl	
<input type="checkbox"/> Flumioxazin	
<input type="checkbox"/> Fluridone (attach completed Fluridone Management Plan if required by S2.B)	
<input type="checkbox"/> Glyphosate	
<input type="checkbox"/> Imazamox	
<input type="checkbox"/> Imazapyr	
<input type="checkbox"/> Lanthanum-modified Bentonite Clay	
<input type="checkbox"/> Marker Dyes	
<input type="checkbox"/> Microbe-based Pond Treatments	
<input type="checkbox"/> Peroxyacetic/Peracetic Acid (PAA) plus Hydrogen Peroxide	
<input type="checkbox"/> Penoxsulam	
<input type="checkbox"/> Shading Dyes	
<input type="checkbox"/> Sodium Carbonate Peroxyhydrate	
<input type="checkbox"/> Triclopyr TEA	
<input type="checkbox"/> Topramezone	
<input type="checkbox"/> Water Clarifiers/Flocculants	

**Treatment Timing Windows:**

*Some active ingredients may only be used within a Treatment Timing Window. Refer to the WDFW treatment timing window map tool to view the timing window for your treatment area:*

<https://wdfw.maps.arcgis.com/apps/MapSeries/index.html?appid=34533b2dd4f84932b5fd1a46e494bde6>

*Treatment timing windows may be modified if requested by the applicant, and WDFW agrees based on their review of available information.*

*If requesting a modification in the treatment timing window, attach any documentation you have available that supports the change from the default. For example, data showing that a sensitive species of life stage is not present. See permit special condition S4.D for further information on timing window modification requests.*

**Do you want to request a timing window modification?**  Yes /  No

**Proposed Treatment Timing Window** (mm/dd – mm/dd):

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

<p><b>1. Select Type of Permit Application</b></p>	<p>Check the box for the type of Application for Permit Coverage that is appropriate:</p> <ul style="list-style-type: none"> <li>• <b>New Application for Permit Coverage:</b> Check this box if Applicant/Permittee and Sponsor for permit coverage do not currently have permit coverage under the Aquatic Plant and Algae Management General Permit. This action requires following public notice requirements (form section 8).</li> <li>• <b>Application to Modify Current Permit Coverage:</b> Check this box if the Applicant/Permittee and Sponsor currently have permit coverage and are proposing to add area to the current permit coverage that was not previously included or public noticed. This action requires following public notice requirements (form section 8).</li> <li>• <b>Information Update for Current Permit Coverage:</b> Check this box when information about Applicant/Permittee and Sponsor has changed, but control of the treatment area has not. Examples of when to use this are a change in the Entity signatory authority (Permittee representative – permit General Condition G1), or change in contact information, such as mailing address, phone, or email.</li> </ul> <p><b>NOTE: Do not</b> use this option if the Applicant/Permittee and Sponsor are proposing to expand permit coverage to include new area not included on the application form previously, <b>OR</b> if the Applicant/Permittee or Sponsor have changed. If the Applicant/Permittee or Sponsor has changed, a Transfer of Coverage may be appropriate.</p>
<p><b>2. Applicant/Permittee Information</b></p>	<p>The Applicant/Permittee is an entity that has a representative who is a WSDA licensed pesticide applicator with aquatic endorsement and who has authority to enter the Entity into contracts (permit General Condition G1). Provide the name and contact information of the Applicant/Permittee Entity representative with the authority to enter the Entity into contracts.</p>
<p><b>3. Applicant/Permittee Contact</b></p>	<p>If the permit contact for the Applicant/Permittee is different from the representative in form Section 2, provide the requested information, otherwise leave blank.</p>
<p><b>4. Sponsor Information</b></p>	<p>The Sponsor is the entity that has authority to authorize herbicide treatments in the waterbody they control and enter the entity into contracts (permit General Condition G1). See definition of Sponsor in permit Appendix A (Definitions). Provide the name and contact information of the Sponsor representative with the authority to enter the Entity into contracts.</p>
<p><b>5. Sponsor Contact</b></p>	<p>If the permit contact for the Sponsor is different from the representative in form Section 4, provide the requested information, otherwise leave blank.</p>
<p><b>6. Applicant/Permittee Pesticide License Information and Acknowledgement Statements</b></p>	<p>In order to qualify to be a permittee, the Applicant/Permittee must be a WSDA licensed pesticide applicator with aquatic endorsement. The Applicant/Permittee representative must provide their WSDA pesticide applicator license number and initial that they have read the acknowledgement statement.</p> <p>If the Applicant/Permittee’s license is not current, or lapses at any time, or for any reason, Ecology may revoke permit coverage because the Permittee is not meeting special condition S2.A.</p>
<p><b>7. Project Information</b></p>	<p>This section describes the treatment area proposed to be included under permit coverage by the Applicant/Permittee and Sponsor. Only area described in this section will be conditionally authorized to be treated if permit coverage is issued.</p>



<p><b>8. Public Notice Instructions and Template</b></p>	<p>In form Section 1, if you selected:</p> <ul style="list-style-type: none"> <li>• New Application for Permit Coverage, <b>OR</b></li> <li>• Application to Modify Current Permit Coverage</li> </ul> <p>You are required to publish public notice as described in this form section.</p> <p>The public notice template in this form section includes two font styles which indicate how the language in the template may be used.</p> <ul style="list-style-type: none"> <li>• <b>Bold</b> language is required and must be included in its entirety as written in the template.</li> <li>• <i>Italics</i> language indicates where the Applicant/Permittee and Sponsor must provide information.</li> </ul> <p>The public notice template must be filled out completely and accurately. If public notice is not complete or accurate, you may be required to re-publish the public notice and extend the public comment period.</p>
<p><b>9. Applicant/Permittee Certification</b></p>	<p>The Applicant/Permittee representative whose name and contact information is included in form Section 2 must sign this section. This individual must meet the requirements of permit General Condition G1. Other signatures are not be accepted.</p> <p>This section must be signed by the following category of Entity representative for the Permittee:</p> <ol style="list-style-type: none"> <li>1. For a corporation: By a responsible corporate officer.</li> <li>2. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively.</li> </ol> <p>For a municipality, state, federal, or other public facility: By either a principal executive officer or ranking elected official.</p>
<p><b>10. Sponsor Certification</b></p>	<p>The Sponsor representative whose name and contact information is included in form Section 4 must sign this form. This individual must meet the requirements of permit General Condition G15.A or B. Other signatures are not be accepted.</p> <p>This section must be signed by the following category of Entity representative for the Sponsor:</p> <ol style="list-style-type: none"> <li>1. For a corporation: By a responsible corporate officer.</li> <li>2. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively.</li> <li>3. For a municipality, state, federal, or other public facility: By either a principal executive officer or ranking elected official.</li> </ol>
<p><b>11. Completed Permit Application Form Submittal Instructions</b></p>	<p>Send your completed, original permit coverage application form signed by both the Applicant/Permittee and Sponsor (permit General Condition G1), to the mailing address below. Be sure to include the required attachments from Section 12 of this form:</p> <ol style="list-style-type: none"> <li>1. Maps of the permit coverage area showing where pesticides may be applied</li> <li>2. A signed and dated Fluridone Vegetation Management Plan (Appendix C of the General Permit), if applicable (permit Special Condition S2.B.1).</li> <li>3. If the product label has potable water use restrictions and the treatment occurs in water bodies with municipal or community drinking water intakes, the applicant must obtain and submit written consent to the treatment from the municipality or community (permit Special Condition S2.B.2)</li> </ol> <p><b>Retain a copy of all documents for your records.</b></p> <p><b>Note:</b> This permit application for coverage must be submitted to Ecology on or before the first public notice date in form Section 8.</p>
<p><b>12. Application Form Attachments</b></p>	<p>Permit special condition S2.B contains requirements that additional documents be submitted to Ecology along with the completed Application for Permit Coverage. Failure to submit these documents may result in Ecology considering the application incomplete. Until an application for permit coverage is complete, no permit coverage may be issued.</p>

	<p><b>Mailing Address:</b>          Department of Ecology          Water Quality Program          Attn: Aquatic Pesticide Permit Manager          PO Box 47600          Olympia, WA 98504-7600</p>	<p><b>Questions?</b>          Contact the Aquatic Pesticide Permit Manager at (360) 407-6600 or email at aquaticpesticideperm@ecy.wa.gov.</p>
<p><b>Accommodation Requests:</b>          To request ADA accommodation including materials in a format for the visually impaired, call Ecology at 360-407-6600 or visit <a href="https://ecology.wa.gov/accessibility">https://ecology.wa.gov/accessibility</a>. People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TTY at 877-833-6341.</p>		