

 DEPARTMENT OF ECOLOGY State of Washington	NOTICE OF INTENT (NOI) APPLICATION FORM	Check as applicable: <input type="checkbox"/> New Application <input type="checkbox"/> Updated Application
	<i>Zostera japonica</i> Management on Commercial Clam Beds in Willapa Bay General Permit	Permit # WAG

I. Applicant/Permittee Information (Licensed Pesticide Applicator)

Entity Name:		
Contact Name:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	E-mail:	
Cell Phone Number (optional):	UBI:	
WSDA Aquatic License Number:	License Expiration Date:	

II. Sponsor Information (Business/Parcel Owner Proposing *Zostera japonica* Treatment)

Entity Name:		
Contact Name:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	E-mail:	
Cell Phone Number (optional):	UBI:	

III. Project Information (Where proposed treatment will occur)

Attach a map of the commercial clam beds for this sponsor where <i>Zostera japonica</i> management is proposed.	
Parcel Number	Commercial clam bed boundaries if different from parcel boundaries (Lat/Long of corners)
If more space is needed, continue on a separate sheet of paper. Attach the separate sheet to this form.	

IV. 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 to take place. Ecology cannot issue permit coverage sooner than the end of the 30-day public comment period, which begins on the second publication date of the public notice after the date of the second public notice.
Note: Mail, email, or fax (360-407-6462) the completed NOI to Ecology so that it is received on or before the first publication date of the public notice. If you email or fax the NOI to Ecology, you must also mail a hard copy. Failure to do so may delay the issuance of your permit coverage.
Provide the exact dates (mm/dd/yyyy) that the public notice will appear in the newspaper.
First public notice date: _____ Second public notice date: _____
Name of the newspaper publishing the public notice: _____

V. 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. The **bold** language is required and must be included in its entirety. (Either use the fill in template below or attach on a separate sheet of paper)

_____(Applicant name), _____ (e.g., phone number, email address, website-if applicable), **is seeking coverage under the National Pollutant Discharge Elimination System (NPDES) General Permit for the Management of *Zostera japonica* on Commercial Clam Beds in Willapa Bay. Commercial clam beds may be treated with the aquatic herbicide imazamox.**

[NOTE: If multiple applicants are cooperating to publish one public notice, list the name and contact information for each applicant]

The proposed coverage applies to: _____(provide the location(s) within Willapa Bay and the number of acres proposed for treatment for each applicant).

[NOTE: If multiple applicants are cooperating to publish one public notice (as defined in IV above), provide parcel numbers and the total number of acres proposed for treatment for each applicant]

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 must do so in writing within 30 days of the last date of publication of this notice.

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

Submit comments to:
Department of Ecology
PO Box 47696
Olympia, WA 98504-7696
Attn: Water Quality Program, Aquatic Pesticides Permit Manager
Email: nathan.lubliner@ecy.wa.gov
Telephone: 360-407-6563

Copies of the application are available by contacting the Aquatic Pesticide Permit Manager.

VI. Sponsor 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 inquiries 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 fines and imprisonment for knowing violations. Unless the Department of Ecology Permit has more stringent requirements, all FIFRA label requirements will be followed."

Print Name / Company

Title

Sponsor Signature

Date

VII. 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. Unless the Department of Ecology Permit has more stringent requirements, all FIFRA label requirements will be followed."

"I certify that I have an aquatic license to apply aquatic pesticides issued by WSDA. My aquatic license is current, and will be current at the time of pesticide application."

Print Name / Company

Title

Applicant/Permittee Signature

Date

***NOTE: Federal regulations require that this application be signed by one of the following:**

- A. For a corporation: By a principal executive officer of at least the level of vice president.
- B. For a partnership or sole proprietorship: By a general partner or proprietor, respectively.

Sign and return this document to the address below. For questions, call 360-407-6563.

Washington Department of Ecology
Water Quality Program
Aquatic Pesticides
PO Box 47696
Olympia, WA 98504-7696

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.