



# Irrigation System Aquatic Weed Control Permit – Application for Coverage

This application is for obtaining coverage under the water quality permit commonly called the Irrigation District Permit. The permit’s formal name is the “Irrigation System Aquatic Weed Control National Pollutant Discharge Elimination System and State Waste Discharge General Permit.”

This application must either be typed or printed in ink. If there is not enough room to completely answer a question, attach additional sheets. It is important that this form be filled out completely and submitted with your map(s). Otherwise, it will be returned to you for completion, and coverage may be delayed.

## Section 1. General Information

District Name: \_\_\_\_\_

Contact: Person who is familiar with the information on this application:  
Name: \_\_\_\_\_

Title: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (optional) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Billing Address) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address of Main Office: \_\_\_\_\_  
(If different) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What is your Watershed Resource Inventory Area (WRIA)?: \_\_\_\_\_

Attach a map or maps with (1) the boundaries of your irrigation system, (2) the points of compliance as listed in Section 4, and (3) the pesticide application locations as listed in Section 5.

Uniform Business Identification (UBI) Number: \_\_\_\_\_  
 Check here if you do not have a UBI Number

### FOR AGENCY USE ONLY

Date application received: \_\_\_\_\_ Application # \_\_\_\_\_ Is the form complete?  Yes  No  
Date application accepted: \_\_\_\_\_ Permit Number: \_\_\_\_\_  CRO  ERO

## Section 2. Application Type

What type of application are you submitting?

Check one of the following:

If checked, answer these questions:

Renewing Permit

What is your Permit Number: \_\_\_\_\_

Permit Coverage  
Modification (change of  
discharge location,  
increase in pesticide use,  
etc.)

What is your Permit Number: \_\_\_\_\_

Reason for Modification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Permit

Are you a  New Discharger or  Existing Discharger

## Section 3. Public Notice and State Environmental Policy Act (SEPA)

If you marked "Renewing Permit" in Section 2, skip this section and proceed to Section 4.

Has SEPA review been completed?  Yes  No If yes, Date: \_\_\_\_\_

Lead agency issuing SEPA determination: \_\_\_\_\_

Type of SEPA determination:  Determination of Non-Significance (DNS)  
 Determination of Significance (DS)  
 Mitigated DNS

Have you met the public notice requirements of WAC 173-226-130(5)<sup>1</sup>?  Yes  No

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<sup>1</sup> A copy of WAC 173-226-130(5) is available from the Department of Ecology or through its website at <http://www.ecy.wa.gov/pubs/wac173226.pdf>

## Section 4. Points of Compliance

Provide the location name, latitude, longitude, and receiving water name of the points of compliance. Use additional paper if necessary.

	Location Name	Receiving Water Name	Latitude	Longitude
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____

## Section 5. Pesticide Application Locations

Provide the location name, latitude, and longitude where pesticides are applied. For each entry, indicate the point or points of compliance from Section 4 that correspond to that location. (For example, if pesticides used at Location A eventually flow to compliance points #3 and #7, write “#3 & #7” in the “corresponding point of compliance” column.) Use additional paper if necessary.

	Location Name	Latitude	Longitude	Corresponding Point(s) of Compliance (from Section 4)
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____
F.	_____	_____	_____	_____
G.	_____	_____	_____	_____
H.	_____	_____	_____	_____
I.	_____	_____	_____	_____
J.	_____	_____	_____	_____
K.	_____	_____	_____	_____
L.	_____	_____	_____	_____
M.	_____	_____	_____	_____
N.	_____	_____	_____	_____
O.	_____	_____	_____	_____
P.	_____	_____	_____	_____

## Section 6. Monitoring

Do you have time travel studies (less than five years old) for each pesticide application location?

Yes  No

- If not, when will they be done?

Date \_\_\_\_\_

Are you intending to do the full monitoring as specified in the permit?

Yes  No

- If no, written justification for reduced monitoring must be sent to the Department of Ecology (see permit for details). Until the Department of Ecology approves the reduced monitoring in writing, full monitoring is required. Any reduced monitoring justifications from previous permits must be resubmitted and re-approved for a new permit.

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*I certify under penalty of law that this document and all attachments were prepared by me or if not, under my direction, and only qualified individuals gathered the information. I further certify it is true, accurate and complete.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Printed Name: \_\_\_\_\_

The signature is a very important part of the application. In the case of a municipal, state, or other public facility, either a principal executive officer, such as the manager, board president, or ranking elected official must sign the application.

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Send this completed and signed permit application, with map(s), to:

Department of Ecology  
Water Quality Program – Aquatic Pesticides  
PO Box 47600  
Olympia, WA 98504-7600

and

Department of Ecology  
Eastern Regional Office – Water Quality  
N. 4601 Monroe  
Spokane, WA 99205-1295

or Department of Ecology  
Central Regional Office – Water Quality  
15 West Yakima Ave -- Suite 200  
Yakima, WA 98902-3452

(for Columbia Basin Project Irrigation Districts)

(for all other irrigation districts)

*To ask about the availability of this document in a format for the visually impaired, call Water Quality Program at 360-407-6401. Persons with a hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*