



Division of Surface Water - Notice of Intent (NOI) For Coverage Under Ohio Environmental Protection Agency Pesticide Applications General Permit

(Read accompanying instructions carefully before completing this form)

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized to discharge into state surface waters under Ohio EPA's NPDES general permit program. Becoming a permittee obligates a discharger to comply with the terms and conditions of the permit. Complete all required information as indicated by the instructions. Forms transmitted by fax will not be accepted. A check for the proper amount must accompany this form and be made payable to "Treasurer, State of Ohio." (See the fee table in Attachment D of the NOI instructions for the appropriate processing fee.)

I. Applicant Information/Mailing Address			
Company (Applicant) Name:			
Mailing (Applicant) Address:			
City:	State:	Zip Code:	
Contact Person:	Phone:	Fax:	
Contact E-mail Address:			
II. Facility/Site Location Information			
Application Area Name:			
Area Address/Location:			
City:	State:	Zip Code:	
County(ies):			
Application Contact Person:	Phone:	Fax:	
Contact E-mail Address:			
Latitude:	Longitude:		
Surface Water Receiving Direct Application:			
MS4 Affected:			
HUC 8 Watershed:			
Will pesticide be applied to a source of drinking water? Yes <input type="checkbox"/> No <input type="checkbox"/>			
III. General Permit Information			
General Permit Number: OHG870001	Initial Coverage: <input type="checkbox"/>	Renewal Coverage: <input type="checkbox"/>	
Existing NPDES Permit Number:			
Use Pattern:	Weed/Algae Control <input type="checkbox"/>	Mosquito/Insect Control <input type="checkbox"/>	Nuisance Fish Control <input type="checkbox"/>
	Forest Pest Control <input type="checkbox"/>	Intrusive Veg. Control <input type="checkbox"/>	Invasive Plant Manage. <input type="checkbox"/>
Lake/Wetland Acres Treated:	Stream/Ditch Bank Miles Treated:	Forest Acres Treated:	
Pesticides proposed for use:			
IV. Payment Information		For Ohio EPA Use Only	
Check #:	Check ID (OFA): _____		ORG #: _____
Check Amount:	Rev ID: _____		DOC #: _____
Date of Check:			
<i>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 persons 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.</i>			
Applicant Name:			Title:
Applicant Signature:			Date: