

**DISCHARGE PERMIT NO. 25-PE****NPDES PERMIT NO. MDG87**

Submission of this Notice of Intent (NOI) constitutes notice that the party identified in Section I of this form intends to be authorized by a State/National Pollutant Discharge Elimination System (NPDES) permit issued for discharges from the application of pesticides identified in Section II of this form.

**If the NOI requests coverage for multiple sites, Section I only has to be filled out once unless there are multiple decision-makers.**

*\*Instructions on back of form. Please answer all questions; incomplete requests will be returned.*

<b>SECTION I: Decision-maker Information</b>		
<b>(A) Decision-maker Name and Title</b>		
<b>(B) Email Address</b>		<b>Telephone Number</b>
<b>(C) Mailing Address</b>		
<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Decision-maker Company/Organization Name</b>		
<b>(D) Federal ID No.</b>		<b>Is the Decision-maker considered a large entity?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Check the box to verify assurance plan submission with large entity designation:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(E) Decision-maker Status (check)</b>		
<input type="checkbox"/> Private	<input type="checkbox"/> Federal	<input type="checkbox"/> State/Local
<b>(F) Worker's Compensation Insurance ("WCI") – only provide this information if the applicator is an employee required to be covered by the Decision-makers WCI; if the applicator is not such an employee, please check the box</b>		
<b>Insurance Company Name</b>	<b>Policy Number</b>	<b>Applicator is not a covered employee</b>
		<input type="checkbox"/>
<b>(G) Is the NOI being submitted in response to a Declared Pest Emergency?</b>		
<input type="checkbox"/> Yes, This NOI is in response to a Declared Pest Emergency.  Pesticide Applications in response to the Declared Pest Emergency began on Date:		
<input type="checkbox"/> No, this NOI is not in response to a Declared Pest Emergency.		

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**Please answer all questions. Incomplete requests will be returned for completion. Section II and III is to be completed for each site for which coverage is being applied. Use additional sheets as needed.**

*\*Instructions can be found at the end of the form.*

Site # \_\_\_\_\_ out of \_\_\_\_\_

## SECTION II: Pest Management Area Information

**(A) Site Address and brief description (An acceptable alternative is to provide specific site coordinates with the site map)**

At or Near Site Address:	Brief Site Description (Max. 140 words):
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Size of project area (acres):	Depth of water:
Size of project area (linear miles):	

**(B) Identify the Pesticide Use Pattern as defined in Part I.B.1 of the 25-PE (check)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mosquito and Other Flying Pest Control	Weed and Algae Control	Nuisance Animal Control	Forest Canopy Pest Control

Target species and (if applicable) life stage:

**(C) Receiving Waterway**

<b>Use Class(s): (link to map included on instructions page)</b>	8 Digit Watershed Basin Code(s): (link to map included on instructions page)
<input type="checkbox"/> Use Class I <input type="checkbox"/> Use Class I-P <input type="checkbox"/> Use Class II <input type="checkbox"/> Use Class II-P <input type="checkbox"/> Use Class III <input type="checkbox"/> Use Class III-P <input type="checkbox"/> Use Class IV <input type="checkbox"/> Use Class IV-P	Watershed Name(s):
	Environmental Justice score:

<b>(D)</b> If your answer above was to a receiving waterway designated as a -P and you will be discharging toxics consistent with Part III.B.2 of the permit, verify that an assurance plan has been included: <input type="checkbox"/>	<b>(E) Current Water Area Use (Please describe)</b>	<b>(F)</b> If you will be using a product containing per- and polyfluoroalkyl substances (PFAS) as either an active or inactive ingredient or stored in a manner that PFAS may be deposited into the pesticide, verify that an assurance plan has been included: <input type="checkbox"/>
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**(G) Treatment Information**

Expected Dates of Treatment:	Name of Proposed Product(s):
Expected Number of Treatments:	Rate of Application:

**(H) Will the Discharge be to Waters of this State which contain "Desirable Species" as defined in Appendix A?**

- Yes, the discharge will be to Waters of this State containing "Desirable Species" DNR consultation is required.
- No, the discharge will NOT be to waters containing "Desirable Species". DNR consultation is not required.

If you answered yes above, has a DNR consultation already been completed?

- Yes, DNR consultation has been completed. *Please attach DNR determination letter.*
- No, DNR consultation has not yet been completed. *If selecting this option, please ensure the NOI is submitted at least 60 days prior to any discharge to allow 30 days for DNR review period.*

**(I) Will the Activities Result in Discharges to Any Tier 3 Waters? (Please note that there are currently no Tier III waters in the State. Check no.)**

Yes, there will be a discharge to the Tier 3 water identified as: \_\_\_\_\_

*(Fill in with the name of the Tier 3 water to be found at <https://www.arcgis.com/apps/mapviewer/index.html?layers=015c5f24b360427eb01169e6543f6036>).*

No, there will NOT be a discharge to any Tier 3 water.

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**SECTION III: Site Map**

Verify site map is included:

*\*If multiple sites are included on the same map, check the box on each additional sheet.*

**SECTION IV: Certification**

To be completed by the Signatory in accordance with Part II.D.2 of the 25-PE.

"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."

**Decision-maker Signature**

**Date**

**Decision-maker Name/Title: Typed or Printed**

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## DECISION-MAKERS REQUIRED TO SUBMIT AND NOI

25-PE Part/ Pesticide Use	Which Decision-makers Must Submit NOIs?	For Which Pesticide Application Activities?
<b>All four use patterns identified in Part I.B.1</b>	Any Decision-maker with an eligible discharge to a Tier 3 water consistent with Part I.B.2.a	Activities resulting in a discharge to a Tier 3 water
<b>All four use patterns identified in Part I.B.1</b>	Any Decision-maker with an eligible discharge to Waters of this State containing a Desirable Species <sup>(1)</sup>	Activities resulting in a discharge to Waters of this State containing Desirable Species, as defined in Appendix A
<b>1.B.1.a - Mosquito and Other Flying Insect Pest Control</b>	Any Agency for which pest management for land resources stewardship is an integral part of the organization's operations	All mosquito and other flying insect pest control activities resulting in a discharge to Waters of this State
	Mosquito control districts, or similar pest control districts	All mosquito and other flying insect pest control activities resulting in a discharge to Waters of this State
	Local governments or other entities that exceed the Annual Treatment Area Threshold <sup>(1)</sup> identified in this table	Adulticide treatment of more than 6400 acres during a calendar year or more than 1 acre of water (surface area) discharge of a larvicide into Waters of this State
<b>1.B.1.b - Weed and Algae Pest Control</b>	Any Agency for which pest management for land resources stewardship is an integral part of the organization's operations	All weed and algae pest control activities resulting in a discharge to Waters of this State
	Weed control districts, or similar pest control districts	All weed and algae pest control activities resulting in a discharge to Waters of this State
	Any operator treating SAV (defined as underwater grasses and algae) in Tidal Waters using chemicals	Removing SAV by chemical means in Tidal Waters, regardless of the size of treatment area
	Local governments or other entities that exceed the Annual Treatment Area Threshold <sup>(1)</sup> identified in this table	Treatment of more than 1 acre of water (surface area) during a calendar year
<b>1.B.1.c - Animal Pest Control</b>	Any Agency for which pest management for land resources stewardship is an integral part of the organization's operations	All animal pest control activities resulting in a discharge to Waters of this State
	Local governments or other entities that exceed the Annual Treatment Area Threshold <sup>(1)</sup> identified in this table	Treatment of more than 1 acre of water (surface area) during a calendar year
<b>1.B.1.d - Forest Canopy Pest Control</b>	Any Agency for which pest management for land resources stewardship is an integral part of the organization's operations	All forest canopy pest control activities resulting in a discharge to Waters of this State
	Local governments or other entities that exceed the Annual Treatment Area Threshold <sup>(1)</sup> identified in this table	Treatment of more than 6400 acres during a calendar year

<sup>(1)</sup> As defined in Appendix A.

For calculating annual treatment area totals for purposes of determining if an NOI must be submitted, see the definition for "annual treatment area threshold" in Appendix A of the permit.

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## 25-PE NOI INSTRUCTIONS

### SECTION I: Decision-maker Information

- (A) Provide the legal name of the person, firm, public organization or any other public entity who is the Decision-maker for the pesticides applications described in this notice. A Decision-maker is an Operator who has control over the decision to perform pesticide applications including the ability to modify those decisions that result in a discharge to State waters.
- (B) Provide the primary contact phone number; primary contact e-mail address.
- (C) Provide the primary Decision-maker mailing address; city; state; zip; and, if applicable, the name of the organization or company of the Decision-maker. All correspondence will be sent to this address.
- (D) Provide the IRS Employer Identification Number (EIN) of the Decision-maker identified. Identify if the Decision-maker is considered a large entity as defined in Appendix A. If designating large entity status, check the box to verify that the required assurance plan is being submitted with this NOI.
- (E) Indicate the type of Decision-maker: federal government, state or local government, or private.
- (F) Provide worker's compensation insurance (WCI) information for the Decision-maker identified. This information only needs to be provided if the Applicator is directly employed by the Decision-maker and required to be covered by the Decision-makers WCI. If the applicator is a hired contractor, you are exempt from providing this information and instead should check the box stating "Applicator not a covered employee." Examples of this include a Homeowner who is paying a weed control business or an agency who hires outside contractors.
- (G) Identify if the NOI is being submitted post treatment of a Declared Emergency Pest Situation consistent with Table 2 in Part II.C. If the answer is yes, identify the date that emergency pest treatments began.

### SECTION II: Pest Management Area Information

- (A) Provide the address and a short a description of the site. If not applicable to your site, for example along the side of a road, you may instead associate coordinates with the site. This can be a single, central point, or two points to designate the beginning and the end of the treatment area.  
Also provide the total size of the treatment area in acres **OR** linear feet and, if applicable, the average depth of the water being treated.
- (B) Identify the pesticide use pattern for the treatment area. Definitions for what falls under each use pattern can be found in Part I.B.1 of the 17-PE. Also identify the target species and if treating for a specific life stage of the organism/s, please identify those stages.
- (C) Identify the Designated Use Class for the water of the State that you will be discharging to.  
(Use Classes can be found here: <https://mdewin64.mde.state.md.us/WSA/DesiqUse/index.html>)  
Also identify the 8-digit watershed basin code number and name. (Watershed Basin information can be found here: <https://mdewin64.mde.state.md.us/WSA/TMDLWaterSheds/index.html>)  
You may have multiple use classes or watersheds if your treatment area moves over a long distance and crosses through multiple watersheds.  
Identify the Environmental Justice Score for your site using this link:  
[https://experience.arcgis.com/experience/e4148f01acf743bf8ac1d2aa2dc0947f/page/MarylandEJ3\\_0#data\\_s=id%3AdataSource\\_5-19634ad3408-layer-4%3A1033](https://experience.arcgis.com/experience/e4148f01acf743bf8ac1d2aa2dc0947f/page/MarylandEJ3_0#data_s=id%3AdataSource_5-19634ad3408-layer-4%3A1033)
- (D) If your use class ends in the designation of -P, then it is a water protected for drinking water. Check the box to verify that you have included a copy of your assurance plan consistent with the requirements in Part III.B.3 of the 25-PE for review by the Department.

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- (E) Describe the current water uses, for example, recreational, fishing, boating, swimming, wildlife reserve, or any other potential use.
- (F) If you will be using pesticides containing per- and polyfluoroalkyl substances (PFAS) as either an active or inactive ingredient or stored in a manner that PFAS may be deposited into the pesticide, check the box to verify that you have included a copy of your assurance plan consistent with the requirements in Part III.B.4 of the 25-PE for review by the Department.
- (G) Identify the expected beginning and end dates (day, month, year) and the expected total number of treatments. List the brand name or concentration of product being used, as well as the rate of application, or dosage of product.
- (H) Please identify if the discharges from the application of pesticides will be to waters of this State contain desirable species as defined in Appendix A of the 25-PE. Also identify whether or not you have already completed your DNR consultation as described in Table 2 in Part III of the 25-PE. If you answered yes, that DNR consultation has already occurred, please attach the resulting determination.
- (I) Identify if the activities will result in a pesticide discharge to any Tier III waters. Tier III waters can be found at:  
<http://mde.maryland.gov/programs/Water/TMDL/WaterQualityStandards/Pages/HighQualityWatersMap.aspx>  
Use the link to determine which Tier III water you are discharging to and provide the name of the water as listed in the link. Please note that at this time, there are currently no listed Tier III Waters in the State of Maryland. This box should be checked “no”. This may change in future and so the question has been included.

### **SECTION III: Site Map**

Check the box to verify that you have included a site map. It should be clear on the map where the treatments will be via outline or single line if along the side a road or edge of a property. This is where you may do the alternative to Question A and place multiple sites on a single map and embed the coordinates in the map via a shape file or text. This may make it easier if you have a large number of sites on a single NOI.

### **SECTION IV: Certification**

This section must be completed by the Decision-maker.

All applications, including NOIs, must be signed by a Signatory as follows:

a. *For a corporation:* By a responsible corporate officer. For the purpose of this section, a responsible corporate officer means:

- i.) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation; or
- ii.) the manager of one or more properties belonging to the owner, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing MARYLAND GENERAL DISCHARGE PERMIT NO. 25PE (NPDES NO. MDG87) Page 11 of 37 Provides discharge coverage only upon meeting requirements for Authorization under this Permit. other comprehensive measures to assure

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long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

b. *For a partnership or sole proprietorship:* By a general partner or the proprietor, respectively; or

c. *For a municipality, State, Federal, or other public agency:* By either a principal executive officer or

ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes:

i.) the chief executive officer of the agency; or

ii.) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of the EPA).

### **HOW TO SUBMIT**

Send the original, hardcopy, completed NOI to:

Maryland Department of the Environment

Wastewater Permits Program

1800 Washington Blvd, Suite 455

Baltimore, MD 21230

You must ensure that the form is completely filled out, follows all permit requirements, any of the required supporting documentation has been included, and is successfully provided to the Department. Your application for registration will be handled as efficiently as possible. However, if you fail to provide us with the information we request, we will be unable to process your registration for the permit.