



**Notice of Intent (NOI)
NPDES General Permit for
Discharges from the Application of Pesticides SCG160000**

Submission of this Notice of Intent constitutes notice that the party identified in Section I of this form intends to be authorized by an NPDES permit issued for discharges from the application of pesticides. ALL NECESSARY INFORMATION MUST BE INCLUDED WITH THIS FORM. AN ANNUAL OPERATING FEE OF \$100 IS REQUIRED AT THE TIME OF ANNUAL BILLING FOR COVERAGE UNDER THIS PERMIT IF AN NOI IS SUBMITTED. Do not submit the fee with this form. See Instructions.

I. Operator Information

Operator Name: _____ Phone: _____

Operator Physical Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Operator Mailing Address (if different from above): _____

City: _____ State: _____ ZIP: _____

Federal Employer Identification Number (EIN): _____

Operator Type (Check All That Apply):

- Type A. Owner Type B. Owner Submitting Under Part 1.1.1.f (Other Similar Activities)
 Type C. Owner Conducting Research & Development of Pesticides Type D. For-Hire Applicator

II. Contact Information

Contact Name: _____ Phone: _____ FAX: _____

Contact Title: _____ E-Mail Address: _____

Contact Company Name: _____ Contact Mailing Address: _____

City: _____ State: _____ ZIP: _____

III. Billing Information

Billing Company Name: _____ Phone: _____ FAX: _____

Billing Contact Name or Title: _____ E-Mail Address: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

IV. Site and Discharge Information

A. Update to existing NOI for Discharge from Application of Pesticides General Permit coverage? Yes, SCG16_ _ _ _ No

B. Discretionary coverage requested though not expecting to exceed an annual threshold? Yes No

C. Pesticide Use Patterns for this facility (Check all that are expected to exceed an annual threshold):

- | | |
|---|--|
| <input type="checkbox"/> Pesticide Use Pattern # 1: Mosquito and Other Flying Insect Pest Control | <input type="checkbox"/> Pesticide Use Pattern # 2: Aquatic Weed and Algae Control |
| <input type="checkbox"/> Pesticide Use Pattern # 3: Aquatic Nuisance Animal Control | <input type="checkbox"/> Pesticide Use Pattern # 4: Forest Canopy Pest Control |
| <input type="checkbox"/> Pesticide Use Pattern # 5: Intrusive Vegetation Control | <input type="checkbox"/> Pesticide Use Pattern # 6: Other Similar Activities |

If Pesticide Use Pattern # 6 (Other Similar Activities) is checked above, describe similar activities below. (Attach additional pages as necessary.):

D. For Operator Types A, B, & C described in Part I above, for each use pattern checked above, provide the location information for that use pattern. For Mosquito and Other Flying Insect Pest Control, Forest Canopy Pest Control, and Intrusive Vegetation Control use Table D.1 below. For Aquatic Weed and Algae Control and Aquatic Nuisance Animal Control, use Table D.2. For Other Similar Activities use the Table identified for the defined use pattern that best fits your activity.

Table D.1. For Pesticide Use Pattern # 1: Mosquito and Other Flying Insect Pest Control and Pesticide Use Pattern # 4: Forest Canopy Pest Control, provide the latitude and longitude of the approximate center point of application, the approximate size of the treatment area in acres, and a description of the area to be treated. For Pesticide Use Pattern # 5: Intrusive Vegetation Control, provide the latitude and longitude of the approximate center point of application, the approximate size of the treatment area in acres or linear miles, as appropriate, and a description of the area to be treated. Attach additional pages as necessary.

Note: A map attached to the printed and signed NOI providing location information is also acceptable. Map to be attached? Yes No

Use Pattern	Latitude			Longitude			Size of Application (in acres or linear miles, as appropriate)	Description
	Deg	Min	Sec	Deg	Min	Sec		
<i>(Example) Mosquito and Other Flying Insect Pest Control</i>	<i>32</i>	<i>56</i>	<i>14</i>	<i>-80</i>	<i>28</i>	<i>51</i>	<i>2018 acres</i>	<i>Town of Cottageville</i>
<i>(Example) Intrusive Vegetation Control</i>	<i>34</i>	<i>51</i>	<i>36</i>	<i>-82</i>	<i>15</i>	<i>36</i>	<i>105 miles</i>	<i>Right-of-way, eastern side, I-85</i>

Table D.2. For Pesticide Use Pattern # 2: Aquatic Weed and Algae Control and Pesticide Use Pattern # 3: Aquatic Nuisance Animal Control, provide the approximate size of the treatment area in acres or linear miles, as appropriate, and a description of the surface waters of the State that are affected by the application. Attach additional pages as necessary.

Note: A map attached to the printed and signed NOI providing location information is also acceptable. Map to be attached? Yes No

Use Pattern	Size of Application (in acres or linear miles, as appropriate)	Description of Receiving Surface Waters of the State
<i>(Example) Aquatic Weed and Animal Control</i>	50,000 acres	Lake Murray
<i>(Example) Aquatic Nuisance Animal Control</i>	21 miles	Edisto River, from Colleton State Park to Givhans Ferry State Park

V. 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 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.

Print Name: _____ Title: _____

Signature: _____ Date: _____

INSTRUCTIONS for Notice of Intent (NOI)
for Discharges from the Application of Pesticides Under NPDES General Permit SCG160000

Who Must File A Notice of Intent (NOI) Form

Discharges to surface waters of the State from the application of pesticides must be covered under the NPDES General Permit for Discharges from the Application of Pesticides when the pesticide application meets one of the use patterns described in Part 1.1.1 of the permit. The operators required to submit an NOI to obtain coverage under the NPDES General Permit for Discharges from the Application of Pesticides are identified in Part 1.2.2 of the permit. If you have questions about whether you need a permit under the NPDES program, or if you need information as to whether a particular program is administered by EPA or a state agency, contact SCDHEC at (803) 898-3562.

Completing the Form

You must type or print all information. If you have any questions on this form, call SCDHEC at (803) 898-3562.

How To File NOI Form

Signed NOIs should either be mailed to the address below or sent by fax to 803-898-4215 or by e-mail attachment to pesticidegp@dhec.sc.gov.

Industrial Wastewater Permitting Section
Water Facilities Permitting Division
Bureau of Water
2600 Bull Street
Columbia, SC 29201

Until there is an approved online application form, all NOI submittals must be followed by a copy mailed to the Department with a "wet ink" signature.

Revisions to a previously submitted NOI

If you are updating a previously submitted NOI, please check yes under Section IV.A and provide your coverage number under the general permit. If you do not know your coverage number, please call SCDHEC at 803-898-3562. All sections of the NOI are required to be completed. A signature is required for all changes.

Fees

Do not submit the fee with this NOI. If you are an operator required to submit an NOI or an operator who submits a discretionary NOI you will be billed during the SCDHEC annual billing for NPDES general permits (typically in August). The annual NPDES operating fee of \$100 must be submitted at that time. Make check payable to *SC DHEC*.

Section I. Operator Information

Give the legal name of the person, firm, public organization, or any other entity that is paying for, and/or conducting the activities described in this application. This name should be the name as registered with the SC Secretary of State to do business in SC (if applicable). Enter the complete physical address (including city, state, zip, and county) and telephone number of the operator. If there is no street address for the operator's physical location, please indicate the state or county highway number and the nearest intersection. Enter the complete mailing address for the operator if different from the physical address. Provide the Federal Employer Identification Number (EIN) for the entity. This is another form of identification used for tax purposes.

Check the appropriate operator type – owner, owner submitting under Part 1.1.1.f of the permit (Other Similar Activities), owner conducting research and development of pesticides, or for-hire applicator. Check all that apply.

Section II. Contact Information

Enter the name, title, company name, complete address, phone number, fax number, and e-mail address of the person who is familiar with the activities to be conducted and with the facts reported in this NOI and to whom all permitting correspondence should be sent.

Section III. Billing Information

Enter the company name to which invoices should be sent. Name the person or title to which the annual invoice should be mailed and provide his complete mailing address, phone, fax, and e-mail information.

Section IV. Site and Discharge Information.

A. If you are updating a previously submitted NOI, please check 'Yes' and provide your coverage number under the general permit. If you do not know your coverage number, please call SCDHEC at 803-898-3562. Check 'No' if this NOI is not an update to a previously submitted NOI.

B. Indicate whether or not this is a discretionary NOI. The NOI is considered discretionary if you are submitting the NOI even though you do not expect to exceed an annual threshold for any of the pesticide use patterns covered by this permit. Please note that if you submit a discretionary NOI, you are subject to annual billing.

C. If you are an operator required to submit an NOI, check the box next to each pesticide use pattern for which you expect to exceed an annual threshold. If you are an operator submitting a discretionary NOI, check the box next to each pesticide use pattern for which you are submitting. If you check the box next to Pesticide Use Pattern # 6 (Other Similar Activities), please provide a description of your activity and describe how it is similar to one of the defined use patterns (i.e., Pesticide Use Patterns # 1-5).

D. If you are an operator that is an owner, an owner submitting under Part 1.1.1.f (Other Similar Activities), or an owner conducting pesticide research and development (i.e., Operator Types A, B, and C as defined in Section I of this NOI), please provide the location information (as described in the following paragraphs) for each pesticide use pattern checked in Section IV.C of the NOI.

Table D.1: For Pesticide Use Pattern # 1: Mosquito and Other Flying Insect Pest Control and Pesticide Use Pattern # 4: Forest Canopy Pest Control, for each of these pesticide use patterns checked under Section IV.C, identify the use pattern, the latitude and longitude of the approximate center point of application, the approximate size of the treatment area in acres, and a description of the area to be treated. See NOI for example. A map attached to the NOI that provides this information is also acceptable. For Pesticide Use Pattern # 5: Intrusive Vegetation Control, if checked under Section IV.C, identify the use pattern, the latitude and longitude of the approximate center point of application, the approximate size of the treatment area in acres or linear miles, as appropriate, and a description of the area to be treated. See NOI for example. A map attached to the NOI that provides this information is also acceptable. (Please note that there are several free map websites online that provide latitude and longitude information. If you need direction to one of these websites, please e-mail SCDHEC at pesticidegp@dhec.sc.gov.)

Table D.2: For Pesticide Use Pattern # 2: Aquatic Weed and Algae Control and Pesticide Use Pattern # 3: Aquatic Nuisance Animal Control, for each of these pesticide use patterns checked under Section IV.C, identify the use pattern, the approximate size of the treatment area in acres or linear miles, as appropriate, and a description of the surface water of the State to be treated. See NOI for example. A map attached to the NOI that provides this information is also acceptable. (Please note that there are several free map websites online that provide latitude and longitude information. If you need direction to one of these websites, please e-mail SCDHEC at pesticidegp@dhec.sc.gov.)

Section V. Certification

Please print the name and title of the authorized person and sign and date in accordance with the following:

For a corporation: by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (a) 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 (b) The manager of one or more manufacturing, production, or operating facilities, 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 other comprehensive measures to assure 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; or

For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or

For a municipality, State, Federal, or other public agency or public facility: By either a principal executive officer, mayor, or other duly authorized employee or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes: (a) The chief executive officer of the agency, or (b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator, Region IV, EPA).