



**State of Georgia Department of Natural  
Resources Environmental Protection  
Division**

**NOTICE OF INTENT (NOI)  
General NPDES Permit for Discharges of Aquatic Pesticides to Waters of the State  
GAG820000**

NOI for:  Existing     New     Change of Information

For EPD Use Only Assigned Permit No. _____
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**SECTION I. CONTACT & FACILITY INFORMATION**

Facility Type of Ownership:

Permittee Organization Formal Name:

**Provide Associated NPDES ID Number & Reason (if applicable):**

Associated NPDES ID Number	Associated NPDES ID Number Reason

Facility Site Name:

Facility Site Address:

Facility Site City:	Facility Site State:	Facility Site Zip Code:	Facility Site County:
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Is the facility located on Indian Lands?  *yes* or  *no*      If yes, what is tribal land indicator:

Application Site Latitude/Longitude (ex. 34.543, -84.804):

Permittee Affiliation Type:  Owner     Operator     Main Contact

Permittee Contact Name (first & last):	Facility Contact Title:
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Permittee Contact E-mail Address:	Facility Contact Phone:
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Permittee Mailing Address (if different from above):

Permittee City:	Permittee State:	Permittee Zip Code:	Permittee County:
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SIC Code(s) (4-digit in order of priority) 1 <sup>st</sup> :      2 <sup>nd</sup> :      3 <sup>rd</sup> :      4 <sup>th</sup> :	SIC Code Primary Indicator:
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NAICS Codes:	NAICS Code Primary Indicator:
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**SECTION II. OPERATOR INFORMATION**

Facility Organization Formal Name:

Is operator also the owner?:  *yes* or  *no*

Status:  
 Federal     State     Private     Public     Other

E-mail Address:	Phone:
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**SECTION III. OPERATION DESCRIPTION**

1. Does your facility require any additional permits not listed above?

- Yes                       No

If yes, what are they and what is the timeframe to obtain them?

2. Pesticide Use Patterns (check all that apply):

- Mosquitoes and Other Nuisance Insect Pests Control
- Weeds and Algae Control
- Nuisance Animal Control
- Forest Canopy or Other Area-Wide Pest Control

3. For each use pattern checked above, provide the following information: (attach additional pages if necessary)

3.1 Use Pattern: Mosquitoes and Other Nuisance Insect Pests Control

Location (check one):

- Map provided of location of pesticide application for this use, or
- Description of location of pesticide application for this use: \_\_\_\_\_  
\_\_\_\_\_

Receiving Waters (check one):

- Coverage requested for all waters within location identified above:
- Coverage requested specifically for the following waters within location identified above:  
(Please list the names of the applicable receiving waters if known)  
\_\_\_\_\_  
\_\_\_\_\_

3.2 Use Pattern: Weeds and Algae Control

Location (check one):

- Map provided of location of pesticide application for this use, or
- Description of location of pesticide application for this use: \_\_\_\_\_  
\_\_\_\_\_

Receiving Waters (check one):

- Coverage requested for all waters within location identified above:
- Coverage requested specifically for the following waters within location identified above:  
(Please list the names of the applicable receiving waters if known)  
\_\_\_\_\_

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3.3 Use Pattern: Nuisance Animal Control

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Location (check one):

- Map provided of location of pesticide application for this use, or
- Description of location of pesticide application for this use: \_\_\_\_\_
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Receiving Waters (check one):

- Coverage requested for all waters within location identified above:
- Coverage requested specifically for the following waters within location identified above:  
(Please list the names of the applicable receiving waters if known)
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3.4 Use Pattern: Forest Canopy or Other Area-Wide Pest Control

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Location (check one):

- Map provided of location of pesticide application for this use, or
- Description of location of pesticide application for this use: \_\_\_\_\_
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Receiving Waters (check one):

- Coverage requested for all waters within location identified above:
- Coverage requested specifically for the following waters within location identified above:  
(Please list the names of the applicable receiving waters if known)
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4. Federally-Listed Threatened or Endangered Species (i.e., "Species") and/or Federally- Designated Critical Habitat (i.e., "Habitat") (check one):

Are there any known threatened and/or endangered Species or Habitats in your pesticide management area?:  
 *yes* or  *no*

If you checked yes to the question above please list all Species or Habitat identified within the area for which permit coverage is being requested:

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5. All records, reports and documents required by the NPDES PGP shall be kept at the location indicated below for at least three years and shall be made available the upon request.

Please indicate the location of all NPDES Records associated with this coverage:

Please check yes if the location is the same as listed in Section I:  yes  no

Please indicate the location if check no:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

**SECTION IV. OUTFALL INDENTICATION AND WATER QUALITY**

Permitted Feature Identifier	Permitted Feature Type	Permitted Feature Actual Average Flow (MGD)	Permitted Feature Latitude/Longitude (ex. 34.5364, -84.8045)	Receiving Waterbody For Permitted Feature

**SECTION V. CERTTIFICATION**

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 upon 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.

Printed Name of Applicant:	Date:
Signature of Applicant:	Title:

**SECTION VI. MODIFICATION REASON**

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