

**NOTICE OF INTENT**  
**WV/NPDES PERMIT NO. WV0116645 PESTICIDE GENERAL PERMIT**  
**FOR POINT SOURCE DISCHARGES IN WEST VIRGINIA**

**I. Application Type**

Select the type of application:

New Permit       Reissuance       Modification

If this is a reissuance or modification please list the registration number WVG87 \_\_\_\_\_

**II. Operator Information**

Operator Name	Operator FEIN
Operator Mailing Address	City, State, Zip Code
Operator Physical Address	City, State, Zip Code
Operator Phone Number	Operator Email Address
Contact Name	Contact Title
Contact Phone Number	Contact Email Address
Physical address where permit records will be available, if other than above.	
Status of Operator (circle one):    ___ Federal    ___ State    ___ Private    ___ Public    ___ Other	

List the Standard Industrial Classification (SIC) code(s) designated for your project(s): \_\_\_\_\_

List the Permit # and Issuance Date for any existing WV/NPDES Permits previously issued by the DWWM: \_\_\_\_\_

**III. Pesticide Discharge Management Plan**

All operators applying for pesticide general permit coverage MUST submit a Pesticide Discharge Management Plan (PDMP) and a Groundwater Protection Plan (GPP) for their activities. Pesticide Discharge Management Plan (PDMP) /Ground Water Protection Plan (GPP) is a copy of the approved plan(s) on file with the WVDEP and retained at the address listed in Section II of this application?

YES       NO

If YES, and plans have not been revised / updated within the last year please revise, update and attach plan(s) to this application.

If NO, develop and attach plans to this application.

**III. Pest Management Area Information**

Provide the following information for each pest management area that will be covered under this NOI. Use the supplemental sheet found at the end of this form as necessary. A shapefile that provides all the requested information may be submitted for pest management areas in lieu of this form.

Area Name							
Nearest Town					County		
Latitude				Longitude			
	Degrees	Minutes	Seconds		Degrees	Minutes	Seconds

*Annual Treatment Area Thresholds for Use Patterns*

Pesticide Use Pattern(s)	Total Acres	Total Linear Miles
Mosquitoes and Other Flying Insect Pests		
Aquatic Weed & Algae Control In Water		
Aquatic Weed & Algae Control At Water's Edge		
Animal Pest Control In Water		
Animal Pest Control At Water's Edge		
Forest Canopy Pest Control		

*Receiving Stream(s)*

Receiving Streams to Major River (e.g., unnamed tributary of Little Creek of Large Creek of Kanawha River). If discharge is not directly into a stream, report nearest stream to receive any discharge. For treatment areas with multiple receiving streams, please list all receiving streams and attach additional pages as necessary. For treatment areas directly to waters, please identify the upper and lower boundaries (i.e. the closest river mile or distance to end of stream) of the instream discharges.

<input type="checkbox"/> check for Unnamed Tributary			
	tributary of		tributary of
	tributary of		tributary of
Major Basin			

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Major Basin			

BY COMPLETING AND SUBMITTING THIS APPLICATION, I HAVE REVIEWED AND UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THE GENERAL PERMIT ISSUED ON DECEMBER 4, 2017. I UNDERSTAND THAT PROVISIONS OF THE PERMIT ARE ENFORCEABLE BY LAW. VIOLATION OF ANY TERM AND CONDITION OF THE GENERAL PERMIT AND/OR OTHER APPLICABLE LAW OR REGULATIONS CAN LEAD TO ENFORCEMENT ACTION.

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED ON THIS FORM AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRING OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING 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.

OFFICIAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

*We will process your personal information (email address, mailing address and/or telephone number) in accordance with the State of West Virginia's Privacy Policy for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. The Division of Water and Waste Management will appropriately secure your personal information. If you have any questions about our use of your personal information, please contact the DEP's Chief Privacy officer at [deprivacyofficer@wv.gov](mailto:deprivacyofficer@wv.gov)*

PRIOR TO FILING THIS APPLICATION, YOU MAY WISH TO OBTAIN A COPY OF THE LEGISLATIVE RULES OF THE DEPARTMENT OF ENVIRONMENTAL PROTECTION, TITLE 47, SERIES 26, WATER POLLUTION CONTROL PERMIT FEE SCHEDULE IN ORDER TO DETERMINE THE APPROPRIATE PERMIT APPLICATION FEE REQUIRED TO ACCOMPANY YOUR SUBMISSION OF THIS APPLICATION. YOU CAN OBTAIN A COPY OF THE REGULATION FROM THE SECRETARY OF STATE'S OFFICE, STATE CAPITOL BUILDING, CHARLESTON, WV 25305. HOWEVER, YOU MAY WISH TO USE THE FEE TABLE FOUND IN THE NOI INSTRUCTIONS.

YOUR CHECK OR MONEY ORDER FOR THE APPROPRIATE APPLICATION FEE MUST BE MADE PAYABLE TO THE WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION.

**ALL SPILLS OR ACCIDENTAL DISCHARGES ARE REQUIRED TO BE REPORTED IMMEDIATELY TO THE EMERGENCY RESPONSE SPILL ALERT SYSTEM TOLL FREE TELEPHONE NUMBER 1-800-642-3074. CALLS FROM OUT OF STATE SHOULD BE MADE TO 304-348-8899.**

**Supplemental Sheet for Pest Management Area Information**

Area Name							
Nearest Town				County			
Latitude				Longitude			
	Degrees	Minutes	Seconds		Degrees	Minutes	Seconds

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