



Last modified 4/01/2012

State of Delaware  
 Department of Natural Resources and Environmental Control

## Notice of Intent (NOI) for Aquatic Pesticides

**Notice of Intent (NOI) For Discharges from the Application of Pesticides to Waters of the State**

**To Be Covered Under the NPDES General Permit**

Submission of this form serves as notification of the intention of the facility or individual identified on this form, to adhere to the provisions of ***The Regulations Discharges from the Application of Pesticides to Waters of the State***. This form must be completed and received by the Department in order to obtain permit coverage. No permit fee applies.

### Section 1: Operator Information

Mailing/ Billing Address	Operator Name – please submit only one (1) NOI per operator or company entity, not per location or pesticide application			
	Address			
	City	State	Zip	
Physical Address	<input type="checkbox"/> Same as above			
	Address			
	City	State	Zip	

### Section 2: Operator Contact Information

Prefix	First	Middle	Last	Suffix
Title			Telephone Number	
E-Mail Address				

### Section 3: Type of Applicator

<b>3A</b> Please choose one:  <input type="checkbox"/> Commercial Applicator – please continue to section 3B and 3C  <input type="checkbox"/> Private Applicator – please continue to section 4	<b>3B. For Commercial applicators only</b> Please choose one:  <input type="checkbox"/> State of DE Operator  <input type="checkbox"/> Large Entity  <input type="checkbox"/> NA	<b>3C. For commercial applicators, list Commercial Applicator ID</b>  _____
--	---	---

### Section 4: Chemicals Used in Operation (Note: a change in use of active ingredient or a change in annual average totals that vary by more than 15% as indicated on NOI will require NOI resubmission)

Active ingredient/ % Active Ingredient (not specific product name)	Pesticide use pattern (mosquito adulticide; mosquito larvicide; weed and algae control; animal pest control; or forest canopy control)	Application rate (gal/acre, lbs/acre)	Annual average amount used (lbs or gallons). Please indicate unit (lbs or gallons)	Annual average area (acres) or linear miles (miles). Please indicate unit (mi. or Ac.)

**Section 4 continued: Chemicals Used in Operation (Note: a change in use of active ingredient or a change in annual average totals that vary by more than 15% as indicated on NOI will require NOI resubmission)**

Active ingredient/ % Active Ingredient (not specific product name)	Pesticide use pattern (mosquito adulticide; mosquito larvicide; weed and algae control; animal pest control; or forest canopy control)	Application rate (gal/acre, lbs/acre)	Annual average amount used (lbs or gallons). Please indicate unit (lbs or gallons)	Annual average area (acres) or linear miles (miles). Please indicate unit (mi. or Ac.)

**Section 5: Operator Certification**

"I certify under penalty of law this document and all attachments were prepared under my direction, or supervision, in accordance with a system designed to assure that qualified personnel gathered and evaluated the information submitted. Based upon my inquiry of the person(s) directly responsible for gathering the information, the information is, to the best of my knowledge, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for willful violations."

Signature	Date
-----------	------