APPENDIX C

NOTICE OF INTENT (NOI)
For Point Source Discharges From The Application Of Pesticides
Authorized by a Kansas Water Pollution Control General Permit
Under the National Pollutant Discharge Elimination System

Submission of this Notice of Intent constitutes notice that the party identified in Section I of this form desires to be authorized by an NPDES permit issued for point source discharges from the application of pesticides in the State of Kansas. Becoming a permittee obligates the discharger to Comply with the terms and conditions of the Kansas NPDES Pesticide General Permit. Completion of this NOI does not provide an automatic coverage under the general permit. Coverage is provided and the discharge permitted when the Kansas Department of Health and Environment (KDHE) authorizes the NOI. A signed and dated copy of the authorized NOI will be provided to the operator. Upon authorization of the NOI, a Kansas permit number and a Federal permit number will be assigned. ONLY COMPLETE NOI FORMS ACCOMPANIED BY THE $60 ANNUAL PERMIT FEE WILL BE PROCESSED. KDHE WILL NOTIFY PERSONS WHOSE NOI FORMS ARE INCOMPLETE, DEFICIENT, OR DENIED.

Please Print or Type.

I. OPERATOR INFORMATION
   Operator’s Name: _______________________________________________________
   Company Name: _______________________________________________________
   Operator’s Phone: ______________________________________________________
   Operator’s Email: _______________________________________________________
   Operator’s Mailing Address:
   _______________________________________________________________
   City: ___________________ State: _________ Zip Code: ____________________
   Contact Name: _______________________________________________________
   Contact Phone: _______________________________________________________
   Contact Email: _______________________________________________________

II. PEST MANAGEMENT AREA LOCATION
   Nearest City: _________________________________________________________
   County: _____________________________________________________________
   Physical Location: _____________________________________________________
   Legal Description: _______ _______ ______, ______, ______ South, ______ Range □ E; □ W
   QTR   QTR   QTR   Section   Township

For Official Use Only:

<table>
<thead>
<tr>
<th>Received</th>
<th>Paid</th>
<th>Authorized: □ Y; □ N</th>
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<td>Check No:</td>
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Secretary, Kansas Department of Health and Environment
Date:

KS Permit No. ___________________ Federal Permit No. ___________________

To receive a hard copy of the entire pesticide general permit packet check yes: □ Y; □ N
Please complete this page for each contiguous pest management area for which coverage under the Kansas Pesticide General Permit is desired.

III. Pest Management Area and Pesticide Application Information:

Person / company (Decision Maker) for whom the pesticide application activities are being conducted:

Mailing Address: ____________________________
Street: ____________________________________
City: _________________________ State: ___________ Zip Code: ________

Contact Name: __________________________________________
Telephone: __________________________ Email: ______________________

Location of NPDES Records for this Pest Management Area (check one):
☐ Same as operator address. ☐ Same as the Decision Maker address.

☐ Other: Contact: __________________________
Street: __________________________________
City: _________________________ State: ___________ Zip Code: ________

Pesticide Use Patterns for this pest management area (check all that apply):
☐ Mosquito and Other Flying Insect Pest Control
☐ Weed, Algae, Pathogen, or Fish Parasite Control
☐ Nuisance Animal Control
☐ Forest Canopy Pest Control
☐ Other Pesticide Use Pattern Please describe: __________________________________________

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

Use Pattern: __________________________________________
Location: __________________________________________
Provide a map delineating the entire pesticide management area and the pesticide treatment area(s) for the use pattern. Provide a description of the pest treatment area(s), if necessary, to adequately define the extent of the treatment area(s).

Receiving Waters (check one):
☐ Coverage requested for all waters within the pest treatment area(s) identified above.
☐ Coverage requested for all waters within location identified above except for: __________________________

☐ Coverage requested specifically for the following waters within location identified above: __________________________

Are any of the waters within the pesticide treatment area(s) listed as an Outstanding National Resource Water (ONRW)? ☐ Y; ☐ N

Are any of the waters within the pesticide treatment area(s) listed as an impaired water and identified on the Kansas 303d list as being impaired for the proposed pesticide for use or its degrade(s)? ☐ Y; ☐ N

Is the pest treatment area located within 1/4-mile of a public water supply intake? ☐ Y; ☐ N
IV. 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 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.

Signature / Responsible Official: 

Date:  

Printed Name: 

Title: 

Send the completed form with an original signature and the annual $60 permit fee to:

Kansas Department of Health and Environment
Bureau of Water - Technical Services Section
1000 SW Jackson St., Suite 420
Topeka, Kansas 66612-1367

For general information please call:
(785) 296-5547 or
(785) 296-5551