

**Section E - Tier II Pesticide Activity Location Information**

Agency Use

**ADDITIONAL PAGE**

# \_\_\_ of \_\_\_

NOI No.:

Please complete a separate Section E for each county covered under this NOI that you may discharge pesticides into surface waters of the state.

County Name \_\_\_\_\_

**Pesticide Use Patterns for this establishment** (*complete information for all that apply*):

Use Pattern	Estimated Annual Treatment Area (Acres)
<input type="checkbox"/> 1. Piscicide or Other Nuisance Animals	
<input type="checkbox"/> 2. Weeds and Algae	
<input type="checkbox"/> 3. Aerial Pest Control (ie., Forest Canopy)	
4. Mosquitoes and Other Flying Insects	
<input type="checkbox"/> 4a. Chemical Larval Control	
<input type="checkbox"/> 4b. Chemical Adulticide	
<input type="checkbox"/> 4c. Biological Control	
<input type="checkbox"/> 5. R&D – Describe:	
<input type="checkbox"/> 6. Other – Describe:	

Attach a map (or maps) that delineate the potential area(s) of pesticide treatment.

Map of Extent of Each Activity Included?  Yes, topographic map  Yes, satellite map

Yes, other: \_\_\_\_\_

**Receiving Surface Water(s):**

Within the location(s) identified above, identify which receiving surface waters you are requesting coverage for.

- Coverage is requested for all waters within this county.
- Coverage is requested only for the waters identified below.

Receiving Surface Water Name	Pesticide Use Pattern(s)

Coverage is requested for all waters in the specified area EXCEPT for: