



Montana Department of  
**ENVIRONMENTAL QUALITY**

WATER PROTECTION BUREAU

Agency Use

NOI No.:

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

FORM  
**NOI**

**Notice of Intent (NOI)  
 Pesticide Application  
 MTG870000**

The NOI form is to be completed by the owner or operator of pesticide activity to or over water that is eligible for coverage under the Montana Department of Environmental Quality's *Pesticide General Permit (PGP)*. **Please read the attached instructions before completing this form. Also see the instructions for the thresholds for completing the NOI-Tier II Supplement.** You must print or type legibly; forms that are not legible, not complete, or unsigned will be returned. You must maintain a copy of the completed NOI form for your records.

**Section A - NOI Status and Application Fee** (*Application fee must be included to be considered complete*)

**NEW PROJECT** - No prior NOI submitted. (*New Project Fee includes first annual fee.*)

**Less Than Threshold**

**Greater than Threshold**

NEW – Single-county: \$50.00

NEW – Single-county: \$500.00

NEW – Multi-counties: \$100.00

NEW – Multi-counties: \$1,200.00

**EXISTING, NOI Number: M T G 8 7** \_ \_ \_ \_

**Less Than Threshold**

**Greater than Threshold**

RENEWAL – Single-county: \$25.00

RENEWAL – Single-county: \$250.00

RENEWAL – Multi-counties: \$50.00

RENEWAL – Multi-counties: \$600.00

Resubmitted -\$500.00

Modification \$500.00

**Section B - Site (Pesticide Activity) Information** (*See instruction sheet*):

Site (Pesticide Activity) Name \_\_\_\_\_

Site Location (*T/R/S if no address*): \_\_\_\_\_

(*Centroid*): Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Nearest City or Town \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Is any part of the site located on or within the boundaries of Indian Lands?  Yes  No

*\*NOTE: USEPA holds permitting authority for Indian lands in Montana. If all of this site is within the boundaries of an Indian Reservation, no NOI is required for the State of Montana and permitting must be pursued with the EPA, only.*

**Check one, below:**

NOI coverage under the PGP for pesticide application within a single county as described above.

NOI coverage for multiple counties (*Complete Section D for all additional counties*).

**Section C - Applicant (Owner/Operator) Information**

Agency Use

NOI No.:

Owner/Operator Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Applicant contact person (*name, title*) \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ E-mail (*optional*) \_\_\_\_\_

Applicant is: (*Check all that apply - see definitions*)  Owner  Operator

Status of Applicant (*Check one*)  Federal  State  Public  Private  Other (*specify*) \_\_\_\_\_

**Standard Industrial Classification (SIC) Codes**

(Provide the SIC code(s) which best reflects the industry activity for the owner/operator):

SIC Code	Description	SIC Code	Description
1		2	

**Section D - Additional Pesticide Activity Location Information** (*only for applicants with multiple counties.*)

*Complete a line for each county requested*

	Location Name	Location – Closest City, Zip code	County	Application Area Latitude/Longitude (Centroid)
1	--- See Section B ---			
<i>Note: Only applicants requesting multiple counties complete the following, add additional pages as necessary:</i>				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Is any part of the site located on or within the boundaries of Indian Lands?  Yes  No

If yes list which counties: \_\_\_\_\_

**\*NOTE:** USEPA holds permitting authority for Indian lands in Montana. If **all** of this site is within the boundaries of an Indian Reservation, no NOI is required for the State of Montana and permitting must be pursued with the EPA, only.

**Notice of Intent (NOI) Tier II Supplement  
NOI Pesticide Application Supplement for Greater than Threshold  
MTG870000**

**Section E - Pesticide Activity Location Information # \_\_\_ of \_\_\_**

Agency Use

NOI No.:

*If you are a Tier II facility, please complete a separate Section E for each county covered under this NOI that you may discharge pesticides into surface waters of the state. Otherwise proceed to Section F.*

**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

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

**Section F - CERTIFICATION FOR ALL OWNER/OPERATORS**

**Applicant Information:** This form must be completed, signed, and certified as follows:

- For a corporation, by a principal officer of at least the level of vice president;
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

**All Applicants Must Complete the Following 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 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. [75-5-633, MCA]

**A. Name (Type or Print)**

**B. Title (Type or Print)**

**C. Phone No.**

**D. Signature**

**E. Date Signed**