



Division of Water Resources
National Pollutant Discharge Elimination System (NPDES)

**Application for Coverage Under
General Permit NCG560000**
Pesticide Applications

FOR AGENCY USE ONLY								
Date Received								
Year			Month			Day		
Certificate of Coverage								
N	C	G	5	6				
Check #					Amount			
Assigned To:								

NOTICE OF INTENT

Required by [15A NCAC 02H .0127\(d\)](#); term definition see [15A NCAC 02H .0103\(19\)](#)
(Please print or type)

1) Mailing address of applicant¹ (address to which all correspondence should be mailed):

Company Name _____

Owner Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Telephone # _____ Fax # _____

Cell # _____ Email _____

¹Applicants generally include both (1) the entity with control over the financing for, or the decision to perform pesticide applications, including the ability to modify those decisions, that results in a discharge to waters of the State and (2) the entity with day-to-day operational control of or who performs activities (e.g., the application of pesticides) that are necessary to ensure compliance with the permit (e.g., they are authorized to direct workers to carry out activities required by the permit or perform such activities themselves).

2) Description of Discharge: [Required by [15A NCAC 02H .0105\(c\)\(1\)](#)]

a) For what type[s] of pesticide-related discharge are you requesting coverage?

- Mosquito / flying insect pest control Acres: _____
(adulticide applications only)
- Aquatic Weed / Algae control Acres: _____
- Aquatic Weed / Algae control Linear miles: _____
- Aquatic Nuisance Animal Control Acres: _____
- Aquatic Nuisance Animal Control Linear miles: _____
- Forest Canopy Pest Control Acres: _____
- Intrusive Vegetation Control Linear miles: _____

3) Have you prepared a [Pesticide Discharge Management Plan](#)? Yes No

[certification and signature shall be completed on the following page]

CERTIFICATION

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete, and accurate.

Printed Name of Person Signing: _____

Title: _____

(Please review [15A NCAC 02H .0106\(e\)](#) for authorized signing officials)

(Signature of Applicant)

(Date Signed)

North Carolina General Statute [§ 143-215.6B](#) provides that:

Any person who knowingly makes any false statement representation, or certification in any application, record, report, plan, or other document filed or required to be maintained under this Article or a rule implementing this Article; or who knowingly makes a false statement of a material fact in a rulemaking proceeding or contested case under this Article; or who falsifies, tampers with, or knowingly renders inaccurate any recording or monitoring device or method required to be operated or maintained under this Article or rules of the Commission implementing this Article, shall be guilty of a Class 2 misdemeanor which may include a fine not to exceed ten thousand dollars (\$10,000). [18 U.S.C. Section 1001](#) provides a punishment by a fine or imprisonment not more than 5 years, or both, for a similar offense.

Application must be accompanied by a check or money order for \$100.00 [per [G.S. § 143-215.3\(a\)\(1b\)](#)]
made payable to:

NC DEQ



Mail this application and the fee payment to:

NC DEQ / DWR / NPDES
1617 Mail Service Center
Raleigh, North Carolina 27699-1617
Attn: Charles Weaver

ELECTRONIC SUBMISSIONS:

If you wish to complete and submit this application electronically, submit it to: charles.weaver@ncdenr.gov

Your application can be received and reviewed electronically. However, the [Certificate of Coverage](#) (CoC) cannot be issued until the application fee is received per [G.S. § 143-215.3\(a\)\(1b\)](#).

ELECTRONIC RECEIPT OF CoC

- Do you wish to receive your CoC electronically? Yes - CoC will be sent to the e-mail address provided above.
 No - CoC and a copy of permit NCG560000 will be sent via USPS.