

**Pest Control Pollutant Discharge
WPDES Permit Request**

Form 3400-202 (2/12)

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3. Could a threatened or endangered species in the vicinity be negatively impacted by a pest control pollutant residual or pollutant discharges beyond the treatment area? Yes No

If yes, identify the species: _____

4. Are you planning to incorporate integrated pest management principles, as specified in the WPDES permit, into your pest control activity to minimize any pollutant residual or pollutant discharge beyond the treatment area? Yes No

5. Indicate the type of WPDES coverage being requested: 1-3 Treatment Sites Statewide Coverage

For informational purposes, check areas of Wisconsin for most of your aquatic treatments:

NE NW SE SW

6. Do you expect to treat more than 20 acres or 20 linear miles in a year? Yes No

If yes, certain documentation and reporting is required by the permit.

7. Is WPDES coverage being requested for more than 1 year? Yes No

If yes, the permittee will remain in "active" WPDES coverage status until a Notice of Termination is submitted.

Section V: Comments

Section VI: Certification

I hereby certify that I am the owner or authorized representative (as specified in Ch. NR 205.07(1)(g), Wis. Adm. Code) of the entity requesting coverage under the WPDES permit indicated on this NOI. Based on my inquiry of those persons directly responsible for gathering the information, the information contained in this form and attachments is, to the best of my knowledge and belief, true, accurate and complete.

Signature of Owner or Authorized Representative	Date Signed
Typed or Printed Name and Title	Phone # (with area code)
Email Address (if not shown in part I)	

If submitting by mail, send completed forms and maps to:

Department of Natural Resources
Water Permit Central Intake - WT/3
P.O. Box 7185
Madison, WI 53707-7185