



North Carolina Department of Environment and Natural Resources
Division of Water Quality

Beverly Eaves Perdue
Governor

Charles Wakild, P.E.
Director

Dee Freeman
Secretary

NOTICE OF INTENT

Application for coverage under General Permit NCG560000

(Please print or type)

1) Mailing address* of applicant¹:

Company Name New Hanover County Health Department
Owner Name David E. Rice
Street Address 2029 South 17th Street
City Wilmington State NC ZIP Code 28401
Telephone Number 910-798-6665 Fax: 910-798-7269
Email address dharvell@nhcgov.com djenkins@nhcgov.com

* Address to which all permit correspondence should be mailed.

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:

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

- Mosquito / flying insect pest control Acres: 243,048
(*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
(The plan must be prepared no later than April 1, 2012.)

[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: David E. Rice

Title: Health Director



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(Signature of Applicant)

(Date Signed)

North Carolina General Statute 143-215.6 b (i) 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 Article 21 or regulations of the Environmental Management Commission implementing that Article, or who falsifies, tampers with or knowingly renders inaccurate any recording or monitoring device or method required to be operated or maintained under Article 21 or regulations of the Environmental Management Commission implementing that Article, shall be guilty of a misdemeanor punishable by a fine not to exceed \$25,000, or by imprisonment not to exceed six months, or by both. (18 U.S.C. Section 1001 provides a punishment by a fine of not more than \$25,000 or imprisonment not more than 5 years, or both, for a similar offense.)

Mail this original and one copy, along with a check payable to NC DENR for \$100.00, to:

Mr. Charles H. Weaver
NC DENR / DWQ / NPDES
1617 Mail Service Center
Raleigh, North Carolina 27699-1617

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.

ELECTRONIC RECEIPT OF COC

Do you wish to receive your CoC electronically? Yes No

If Yes, your CoC will be sent to the e-mail address your provide.

If No, the CoC and a copy of permit NCG560000 will be sent to you via U.S. Mail.