

C. Operator Information: Complete Section C for each Pest Management Area for which coverage under EPA's Pesticide General Permit is desired. Copy this section for non-electronic submissions.

Pest Management Area # 1 #of ## 1

1. Pest Management Area Name: Edwards Mosquito Abatement District

Provided a map of the location of the Pest Management Area for this use (attach map), or describe the location of the Pest Management Area in detail.

Map Attached

Basemap2.pdf

2. Are any of your activities for which you are requesting coverage under this NOI occur on Indian Country?

Yes No

If yes, identify the reservation or otherwise describe those areas:

3. Are any of your activities (in this pest management area) for which you are requesting coverage under this NOI considered 'federal facilities' as defined by the PGP?

Yes No

4. Mailing address and contact information (or check here 0 if same as provided in Section B):

a. Street: PO Box 561

b. City: Donnelly

c. State: Idaho

d. ZIP Code: 83615-561

e. Telephone: 2083152101

f. Fax:

g. Contact Name: Nathan Mitchell

h. E-mail: edwardsmosquitoabatement@gmail.com

5. Pesticide Use Patterns to be included in this Pest Management Area (check all that apply):

Mosquitoes and Other Flying Insect Pests Animal Pest Control
 Weeds and Algae Forest Canopy Pests

6. Receiving Waters (check one):

Coverage requested for all waters of the United States within the Pest Management Area identified above.
 Coverage requested specifically for the following waters of the United States within the Pest Management Area identified above.
 Coverage requested for all waters of the United States within the Pest Management Area identified above except for:

7. Tier 3 Waters

Is coverage requested for discharge to a Tier 3 (Outstanding National Resource Water) water of the United States?

Yes No

If yes, answer 1) and 2):

1) Name of Tier 3 water(s):

2) Provide rationale for determination that pesticide discharge is necessary to protect water quality, the environment, and/or public health and that any such discharge will not degrade water quality or will degrade water quality only on a short-term or temporary basis:

8. Water Quality Impaired Waters

Operators are not eligible for coverage under this permit for any discharges from a pesticide application to Waters of the United States if the waters are identified as impaired by a substance which is either an active ingredient the pesticide designated for use or is a degradate of such an active ingredient. See Part 1.1.2.1 of the PGP.

Waters are NOT impaired by any substance which is either an active ingredient of a pesticide to be discharged or a degradate of such an active ingredient
 Waters are on a current state list as being impaired by a substance which is either an active ingredient of a pesticide to be discharged or a degradate of such an active ingredient; however, evidence is attached documenting that the waters are no longer impaired.

D. Endangered Species Protection: Complete Section D for each Pest Management Area for which coverage under EPA's Pesticide General Permit is desired. Copy this section for non-electronic submissions.

1. Federally Listed Threatened or Endangered Species (i.e., Species) and/or Federally Designated Critical Habitat

- A. Pesticide application activities will not result in a point source discharge to any receiving water identified in Appendix XXX as containing NMFS-listed resources of concern for this permit.
- B. Pesticide application activities for which permit coverage is being requested will discharge to one or more receiving waters containing NMFS-listed resources of concern, but consultation with NMFS under section 7 of the ESA has been concluded for pesticide application activities covered under this permit. Consultations can be either formal or informal, and would have occurred only as a result of a separate federal action. The consultation addressed the effects of pesticide discharges and discharge-related activities on federally-listed threatened or endangered species and federally-designated critical habitat, and must have resulted in either:
 - i. A biological opinion finding no jeopardy to federally-listed species or destruction/adverse modification of federally-designated critical habitat; or
 - ii. Written concurrence from NMFS with a finding that the pesticide discharges and discharge-related activities are not likely to adversely affect federally-listed species or federally-designated critical habitat.
- C. Pesticide application activities for which permit coverage is being requested will discharge to one or more receiving waters containing NMFS-listed resources of concern, but pesticide application activities are authorized through the issuance of a permit under section 10 of the ESA, and authorization addresses the effects of the pesticide discharges and discharge-related activities on federally-listed species and federally-designated critical habitat.
- D. Pesticide application activities were, or will be, performed in areas with NMFS-listed resources but only in response to a declared pest emergency situation.
- E. Pesticide application activities for which permit coverage is being requested will discharge to one or more receiving waters containing NMFS-listed resources of concern. Eligible discharges include those from pesticide application activities performed consistent with appropriate measures to avoid or eliminate the likelihood of adverse effects as provided in writing from NMFS, and the Operator provides EPA with the required relevant supporting information from NMFS.
- F. Pesticide application activities for which permit coverage is being requested will discharge to one or more receiving waters containing NMFS-listed resources of concern. Eligible discharges include those from pesticide application activities that are demonstrated not likely to adversely affect federally-listed species or their designated critical habitat.

E. 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. On the basis of my inquiry of the person or 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. I further certify that the applicant has sufficient title, right, or interest in the property where the proposed activity occurs.

Printed Name: Nathan Mitchell

Title: District Manager

E-Mail: edwardsmosquitoabatement@gmail.com

Signature/Responsible Official: Nathan Mitchell

Date: 08/25/2017

NOI Preparer (Complete if NOI was prepared by someone other than the certifier)

Prepared by: Nathan F Mitchell

Organization: Edwards Mosquito Abatement District

Phone: (208) 325-4096

Date: 05/05/2017

E-Mail: edwardsmosquitoabatement@gmail.com