|  |  |
| --- | --- |
| Picture of the new TCEQ logo - blue and green | Notice of Intent (NOI) for Discharge of Pesticides to Waters of the U.S. under TPDES General Permit (TXG870000) |

**Instructions**

Use the [INSTRUCTIONS](#INSTRUCTIONS) to fill out each question in this form.

Once processed, your permit authorization can be viewed at: <https://www2.tceq.texas.gov/wq_dpa/index.cfm>

# Application Fee

You must pay the **$100** Application Fee to TCEQ for the application to be complete. Payment and NOI must be mailed to separate addresses.

You can pay online: Go to <https://www3.tceq.texas.gov/epay/>

Select Fee Type: GENERAL PERMIT WASTEWATER DISCHARGE APPLICATION

**Provide your payment information below, for verification of payment**

[ ]  Mailed Check/Money Order Number: Click or tap here to enter text.

Check/Money Order Amount: Click or tap here to enter text.

Name Printed on Check: Click or tap here to enter text.

[ ]  EPAY

Voucher Number: Click or tap here to enter text.

Copy of Payment Voucher enclosed? Yes [ ]

**Select the Application Type**

[ ]   New Authorization

[ ]   Change in Operator for Authorization Number: TXG87 Click or tap here to enter text.

[ ]   Renewal of Authorization Number: TXG87 Click or tap here to enter text.

**Renewal Period November 02, 2021 through January 31, 2022**

# Section 1. Operator (Applicant)

1. If the applicant is currently a customer with TCEQ, what is the Customer Number (CN) issued to this entity? CN Click or tap here to enter text.
2. What is the Legal Name of the entity (applicant) applying for this permit? (The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.) Click or tap here to enter text.
3. Complete and attach a Core Data Form (TCEQ-10400) for this customer.

# Section 2. Annual Billing Contact

The applicant is responsible for paying the annual fee. The annual fee will be assessed to permits active on September 1 of each year. TCEQ will send a bill to the address provided in this section. The applicant is responsible for terminating the permit when it is no longer needed.

Is the billing contact and contact information the same as the Operator identified in Section 1) above?

[ ]   Yes, go to Section 3)

[ ]   No, complete section below

Prefix (Mr. Ms. or Miss): Click or tap here to enter text.

First and Last Name: Click or tap here to enter text.

Suffix: Click or tap here to enter text.

Title: Click or tap here to enter text.

Credentials: Click or tap here to enter text

Phone Number: Click or tap here to enter text.

Fax Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City, State, and Zip Code: Click or tap here to enter text.

# Section 3. Application Contact

This is the person TCEQ will contact if additional information is needed about this application.

Is the application contact and contact information the same as the Operator identified in Section 1) above?

[ ]   Yes, go to Section 4)

[ ]   No, complete section below

Prefix (Mr. Ms. or Miss): Click or tap here to enter text.

First and Last Name: Click or tap here to enter text.

Suffix: Click or tap here to enter text.

Title: Click or tap here to enter text.

Credentials: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Fax Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City, State, and Zip Code: Click or tap here to enter text.

# Section 4. Pesticide Discharge Management Plan Contact

Is the Pesticide Discharge Management Plan (PDMP) contact and contact information the same as the Applicant identified in Section 1) above?

[ ]   Yes, go to Section 5)

[ ]   No, complete section below

Prefix (Mr. Ms. or Miss): Click or tap here to enter text.

First and Last Name: Click or tap here to enter text.

Suffix: Click or tap here to enter text.

Title: Click or tap here to enter text.

Credentials: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Fax Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City, State, and Zip Code: Click or tap here to enter text.

# Section 5. Regulated Entity (RE) Information on Project Or Site

The location of the PDMP should be provided for the Regulated Entity information. TCEQ will assign a unique Regulated Entity Number (RN) to this permit.

1. For a renewal application, what is the Regulated Entity Number (RN) issued to this site? RN Click or tap here to enter text.
2. Regulated Entity Name (the name used to identify the Pest Management Areas): Click or tap here to enter text.
3. County where the PDMP is located: Click or tap here to enter text.
4. PDMP Address/Location:

If the location where the PDMP is located has a physical address such as 12100 Park 35 Circle, Austin, TX 78753, complete Item 1.

If the location where the PDMP is located does not have a physical address, provide a location description in Item 2. Example: located on the north side of FM 123, 2 miles west of the intersection of FM 123 and Highway 1.

**Item 1: Physical Address for the PDMP:**

Street Number and Name: Click or tap here to enter text.

City, State, and Zip Code: Click or tap here to enter text.

**Item 2: Location Description for the PDMP:**

Location description:

Click or tap here to enter text.

City where the PDMP is located or, if not in a city, what is the nearest city:

Click or tap here to enter text.

ZIP Code where the PDMP is located: Click or tap here to enter text

# Section 6. General Characteristics

1. Is this site located on Indian Country Lands?

[ ]   Yes, do not submit this application form. You must obtain authorization through EPA, Region 6.

[ ]   No, continue to item b).

1. What is the applicant's Standard Industrial Classification (SIC) code? Click or tap here to enter text.
2. Answer the following questions in the order as directed to determine eligibility for coverage through this application.
3. Is the applicant a public or private entity and does the pesticide application area have public or private access?

[ ]    Private Entity with Private Access. **STOP**. Do not complete this form. A different form may be required. Refer to the general permit requirements to determine if Level IB or Level II applies.

[ ]    Private Entity with Public Access or Public Entity with Public and/or Private Access. Continue to the next question.

1. What pesticide types will be applied to water of the U.S. where there is public or private access?

[ ]    General Use Pesticides. If this is the only selection, **STOP**. Do not complete this form. A different form may be required. Refer to the general permit requirements to determine if Level IB or Level II applies.

[ ]    Restricted Use Pesticides, State Limited Use Pesticides, and/or Regulated Herbicides. Continue to the next question.

1. Is the threshold met for one of the following pesticide use patterns in one calendar year?

[ ]    Yes. Select the appropriate Use Pattern, then continue to item d).

[ ]    For Pesticide Use Patterns: Mosquito and Other Insect Pest Control, Area-wide Pest Control, and/or Forest Canopy - Operators treating a pest management area(s) greater than or equal to 6,400 acres and containing waters of the U.S.

[ ]    For Pesticide Use Patterns: Vegetation and Algae Control and/or Animal Pest Control – Operators treating a treatment area greater than or equal to 100 acres in water or greater than or equal to 200 linear miles at water's edge.

[ ]    No. **STOP**. Do not complete this form. A different form may be required. Refer to the general permit requirements to determine if Level IB or Level II applies.

1. Which authorization type is being sought through this application?

[ ]    Statewide – where the applicant has eleven or more pest management areas.

[ ]    County Wide Single PMA – where the applicant is the county and the pest management area is the same as its jurisdictional boundary.

[ ]    County Wide Multiple PMA – where the applicant is a public or private entity with six or more peat management areas within a single county.

[ ]    Single PMA – where the applicant is a public or private entity with one pest management area.

# Section 7. Pest Management Area (PMA) Information

If a County-wide Multiple PMA or Statewide authorization is proposed, complete a PMA section for each PMA. Use Attachment A for additional PMA sections.

Enter the total number of PMAs proposed for this authorization: Click or tap here to enter text.

If this application will cover a Single PMA or a County-wide Single PMA, complete a) – e) below.

1. What is the site name or identifier of the PMA? Click or tap here to enter text.
2. What is the County (or Counties) where the PMA is located? Click or tap here to enter text.
3. What is the classified segment number(s) of the water body(s) receiving the pesticide discharge within the PMA? Click or tap here to enter text.
4. What is the name of the receiving water body(s) to receive the pesticide discharge? Click or tap here to enter text.
5. Identify the pesticide use pattern(s) for this PMA.

[ ]    Mosquito and Other Insect Pest Control

[ ]    Vegetation and Algae Pest Control

[ ]    Animal Pest Control

[ ]    Area-wide Pest Control

[ ]    Forest Canopy Pest Control

# Section 8. Certification

|  |  |
| --- | --- |
| I certify that I have obtained a copy and understand the terms and conditions of the General Permit TXG870000 | Yes [ ]    |
| I certify that the activities at this site qualify for coverage under the General Permit TXG870000 | Yes [ ]    |
| I understand that a Notice of Termination (NOT) must be submitted when this authorization is no longer needed | Yes [ ]    |
| I understand that permits active on September 1st of each year will be assessed an Annual Water Quality Fee | Yes [ ]    |
| I certify that the full legal name of the entity applying for this permit has been provided and is legally authorized to do business in Texas | Yes [ ]    |
| I certify that a Pesticide Discharge Management Plan for each PMA has been prepared or will be prepared within 90 days of coverage as required in the general permit | Yes [ ]    |

## Operator Certification:

Operator Signatory Name: Click or tap here to enter text.

Operator Signatory Title: Click or tap here to enter text.

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 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code §305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signature (use blue ink): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

# Attachment A: Multiple Pest Management Area Information

Use this page to provide information for each PMA. Make additional copies of this attachment if needed.

**Pest Management Area Information**

1. What is the site name or identifier of the PMA? Click or tap here to enter text.
2. What is the County (or Counties) where the PMA is located? Click or tap here to enter text.
3. What is the classified segment number(s) of the water body(s) receiving the pesticide discharge within the PMA? Click or tap here to enter text.
4. What is the name of the receiving water body(s) to receive the pesticide discharge? Click or tap here to enter text.
5. Identify the pesticide use pattern(s) for this PMA.

[ ]    Mosquito and Other Insect Pest Control

[ ]    Vegetation and Algae Pest Control

[ ]    Animal Pest Control

[ ]    Area-wide Pest Control

[ ]    Forest Canopy Pest Control

**Pest Management Area Information**

1. What is the site name or identifier of the PMA? Click or tap here to enter text.
2. What is the County (or Counties) where the PMA is located? Click or tap here to enter text
3. What is the classified segment number(s) of the water body(s) receiving the pesticide discharge within the PMA? Click or tap here to enter text.
4. What is the name of the receiving water body(s) to receive the pesticide discharge? Click or tap here to enter text.
5. Identify the pesticide use pattern(s) for this PMA.

[ ]    Mosquito and Other Insect Pest Control

[ ]    Vegetation and Algae Pest Control

[ ]    Animal Pest Control

[ ]    Area-wide Pest Control

[ ]    Forest Canopy Pest Control

Texas Commission on Environmental Quality

# General Permit Payment Submittal Form

**Use this form to submit your Application Fee only if you are mailing your payment.**

* Complete items 1 through 5 below.
* Staple your check in the space provided at the bottom of this document.
* Do not mail this form with your NOI form.
* Do not mail this form to the same address as your NOI.

**Mail this form and your check to:**

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality

Financial Administration Division

Cashier’s Office, MC-214

P.O. Box 13088

Austin, TX 78711-3088

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality

Financial Administration Division

Cashier’s Office, MC-214

12100 Park 35 Circle

Austin, TX 78753

Fee Code: GPA General Permit: TXG870000

1. Check / Money Order No: Click here to enter text.
2. Amount of Check/Money Order: Click here to enter text.
3. Date of Check or Money Order: Click here to enter text.
4. Name on Check or Money Order: Click here to enter text.
5. NOI INFORMATION

If the check is for more than one NOI, list each Project/Site (RE) Name and Physical Address exactly as provided on the NOI.

**DO NOT SUBMIT A COPY OF THE NOI WITH THIS FORM AS IT COULD CAUSE DUPLICATE PERMIT ENTRIES.**

If more space is needed, you may attach a list.

Project/Site (RE) Name: Click here to enter text.

Project/Site (RE) Physical Address: Click here to enter text.

Staple Check in This Space

# General Information and Instruction for Notice of Intent for Pesticides General Permit TXG870000

## General Information

## Where to Send the Notice of Intent (NOI)

**BY REGULAR U.S. MAIL:**

Texas Commission on Environmental Quality

Water Quality Division (MC-148)

P.O. Box 13087

Austin, Texas 78711-3087

**BY OVERNIGHT/EXPRESS MAIL:**

Texas Commission on Environmental Quality

Water Quality Division (MC-148)

12100 Park 35 Circle

Austin, TX 78753

## Application Fee

The application fee of $100 is required to be paid at the time the NOI is submitted. Failure to submit payment at the time the application is filed will cause delays in acknowledgment or denial of coverage under the general permit. Payment of the fee may be made by check or money order, payable to TCEQ, or through EPAY (electronic payment through the web).

**Mailed Payments:**

Use the attached General Permit Payment Submittal Form. The application fee is submitted to a different address than the NOI. Read the General Permit Payment Submittal Form for further instructions.

**ePAY Electronic Payment:** <https://www3.tceq.texas.gov/epay/>

When making the payment you must select Water Quality, and then select the fee category “General Permit Wastewater Discharge Application”. You must include a copy of the payment voucher with your NOI. Your NOI will not be considered complete without the payment voucher.

## TCEQ Contact List

Application – status and form questions: 512-239-BUGS (2847) pgp@tceq.texas.gov

Technical questions: 512-239-BUGS (2847) pgp@tceq.texas.gov

Environmental Law Division: 512-239-0600

Records Management - obtain copies of forms: 512-239-0900

Reports from databases (as available): 512-239-DATA (3282)

Cashier’s office: 512-239-0357 or 512-239-0187

## Notice of Intent Process

When your NOI is received by the program, the form will be processed as follows:

1. **Administrative Review**: Each item on the form will be reviewed for a complete response. In addition, the operator’s legal name must be verified with Texas Secretary of State as valid and active (if applicable). The address(s) on the form must be verified with the US Postal service as receiving regular mail delivery. Do not give an overnight/express mailing address.
2. **Notice of Deficiency:** If an item is incomplete or not verifiable as indicated above, a notice of deficiency (NOD) will be mailed to the operator. The operator will have 30 days to respond to the NOD. The response will be reviewed for completeness.
3. **Acknowledgment of Coverage:** An Acknowledgment Certificate will be mailed to the operator. This certificate acknowledges coverage under the general permit.

or

**Denial of Coverage:** If the operator fails to respond to the NOD or the response is inadequate, coverage under the general permit may be denied. If coverage is denied, the operator will be notified.

## General Permit (Your Permit)

Coverage under the general permit begins 48 hours after a completed NOI is postmarked for delivery to the TCEQ. For NOIs submitted electronically through ePermits, provisional coverage under the general permit begins immediately following confirmation of receipt of the NOI form by the TCEQ.

You should have a copy of your general permit when submitting your application. You may view and print your permit for which you are seeking coverage, on the TCEQ website <https://www.tceq.texas.gov/> . Search using keyword TXG870000.

## Change in Permittee

An authorization under the general permit is not transferable. If the permittee(s) changes, the present permittee must submit a Notice of Termination (NOT) and the new operator must submit a Notice of Intent. The NOT and NOI must be submitted not later than 10 days prior to the change in status.

## Annual Water Quality Fee

This fee is assessed to permittees with an active authorization under the general permit on September 1 of each year. The designated billing contact will receive an invoice for payment of the annual fee in November of each year. The payment will be due 30 days from the invoice.

A 5% penalty will be assessed if the payment is not received by TCEQ by the due date. Annual fee assessments cannot be waived as long as the authorization under the general permit is active on September 1.

It is important for the permittees to submit a NOT when coverage under the general permit is no longer required. A NOT is effective on the postmarked date of mailing the form to TCEQ. It is recommended that the NOT be mailed using a method that documents the date mailed and received by TCEQ.

# INSTRUCTIONS FOR FILLING OUT THE FORM

**Change in Permittee(s):** Provide the authorization number. This number will begin with TXG87. Do not use TXG870000, that is the general permit number not your authorization number.

Please note that authorizations under a general permit are not transferable. If the permittee(s) changes, the present permittee must submit a Notice of Termination (NOT) and the new permittee must submit an NOI. The NOT and NOI must be submitted not later than 10 days prior to the change in status. If the NOI is for a different permittee, the NOI will be processed as a new permit.

**Renewal of General Permit:** Upon issuance of a renewed general permit, dischargers holding active authorizations under the expired general are required to submit a Notice of Intent to continue coverage. If a new NOI is not submitted by the deadline specified by TCEQ, existing permits under the expired general permit will be considered expired on that date.

Provide the authorization number. This number will begin with TXG87. Do not use TXG870000, that is the general permit number not your authorization number.

If the permit number provided was terminated or denied, or was not provided, a new permit number will be issued.

## Section 1. Operator (Applicant)

1. **Customer Number (CN)**

TCEQ’s Central Registry assigns each customer a number that begins with CN, followed by nine digits. This is not a permit number, registration number, or license number. If the applicant is an existing TCEQ customer, the Customer Number is available at the following website: <https://www15.tceq.texas.gov/crpub/>. If the applicant is not an existing TCEQ customer, leave the space for CN blank.

1. **Legal Name of Applicant**

Provide the current legal name of the applicant. The name must be provided exactly as filed with the Texas Secretary of State, or on the legal documents forming the entity as filed with the county. If filed in the county, provide a copy of the legal documents showing the legal name.

1. **Core Data Form**

Complete and attach a Core Data Form (TCEQ-10400) for each customer. <https://www.tceq.texas.gov/publications/search_forms.html>.

Provide a complete mailing address for receiving mail from the TCEQ. The mailing address must be recognized by the US Postal Service. You may verify the address on the following website: [https://tools.usps.com/go/ZipLookupAction!input.action](https://tools.usps.com/go/ZipLookupAction%21input.action).

The phone number should provide contact to the applicant.

The fax number and e-mail address are optional and should correspond to the applicant.

## Section 2. Annual Billing Contact

An annual fee is assessed to each operator holding active authorization under the general permit on September 1 of each year.

Provide the contact name and complete mailing address where the annual fee invoice should be mailed. Verify the address with the USPS. It must be an address for delivery of regular mail, not overnight express mail. Also, provide a phone of the operator’s representative responsible for payment of invoice.

The phone number should provide contact to the individual responsible for paying the annual fee.

The fax number and e-mail address are optional and should correspond to the individual responsible for paying the annual fee.

## Section 3. Application Contact

Provide the name, title and contact information of the person that TCEQ can contact for additional information regarding this application.

## Section 4. Pesticide Discharge Management Plan Contact

Provide the name, title and contact information of the person that TCEQ can contact for additional information regarding the Pesticide Discharge Management Plan.

## Section 5. Regulated Entity (RE) Information on Project or Site

1. **Regulated Entity Reference Number (RN)**

For a renewal application, provide the RN issued by TCEQ’s Central Registry to this site. This is not a permit number, registration number, or license number. Search TCEQ’s Central Registry to find the assigned RN at <https://www15.tceq.texas.gov/crpub/>.

1. **Name of the Project or Site**

Provide the name used to identify the Pest Management Area covered under this authorization. If the authorization type is for County-wide or State-wide coverage, provide a single name to identify all of the Pest Management Areas covered under this authorization.

1. **County**

Provide the name of the county where the Pesticide Discharge Management Plan is located.

1. **Pesticide Discharge Management Plan Location**

Provide the location where the Pesticide Discharge Management Plan that provides the details of the Pest Management Area(s) is located.

Item 1. If the Pesticide Discharge Management Plan location has an address that includes a street number and street name, enter the complete address for the site. If the physical address is not recognized as a USPS delivery address, you may need to validate the address with your local police (911 service) or through an online map site used to locate the site. Please confirm this to be a complete and valid address. Do not use rural route or post office box for the Pesticide Discharge Management Plan location.

Item 2. If the Pesticide Discharge Management Plan location does not have an address that includes a street number and street name, provide a complete written location description. For example: “The Pesticide Discharge Management Plan is located on the north side of FM 123, 2 miles west of the intersection of FM 123 and Highway 1.”

Provide the city (or nearest city) and ZIP code of the Pesticide Discharge Management Plan location.

## Section 6. General Characteristics

1. **Indian Country Lands**

If your site is located on Indian Country Lands, the TCEQ does not have authority to process your application. You must obtain authorization through EPA, Region 6, in Dallas. Do not submit this application form to TCEQ.

1. **Standard Industrial Classification (SIC) Code**

Provide the SIC code that best describes your primary business. You may determine the SIC code at <https://www.osha.gov/pls/imis/sicsearch.html>.

1. **Eligibility**

Eligibility for coverage through a Notice of Intent is based on whether the operator is a public or private entity, whether the pesticide application area has public or private access, and what pesticide type(s) will be applied.

1. For an applicant that is a private entity with a pesticide application area that has private access, **STOP.** **Do not complete this form. A different form may be required. Refer to the general permit requirements to determine if Level IB or Level II applies.**
2. For an applicant that is a private entity with a pesticide application area that has public access, or a public entity with a pesticide application area that has public and/or private access, eligibility for coverage is dependent on the pesticide type(s) below:
3. General Use Pesticides - If the applicant is only applying General Use Pesticides, **STOP**. Do not complete this form. A different form may be required. Refer to the general permit requirements to determine if Level IB or Level II applies.
4. Restricted Use Pesticides (RUP), State Limited Use (SLU) Pesticides and/or Regulated Herbicides - Eligibility for coverage is dependent on meeting the threshold for the Pesticide Use Pattern(s) below in one calendar year.
5. For Pesticide Use Patterns: Mosquito and Other Insect Pest Control, Area-wide Pest Control, and/or Forest Canopy Pest Control – Operators treating a pest management area(s) greater than or equal to 6,400 acres and containing waters of the U.S. are required to submit a Notice of Intent.
6. For Pesticide Use Patterns: Vegetation and Algae Control and/or Animal Pest Control – Operators treating a treatment area greater than or equal to 100 acres in water or greater than or equal to 200 linear miles at water's edge are required to submit a Notice of Intent.
7. If Pesticide Use Patterns thresholds are not met, **STOP**. Do not complete this form. A different form may be required. Refer to the general permit requirements to determine if Level IB or Level II applies.
8. **Authorization Type**

A State Wide authorization requires greater than 10 pest management areas that meet the criteria for NOI coverage. Persons or entities with more than ten (10) pest management areas that qualify for NOI coverage within the state can submit a single NOI for a State Wide authorization. If coverage is desired for 10 or less pest management areas, a County Wide authorization may be obtainable, or a NOI may be required for each pest management area.

1. A County Wide Single PMA authorization is available to a County Government entity whose Pest Management area is the same as its jurisdictional boundary.
2. A County Wide Multiple PMA authorization is available to a public or private entity with greater than 5 pest management areas within a single county that meet the criteria for NOI coverage.
3. A Single Pest Management Area authorization is available to persons or entities that qualify for NOI coverage for a single pest management area that do not qualify for a State Wide or County Wide authorization.

## Section 7. Pest Management Area (PMA) Information

**Total Number of Pest Management Areas (PMAs):**

Provide the total number of PMAs to be covered by this authorization. The appropriate number of PMAs must be provided based on the authorization type being sought through this NOI.

1. Single PMA authorization requires one (1) PMA.
2. County-wide single PMA authorization requires one (1) PMA. This authorization is available to a county government entity whose PMA is the same as its jurisdictional boundary.
3. County-wide multiple PMA authorization requires at least six (6) PMAs. This authorization is available to a public or private entity with greater than five (5) PMAs within a single county.
4. Statewide Authorization requires at least eleven (11) PMAs. This authorization is available to public or private entities with more than ten (10) PMAs within the state.

**PMA Information:**

For each PMA, provide the name, county(s), segment(s), receiving water body(s), and Pesticide Use Patterns. Attachment A may be used for additional PMAs. Make copies of Attachment A as need.

* 1. **Site name or identifier**

Provide the name used to identify the PMA. If there are multiple PMAs, each PMA should be uniquely identified.

* 1. **County or Counties**

Provide the county or counties where the PMA is located.

* 1. **Segment(s)**

List the segment or segments of the water body(s) that ultimately receive the pesticide discharge within the Pest Management Area.

To find the classified segment number(s) of the water body(s) that ultimately receives the pesticide discharge within the Pest Management Area, go to:

<https://tceq.maps.arcgis.com/apps/webappviewer/index.html?id=b0ab6bac411a49189106064b70bbe778>

You may also find the segment number in TCEQ web page at: https://www.tceq.texas.gov/gis/segments-viewer

If the discharge is into an unclassified receiving water and then crosses state lines prior to entering a classified segment, select the appropriate watershed:

Canadian River Basin (0100)

Red River Basin (0200)

Sulphur River Basin (0300)

Cypress Creek Basin (0400)

Sabine River Basin (0500)

Neches River Basin (0600)

Neches–Trinity Coastal Basin (0700)

Trinity River Basin (0800)

Trinity–San Jacinto Coastal Basin (0900)

San Jacinto River Basin (1000)

San Jacinto–Brazos Coastal Basin (1100)

Brazos River Basin (1200)

Brazos–Colorado Coastal Basin (1300)

Colorado River Basin (1400)

Colorado–Lavaca Coastal Basin (1500)

Lavaca River Basin (1600)

Lavaca–Guadalupe Coastal Basin (1700)

Guadalupe River Basin (1800)

San Antonio River Basin (1900)

San Antonio–Nueces Coastal Basin (2000)

Nueces River Basin (2100)

Nueces–Rio Grande Coast Basin (2200)

Rio Grande Basin (2300)

Bays and Estuaries (2400)

**Gulf of Mexico (2500)**

Visit the PGP website for [classified segment numbers and names of receiving waterbody(s)](https://www.tceq.texas.gov/assets/public/permitting/wastewater/general/classified-segment-numbers-and-names-of-receiving-waterbody.docx?web=1) at <https://www.tceq.texas.gov/permitting/wastewater/general/pestgpair>

* 1. **Water Body(s)**

Identify the water body(s) that receives the pesticide discharge within the PMA. If there is more than one water body, separate each name using a comma.

* 1. **Pesticide Use Pattern(s)**

Identify the Pesticide Use Pattern(s) for the Pest Management Area.

## Section 8. Certification

Failure to indicate “Yes” to ALL of the certification items may result in denial of coverage under the general permit.

The certification must bear an original signature of a person meeting the signatory requirements specified under 30 Texas Administrative Code §305.44.

IF YOU ARE A CORPORATION

The regulation that controls who may sign an application form is 30 Texas Administrative Code §305.44(a), which is provided below. According to this code provision, any corporate representative may sign an NOI or similar form so long as the authority to sign such a document has been delegated to that person in accordance with corporate procedures. By signing the NOI or similar form, you are certifying that such authority has been delegated to you. The TCEQ may request documentation evidencing such authority.

IF YOU ARE A MUNICIPALITY OR OTHER GOVERNMENT ENTITY

The regulation that controls who may sign an NOI or similar form is 30 Texas Administrative Code §305.44(a), which is provided below. According to this code provision, only a ranking elected official or principal executive officer may sign an NOI or similar form. Persons such as the City Mayor or County Commissioner will be considered ranking elected officials. In order to identify the principal executive officer of your government entity, it may be beneficial to consult your city charter, county or city ordinances, or the Texas statutes under which your government entity was formed. An NOI or similar document that is signed by a government official who is not a ranking elected official or principal executive officer does not conform to §305.44(a) (3). The signatory requirement may not be delegated to a government representative other than those identified in the regulation. By signing the NOI or similar form, you are certifying that you are either a ranking elected official or principal executive officer as required by the administrative code. Documentation demonstrating your position as a ranking elected official or principal executive officer may be requested by the TCEQ.

If you have any questions or need additional information concerning the signatory requirements discussed above, please contact the Texas Commission on Environmental Quality’s Environmental Law Division at 512-239-0600.

30 TEXAS ADMINISTRATIVE CODE §305.44. SIGNATORIES TO APPLICATIONS

All applications shall be signed as follows:

(1) For a corporation, the application shall be signed by a responsible corporate officer. For purposes of this paragraph, a responsible corporate officer means a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. Corporate procedures governing authority to sign permit or post-closure order applications may provide for assignment or delegation to applicable corporate positions rather than to specific individuals.

(2) For a partnership or sole proprietorship, the application shall be signed by a general partner or the proprietor, respectively.

(3) For a municipality, state, federal, or other public agency, the application shall be signed by either a principal executive officer or a ranking elected official. For purposes of this paragraph, a principal executive officer of a federal agency includes the chief executive officer of the agency, or a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., regional administrator of the EPA).