

U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PESTICIDE GENERAL PERMIT (PGP) FOR DISCHARGES REPORT



| Electronic Subm | ission Waiver (skip if subi | mitting thr | ough EPA's eNO | I system) | |
|-------------------------|---|---------------------------------|---|--|------------------------|
| I hereby eNOI w | y acknowledge my waiver request rill incur undue burden or expense | from the use o | f EPA's electronic Not f this paper NOI form. | ice of Intent system (eN | OI) because my use of |
| 0 | The Decision-maker is physically identified as under-served for brocommunications Commission. | located in a g adband Intern | eographical area (i.e., 2 et access in the most re | ZIP code or census tract cent report from the Fed |) that is leral |
| 0 | The Decision-maker has limitation | ns regarding a | vailable computer acce | ess or computer capabili | ty |
| | e of EPA staff person granted the waiver: | | | | |
| Date | approval obtained: | | | | |
| A. Notice of Inter | nt Status | | | | |
| | the first time you are requesting co | ange of inforn | | ES permit tracking num | ber for the discharge. |
| | Original NOI Submission | | | NOI Change of | Information |
| | (NPDES Perm | nit Tracking #) | : MAG87B216 | | |
| | | Status | : Active | | |
| B. Operator Info | rmation | | | | |
| 1. Operator Name: | Central Massachusetts Mosquito | Control Proje | <u>ct</u> | | |
| 3. Operator Type (ch | | | | | |
| Federal go | | | | | |
| State gove Local gove | | | | | |
| 2000 | control district (or similar) | | | | |
| 100 | control district (or similar) | | | | |
| Weed cont | rol district (or similar) | | | | |
| Other: If o operator: | ther, provide brief description of ty | pe of | | | |
| 400 | tity as defined in Appendix A of th | ne PGP? (chec | ck one): | | |
| | e: If you answer 'Yes' to question 4 ses for which you are requesting p | | | P and submit an Annual | Report reflecting all |
| 5. In what state are yo | our pest management areas located | ? Please speci | fy only one state per N | OI: Massac | husetts |
| 6. Mailing Address: | | | | | |
| a. Street: | 111 Otis St. | | | | |
| b. City: | Northborough | c. State: | Massachusetts | d. ZIP Code: | 01532-2414 |
| e. Telephone: | 5083933055 | f. Fax: | 5083938492 | | |
| g. Contact Name: | Tim Deschamps | | | | |
| h. E-mail: | deschamps@cmmcp.org | | | | |

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 Are | a # 1 #of ## 1 | | | | |
|--|---|---|--|---|--|
| 1. Pest Management | Area Name: C | MMCP service area | | | |
| Provided a map of th detail. | e location of the Pest Manag | ement Area for this | use (attach map), or de | scribe the location of the | e Pest Management Area in |
| Gardner, Grafton, Hol Millbury, Millville, Na | arn, Ayer, Berlin, Billerica, B liston, Hopedale, Hopkinton atick, Northborough, Northb | Hudson, Lancaster | Leominster, Littleton, | Lowell, Lunenburg, Ma | arlborough, Milford, |
| 2020 service area.jpg | rd, Wilmington, Worcester | | | | |
| 2. Are any of your a | ctivities for which you are re | questing coverage u | nder this NOI occur on | Indian Country? | |
| O Yes | No No | | | | |
| | servation or otherwise descri | be those areas: | | | |
| 3. Are any of your are as defined by the PGP | ctivities (in this pest manage? | ment area) for whicl | n you are requesting co | verage under this NOI c | onsidered 'federal facilities |
| | nd contact information (or cl | neck here 0 if same a | as provided in Section I | 3): | |
| a. Street: | 111 Otis St. | | | | |
| b. City: | Northborough | c. State: | Massachusetts | d. ZIP Code: | 01532-2414 |
| e. Telephone: | 5083933055 | f. Fax: | 5083938492 | | |
| g. Contact Name: | Tim Deschamps | | | | |
| h. E-mail: | deschamps@cmmcp.org | | | | |
| | erns to be included in this Pe es and Other Flying Insect Pe d Algae | - | Animal Pest Control Forest Canopy Pests | | |
| Coverage | (check one): requested for all waters of the requested specifically for the requested for all waters of the | e following waters o | f the United States with | in the Pest Managemen | at Area identified above. |
| 7. Tier 3 Waters | | | | | |
| Is coverage requested | d for discharge to a Tier 3 (O | utstanding National | Resource Water) water | of the United States? | |
| Yes | No | | | | |
| If yes, answer 1) and | | | | | |
| 1) Name of Tier 3 v | * * | | | | |
| 2) Provide rationals that any such discharg | e for determination that pesti e will not degrade water qua | cide discharge is neo lity or will degrade | cessary to protect water water quality only on a | quality, the environme short-term or temporary | nt, and/or public health and 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. |
|). Endaı ınder El | ngered Species Protection: Complete Section D for each Pest Management Area for which coverage PA's Pesticide General Permit is desired. Copy this section for non-electronic submissions. |
| . Federally | Listed Threatened or Endangered Species (i.e., Species) and/or Federally Designated Critical Habitat |
| V | 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: <u>Timothy D. Deschamps</u>

Title: <u>Executive Director</u>
E-Mail: cmmcp@cmmcp.org

Signature/Responsible Official: Timothy D. Deschamps Date: 07/18/2020

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

Prepared by: Timothy D Deschamps

 Organization:
 CENTRAL MASSACHUSETTS MOSQUITO CONTROL PROJECT

 Phone:
 (508) 393-3055
 Date: 07/07/2020

E-Mail: cmmcp@cmmcp.org