



## Notice of Intent: Application for Permit Coverage Form

### *Zostera japonica* Management On Commercial Clam Beds in Willapa Bay General Permit

(Instructions available at the end of this form)

**1. Select Type of Permit Application**

|   |
|---|
| <input type="checkbox"/> New Application for Permit Coverage<br><input type="checkbox"/> Application to Modify Current Permit Coverage: [enter permit number]<br><input type="checkbox"/> Information Update for Current Permit Coverage: [enter permit number] |
|---|

**2. Applicant/Permittee Information** (Company of WSDA licensed pesticide applicator that will perform imazamox treatment)

|                      |                        |
|----------------------|------------------------|
| Company Name:        | Mailing Address:       |
| Representative Name: |                        |
| Title:               |                        |
| Phone:               | Cell Phone (optional): |
| E-mail:              | UBI:                   |

**3. Applicant/Permittee Contact** (Fill out if the company contact is different from the representative listed in Section 2)

|               |                        |
|---------------|------------------------|
| Contact Name: | Mailing Address:       |
| Title:        |                        |
| Phone:        |                        |
| E-mail:       | Cell Phone (optional): |

**4. Sponsor Information** (Business proposing imazamox treatment of *Z. japonica* on commercial clam beds they control)

|                      |                        |
|----------------------|------------------------|
| Company Name:        | Mailing Address:       |
| Representative Name: |                        |
| Title:               |                        |
| Phone:               | Cell Phone (optional): |
| E-mail:              | UBI:                   |

**5. Sponsor Contact** (Fill out if the company contact for this project is different from the company representative listed in Section 4)

|               |                        |
|---------------|------------------------|
| Contact Name: | Mailing Address:       |
| Title:        |                        |
| Phone:        |                        |
| E-mail:       | Cell Phone (optional): |

**6. Applicant/Permittee WSDA Pesticide Applicator License Information**

|  |                                     |
|--|-------------------------------------|
| WSDA Pesticide Applicator License Number:  | Expiration Date:                    |
| <b>Acknowledgement that WSDA pesticide applicator license with aquatic endorsement is required to hold permit coverage:</b>  |                                     |
| <i>"I acknowledge that in order to hold permit coverage, and while I hold permit coverage, my WSDA pesticide applicator license and aquatic endorsement will remain current at all times. I am aware that failure to maintain a current applicator license and aquatic endorsement is a permit violation and can result in revocation of permit coverage."</i> | <b>Applicant/Permittee Initial:</b> |

**7. Project Information** (Locations where *Zostera japonica* treatment is proposed by the Sponsor)

**NOTE:** This form section describes the commercial clam bed area proposed to be included under permit coverage by the Applicant/Permittee and Sponsor. Only area described in this section may be treated with imazamox if permit coverage is issued.

| Parcel Numbers | Commercial Clam Bed Acreage | Latitude/Longitude (in decimal degrees) of commercial clam bed corners if different from the parcel corners |
|----------------|-----------------------------|---|
|                |                             |   |
|                |                             |   |
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|                |                             |   |
|                |                             |   |

**NOTE:** If you need more space for additional parcels, continue on a separate sheet of paper. Attach the separate sheet to this form.

**8. Application Form Attachments** (Required by permit Special Condition S2.C – How to Apply for Permit Coverage)

**Map Requirement:** Attach a parcel map (permit special condition S2.C.1.b) of the commercial clam beds where the Sponsor (form Section 4 and 5) has authority to manage *Zostera japonica* and is proposing imazamox treatment to this permit application.

**Discharge Management Plan Requirement:** Attach a completed Discharge Management Plan to (permit Special Condition S3.E and Appendix C) to this permit application. The plan must include the certification statement from permit General Conditions G15.D and be signed in accordance with permit General Condition G15.A or B

**Annual Pre-Treatment Plan Requirement:** Attach a completed Annual Pre-Treatment Plan to (permit Special Condition S7.A) to this permit application. The plan must include the certification statement from permit General Conditions G15.D and be signed in accordance with permit General Condition G15.A or B

**9. Public Notice** (Not required for Information Update for Current Permit Coverage)

Using the template in form Section 8 (Public Notice Template) below, publish public notice once each week for two consecutive weeks, at least one week apart, in a single newspaper that has general circulation in the county in which the proposed project is to take place. Ecology will not issue permit coverage sooner than 31 days after the date of the second public notice. **Note: This permit application must be submitted to Ecology on or before the first public notice date below.**

Provide the **exact** dates (yyyy/mm/dd) that the public notice will appear in the newspaper.

|   |                            |
|---|----------------------------|
| First public notice date:                           | Second public notice date: |
| Name of the newspaper publishing the public notice: |                            |

**10. Public Notice Template** (Not required for Information Update for Current Permit Coverage)

Complete this template using project-specific information and submit to a local newspaper with general circulation within the county where the project is located.

- **Bold** language is required and must be included in its entirety as written in the template.
- *Italics* language indicates where the applicant/Permittee must provide information.

*Applicant name and contact information (e.g., phone number, email address, website-if applicable) OR if multiple applicants cooperate on a single public notice as allowed by permit Special Condition S2.C, list the name and contact information for each applicant is/are (use 'is' for a single applicant, use 'are' for multiple applicants) seeking coverage under the Washington State Department of Ecology **Zostera japonica** Management on Commercial Clam Beds in Willapa Bay General Permit jointly with (Sponsor name(s) and contact information (e.g., phone number, email address, website-if applicable) – if applicants cooperate, list the name and contact information for each Sponsor).*

**We are seeking coverage because we decided to use imazamox to control *Z. japonica* on our commercial clam beds in Willapa Bay and a permit from Ecology is required for this discharge. We propose to treat the following commercial clam beds with imazamox as conditionally authorized by the general permit if permit coverage is issued:** *(provide the latitude/longitude of the center of each clam bed, or use the parcel number(s) which contains the clam bed).*

Ecology has made a SEPA determination of significance with the adoption of an existing environmental document for this proposal.

Any person desiring to present their views to the Department of Ecology regarding this application may do so in writing within 30 days of the last date of publication of this notice. Public notice will be published on DATE and DATE. Comments must be submitted to the Department of Ecology to be considered. Any person interested in the department's action on this application may notify the department of their interest within 30 days of the last date of publication of this notice.

Comments on our proposal may be emailed to [aquaticpesticideperm@ecy.wa.gov](mailto:aquaticpesticideperm@ecy.wa.gov) or mailed to:  
Department of Ecology, Water Quality Program, Attn: Aquatic Pesticide Permit Specialist, P.O. Box 47600, Olympia, WA 98504-7600

**11. Applicant/Permittee Certification**

**Read this statement before signing:** *"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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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."*

Signature

Date:

**12. Sponsor Certification**

**Read this statement before signing:** *"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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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."*

Signature

Date:

### 13. Completed Permit Application Form Submittal Instructions

Send your completed, original permit coverage application form signed by both the Applicant/Permittee and Sponsor (permit General Condition G15.A and B), to the mailing address below. Be sure to include the required attachments from Section 8 of this form:

1. Maps of parcels containing commercial clam beds
2. Discharge Management Plan (permit Special Condition S3.E, Appendix C)
3. Annual Pre-Treatment Plan (permit Special Condition S7.A)

**Note:** This permit application for coverage must be submitted to Ecology on or before the first public notice date in form Section 9.

#### **Submittal Mailing Address:**

Department of Ecology  
Water Quality Program  
Attn: Aquatic Pesticide Permit Specialist  
PO Box 47600  
Olympia, WA 98504-7600

#### **Questions?**

Contact the Aquatic Pesticide Permit Specialist at  
360-407-6283 or email at  
aquaticpesticideperm@ecy.wa.gov.

#### **ADA Accommodation Requests:**

To request ADA accommodation including materials in a format for the visually impaired, call Ecology at 360-407-6600 or visit <https://ecology.wa.gov/accessibility>. People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TTY at 877-833-6341.

## Instructions For: Notice of Intent: Application for Permit Coverage Form

### *Zostera japonica* Management On Commercial Clam Beds in Willapa Bay General Permit

|  |  |
|--|--|
| <p><b>1. Select Type of Permit Application</b></p>                 | <p>Check the box for the type of Application for Permit Coverage that is appropriate:</p> <ul style="list-style-type: none"> <li>• <b>New Application for Permit Coverage:</b> Check this box if Applicant/Permittee and Sponsor for permit coverage do not currently have permit coverage under the <i>Zostera japonica</i> Management on Commercial Clam Beds in Willapa Bay General Permit. This action requires following public notice requirements (form Sections 7 and 8).</li> <li>• <b>Application to Modify Current Permit Coverage:</b> Check this box if the Applicant/Permittee and Sponsor currently have permit coverage and are proposing to add area to the current permit coverage that was not previously included or public noticed. This action requires following public notice requirements (form sections 7 and 8).</li> <li>• <b>Information Update for Current Permit Coverage:</b> Check this box when information about Applicant/Permittee and Sponsor has changed, but control of commercial clam beds, change in the Applicant/Permittee or Sponsor has not. Examples of when to use this are a change in the company signatory authority (Permittee representative – permit General Condition G15 A or B), or change in contact information, such as mailing address, phone, or email.</li> </ul> <p><b>NOTE: Do not</b> use this option if the Applicant/Permittee and Sponsor are proposing to expand permit coverage to include new area not included on the application form previously, <b>OR</b> if the Applicant/Permittee or Sponsor have changed. If the Applicant/Permittee or Sponsor has changed, a Transfer of Coverage may be appropriate.</p> |
| <p><b>2. Applicant/Permittee Information</b></p>                   | <p>The Applicant/Permittee is a company that that has a representative who is a WSDA licensed pesticide applicator with aquatic endorsement and who has authority to enter the company into contracts (permit General Condition G15.A or B). Provide the name and contact information of the Applicant/Permittee company representative with the authority to enter the company into contracts.</p>  |
| <p><b>3. Applicant/Permittee Contact</b></p>                       | <p>If the permit contact at the Applicant/Permittee’s company is different from the company representative in form Section 2, provide the requested information, otherwise leave blank.</p>  |
| <p><b>4. Sponsor Information</b></p>                               | <p>The Sponsor is the company that has authority to authorize treatment of <i>Z. japonica</i> on a commercial clam bed they control and enter the company into contracts (permit General Condition G15.A or B). See definition of Sponsor in permit Appendix A (Definitions). Provide the name and contact information of the Sponsor representative with the authority to enter the company into contracts.</p>   |
| <p><b>5. Sponsor Contact</b></p>                                   | <p>If the permit contact at the Sponsor’s company is different from the company representative in form Section 4, provide the requested information, otherwise leave blank.</p>  |
| <p><b>6. Applicant/Permittee Pesticide License Information</b></p> | <p>In order to qualify to be a permittee, the Applicant/Permittee must be a WSDA licensed pesticide applicator with aquatic endorsement. The Applicant/Permittee representative must provide their WSDA pesticide applicator license number and initial that they have read the acknowledgement statement.</p> <p>If the Applicant/Permittee’s license is not current, or lapses at any time, or for any reason, Ecology may revoke permit coverage because the Permittee is not meeting special condition S2.A.</p>   |

|   |   |
|---|---|
| <b>7. Project Information</b>                                       | This section describes the commercial clam bed area proposed to be included under permit coverage by the Applicant/Permittee and Sponsor. Only area described in this section will be conditionally authorized to be treated with imazamox if permit coverage is issued.  |
| <b>8. Application Form Attachments</b>                              | Permit special condition S2.C contains requirements that additional documents be submitted to Ecology along with the completed Application for Permit Coverage. Failure to submit these documents may result in Ecology considering the application incomplete. Until an application for permit coverage is complete, no permit coverage may be issued.   |
| <b>9. Public Notice</b>   | In form Section 1, if you selected: <ul style="list-style-type: none"> <li>• New Application for Permit Coverage, <b>OR</b></li> <li>• Application to Modify Current Permit Coverage</li> </ul> You are required to publish public notice as described in this form section.  |
| <b>10. Public Notice Template</b>                                   | You are required to use the public notice template in this form section for all public notices for: <ul style="list-style-type: none"> <li>• New Application for Permit Coverage, <b>OR</b></li> <li>• Application to Modify Current Permit Coverage</li> </ul> <p>The public notice template in this form section includes two font styles which indicate how the language in the template may be used.</p> <ul style="list-style-type: none"> <li>• <b>Bold</b> language is required and must be included in its entirety as written in the template.</li> <li>• <i>Italics</i> language indicates where the Applicant/Permittee and Sponsor must provide information.</li> </ul> <p>The public notice template must be filled out completely and accurately. If public notice is not complete or accurate, you may be required to re-publish the public notice and extend the public comment period.</p> |
| <b>11. Applicant/Permittee Certification</b>                        | The Applicant/Permittee representative whose name and contact information is included in form Section 2 must sign this section. This individual must meet the requirements of permit General Condition G15.A or B. Other signatures are not be accepted. <p>This section must be signed by the following category of company representative for the Permittee:</p> <ol style="list-style-type: none"> <li>1. For a corporation: By a responsible corporate officer.</li> <li>2. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively.</li> <li>3. For a municipality, state, federal, or other public facility: By either a principal executive officer or ranking elected official.</li> </ol>   |
| <b>12. Sponsor Certification</b>                                    | The Sponsor representative whose name and contact information is included in form Section 4 must sign this form. This individual must meet the requirements of permit General Condition G15.A or B. Other signatures are not be accepted. <p>This section must be signed by the following category of company representative for the Sponsor:</p> <ol style="list-style-type: none"> <li>1. For a corporation: By a responsible corporate officer.</li> <li>2. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively.</li> <li>3. For a municipality, state, federal, or other public facility: By either a principal executive officer or ranking elected official.</li> </ol>  |
| <b>13. Completed Permit Application Form Submittal Instructions</b> | Send your completed, original permit coverage application form signed by both the Applicant/Permittee and Sponsor (permit General Condition G15.A and B), to the mailing address below. Be sure to include the required attachments from Section 8 of this form: <ol style="list-style-type: none"> <li>1. Maps of parcels containing commercial clam beds</li> <li>2. Discharge Management Plan (permit Special Condition S3.E, Appendix C)</li> <li>3. Annual Pre-Treatment Plan (permit Special Condition S7.A)</li> </ol> <b>Retain a copy of all documents for your records.</b>   |

|  |  |   |
|--|--|---|
|  | <p><b>Note:</b> This permit application for coverage must be submitted to Ecology on or before the first public notice date in form Section 9.</p>   |   |
|  | <p><b>Mailing Address:</b><br/>         Department of Ecology<br/>         Water Quality Program<br/>         Attn: Aquatic Pesticide Permit Manager<br/>         PO Box 47600<br/>         Olympia, WA 98504-7600</p> | <p><b>Questions?</b><br/>         Contact the Aquatic Pesticide Permit Manager at 360-407-6283 or email at aquaticpesticideperm@ecy.wa.gov.</p> |
| <p><b>Accommodation Requests:</b><br/>         To request ADA accommodation including materials in a format for the visually impaired, call Ecology at 360-407-6600 or visit <a href="https://ecology.wa.gov/accessibility">https://ecology.wa.gov/accessibility</a>. People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TTY at 877-833-6341.</p> |  |   |