

NOTICE FOR PESTICIDE APPLICATION TO WATERS OF THE STATE

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WATER QUALITY
SFN 60061 (08/21)

FOR DEPT. USE ONLY

Department ID
Received Date

State water quality regulations (North Dakota Administrative Code 33.1-16-02.1) require that the North Dakota Department of Environmental Quality must be notified at least twenty (20) days prior to the application of any pesticide (herbicide, insecticide, biocide, pesticide, algacide) to surface waters of the state for control of aquatic pests.

Applicator Information

Organization or Person Responsible for the Pesticide Application		
Applicator Name (or Supervisor Name)	Certified Applicator Number	
Address	Telephone Number	
City	State	ZIP Code

Pesticide Information

Chemical name and composition (product name, active ingredient(s) and percentage)
List target aquatic pest(s) or species to be controlled

Application Area Information

Attach a map which identifies the application area. Briefly describe the area below (e.g. shoreline in sec, Twn, Rng)	
Water body name (or type; e.g., canal)	Aerial extent (e.g., acres or ft ²)
Provide the calculate active ingredient concentration in surface waters immediately after application (e.g.,mg/l or lbs/ Mgal)	Total active ingredient to be applied

For multiple application sites attach additional pages with the pesticide and area information for each of the pesticide applications you wish to include with this notice.

SIGNATURE

RETURN COMPLETED APPLICATION TO: North Dakota Dept. Env. Quality Division of Water Quality 4201 Normandy Street Bismarck, ND 58503-1324 Telephone:(701) 328-5210 Fax: (701) 328-5200	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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
	Printed name of applicant(s)	Title
	Signature of applicants(s)	Date