



**State of New Jersey
Department of Environmental Protection
Division of Water Quality**

**NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM
Pesticide General Permit (NJ0178217)
REQUEST FOR AUTHORIZATION**

1. OPERATOR IDENTIFICATION

Name _____

Mailing Address _____

City or Town _____ State _____ Zip Code _____

Federal Tax I.D.# _____ Telephone () _____

Fax () _____ E-Mail _____

Contact Name (include telephone & email, if different) _____

2. WATERBODY DESCRIPTION

Type(s) (Ex.: Lake/Pond/Stream/Wetland) _____

Waterbody(ies) (If more than 5, or aerial spray, do not list individually but specify counties/municipalities) _____

County(ies) _____ Municipality(ies) _____

Total Estimated Treatment Area

-Acres (If over 6400 acres including multiple applications per site per calendar year) _____

-Linear Miles (If over 20 linear miles regardless of number of applications per calendar year) _____

3. PESTICIDE USE PATTERN(S)

Choose all patterns to be used (See the general permit, Part 2, Section B.1.):

- Mosquito and Other Flying Insect Pest Control
- Aquatic Weed and Algae Control
- Aquatic Nuisance Animal Control
- Forest Canopy Pest Control
- Agricultural Activities In Waters of the State (Aquatic Agricultural Activities)
- Utility Transmission and Distribution Line Vegetation Control if:
 - 1) the aquatic pesticide permit is required and
 - 2) multiple applications per calendar year are more than 20 linear miles

