

**APPENDIX 4**  
**SUGGESTED NOTICE OF INTENT (NOI) FORMAT**  
**AND INSTRUCTIONS**

**I. Notice of Intent (NOI) Instructions**

**A. Required Information**

Applicants seeking coverage under the AQUAGP must submit a written NOI to EPA and the appropriate State agency as described below. The NOI consists of either the suggested NOI format included in Section II of this document or another format of official correspondence that contains all of the required information described below and listed in the suggested format.

At a minimum, the NOI must include the information in Parts I.A.1 through I.A.7 below for each facility. Additional information may be attached as needed.

1. General Facility Information

- a. Indicate whether applying for MA, NH, or VT AQUAGP.
- b. Provide the name, address, and location (latitude and longitude) of the facility, contact information for the facility owner, and contact information for the facility operator (if different from the owner). The latitude and longitude should be provided in decimal degrees and the World Geodetic System 1984 (WGS84) standard coordinate system. This coordinate system is specified in the NPDES Electronic Reporting rule (40 Code of Federal Regulations (CFR) part 127). For further guidance, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.
- c. List the 4-digit standard industrial classification (SIC) code(s) and North American Industrial Classification System (NAICS) code(s) that best describe your facility. You can find SIC code numbers and descriptions in the 1987 Standard Industrial Classification Manual at [http://www.osha.gov/pls/imis/sic\\_manual.html](http://www.osha.gov/pls/imis/sic_manual.html). You can find NAICS code numbers and descriptions in the North American Industrial Classification System Manual at <http://www.census.gov/eos/www/naics/>. Use the latest edition of the manuals.
- d. Provide information about the current permit status of the facility, including if prior individual NPDES permit coverage has been granted and the permit number, if a pending NPDES application is on file for the discharge(s) and the date of submittal, and a topographic map indicating the locations of the facility and outfalls.

2. Discharge Information

- a. Name and type of the receiving water, receiving waterbody classification, if the waterbody is included on the State's Integrated List of Waters and information

about any impairments.

- b. A schematic of water flow through the facility.
- c. Information about discharges from each outfall and each type of effluent, including the location of the outfall (latitude and longitude), the type of discharge, maximum and average flows and pH (including whether alternative pH limitations are requested and, if so, if State's approval is attached). See Item 1.b for requirements for providing the latitude and longitude.

### 3. Operations and Production Information

- a. Provide information on the discharge structures, waste management units, and production system.
- b. List the species of fish or aquatic animals held and fed at your facility. Distinguish between cold-water and warm-water species. The names of fish species should be proper, common, or scientific names as given in *Special Publication 34 of the American Fisheries Society, Common and Scientific Names of Fishes from the United States, Canada, and Mexico*. For each species, provide the total harvestable weight in pounds (lbs.) for a typical calendar year. Also indicate the maximum weight present at any one time at your facility.
- c. Indicate the maximum monthly pounds of food given at your facility. Also indicate the month given. The amounts should be representative of your normal operations.

### 4. Aquaculture Drugs and Chemicals

Provide information on all projected aquaculture drugs and chemicals, including whether any drugs that are Investigational New Animal Drugs (INADs). If you do not have enough space in the table, you may continue on additional sheets, as necessary, using a format consistent with the table.

### 5. Water Source

Provide information on the water source(s) that contribute flow to the facility. If you do not have enough space in the table, you may continue on additional sheets, as necessary, using a format consistent with the table.

### 6. Endangered Species Act (ESA) Certification

The certification requirements for the AQUAGP under the ESA, including necessary documentation, are explained in detail in Appendix 2. Facilities must include a certification for species and habitat under the jurisdiction of U.S. Fish and Wildlife Service (USFWS) AND National Oceanic and Atmospheric Administration, National Marine Fisheries Service (NOAA Fisheries). The facility must certify and provide documentation if there are no USFWS species present. The facility must indicate if the facility is not located in the areas where listed species under the jurisdiction of NOAA Fisheries exist.

7. National Historic Properties Act (NHPA) Eligibility

The criteria for eligibility for the AQUAGP under the NHPA are explained in detail in Appendix 3. Facilities must attach supporting documentation for eligibility where historic properties are present and may be impacted by the authorized discharges.

8. Supplemental Information

Provide any supplemental information, including antidegradation review information applicable to new or increased discharges.

**B. Signature Requirements**

The NOI must be signed and dated in accordance with the signatory requirements of 40 CFR §122.22, including the certification statement shown on the suggested NOI format.

**C. Submission of NOI to EPA and the Appropriate State Agency**

1. NOI submittal timelines

- a. Proposed new dischargers that are seeking coverage under this General Permit must submit an NOI to EPA and the respective State, at least thirty (30) days prior to the commencement of discharge.
- b. Existing facilities seeking coverage under this General Permit must file an NOI to EPA and the respective State within sixty (60) days of the effective date of this permit reissuance.

Filing with EPA - All operators located in Massachusetts, New Hampshire, and Vermont that apply for coverage under this General Permit must submit a NOI to EPA-New England. All NOIs submitted after December 21, 2020 must be submitted electronically. Prior to December 21, 2020, NOIs and any attachments may be submitted to EPA either electronically at [Aquaculture.GeneralPermit@epa.gov](mailto:Aquaculture.GeneralPermit@epa.gov) or at the address provided below. After December 21, 2020, where an operator is able to demonstrate a reasonable basis, such as technical or administrative infeasibility, that precludes submittal in electronic format, submit NOIs in hard copy form to:

U.S. Environmental Protection Agency  
Office of Ecosystem Protection  
EPA/OEP Aquaculture General Permit Applications Coordinator  
5 Post Office Square - Suite 100 (OEP06-01)  
Boston, MA 02109-3912

- 2. Filing with the States - A copy of the NOI filed with EPA-New England must also be filed with state agencies as described below. The state agency may elect to develop a

state specific form or other additional information requirements. All applicants should keep a copy of the complete application package for their records.

- a. Discharges in Massachusetts: Applicants for discharges to an outstanding resource water (ORW) must submit a copy of their completed NOI and the completed State Transmittal Form to:

Massachusetts Department of Environmental Protection  
Surface Water Discharge (NPDES) Permitting Program  
1 Winter Street, 5th floor, Boston, MA 02108

The transmittal form, instructions, and fee amount may be obtained through the MassDEP website at <http://www.mass.gov/eea/agencies/massdep/water/wastewater/surface-water-discharge-permitting-npdes.html>. Click on NPDES General Permits for instructions and a link to the transmittal form.

In addition, a check for the appropriate fee and a copy of the transmittal form must be sent to:

Massachusetts Department of Environmental Protection  
P.O. Box 4062  
Boston, MA 02211

Applicants for discharges to all other waters do not require any submission to MassDEP.

- b. Discharges in New Hampshire: All applicants must provide a completed copy of their NOI to:

New Hampshire Department of Environmental Services  
Water Division, Wastewater Engineering Bureau  
29 Hazen Drive, P.O. Box 95  
Concord, NH 03302-0095

- c. Discharges in Vermont: All applicants must provide a completed copy of their NOI to:

Vermont Department of Environmental Conservation  
Watershed Management Division  
1 National Life Drive, Main Building, 2<sup>nd</sup> Floor  
Montpelier, VT 05620-3522

**II. Suggested Format for the AQUAGP Notice of Intent (NOI):**

**Request for General Permit Authorization to Discharge Wastewater Notice of Intent (NOI) to be covered by the Aquaculture General Permit (AQUAGP) No. MAGXXXXXX, NHGXXXXXX, or VTGXXXXXX**

Indicate Applicable General Permit for Discharge(s):      MAGXXXXXX      NHGXXXXXX      VTGXXXXXX

**A. Facility Information**

1. Facility Location	Name:		
	Street:		
	City:	State:	Zip code:
	Latitude:	Longitude:	
2. Facility Mailing Address (if different from Location)	Street:		
	City:	State:	Zip code:
3. Facility Owner	Name:		Email:
	Street:		Telephone:
	City:	State:	Zip code:
	Contact Person:		
	Is this a federal facility (i.e., owned by the U.S. government)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Facility Operator (if different from above)	Name:	Email:	
	Street:	Telephone:	
	City:	State:	Zip code:
5. Facility Industrial Classifications	SIC Code(s):	NAICS Code(s):	
6. Current Permit Status	Is the facility covered under an individual permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Permit number (if yes):		
	Is there a pending NPDES application on file with EPA for the discharge(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Submittal (if yes):		
	Attach a topographic map indicating the location of the facility, water sources, points of influent, and outfall(s) to the receiving water		<input type="checkbox"/> Map Attached

**B. Discharge Information**

1. Name of Receiving Water(s):	<input type="checkbox"/> Freshwater <input type="checkbox"/> Marine
2. Waterbody classification: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class SA <input type="checkbox"/> Class SB	
3. Is the receiving water is listed in the State's Integrated List of Waters (i.e., CWA Section 303(d))?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If the applicant answered yes to B.2, has the applicant identified the designated uses that are impaired, any pollutants indicated, and whether a final TMDL is available for any of the indicated pollutants in a separate attachment to the NOI?	<input type="checkbox"/> Yes <input type="checkbox"/> No



**C. Operations and Production Information**

1. Indicate the type and number of discharge structures at the facility. Provide a brief description of each structure.			
Structure Type	Number of Each	Total Area	Description
Ponds			
Raceways			
Similar Structures (specify) _____			
2. Indicate the type and number of waste management structures at the facility. Provide a brief description of each structure.			
Waste Management Unit	Number of Each	Total Area	Description
Offline Settling Basin			
Full-flow Settling Basin			
Quiescent Zones			
3. Production system (check all that apply)	<input type="checkbox"/> Flow-through <input type="checkbox"/> Recirculating <input type="checkbox"/> Other (specify) _____		
4. List the cold-water and/or warm-water aquatic species raised/produced in the table below. For each species listed, indicate the total yearly and maximum harvestable weight (in pounds).			
Species	Type	Harvestable Weight	
		Total Yearly	Maximum
	<input type="checkbox"/> Cold Water <input type="checkbox"/> Warm Water	lbs.	lbs.
	<input type="checkbox"/> Cold Water <input type="checkbox"/> Warm Water	lbs.	lbs.
	<input type="checkbox"/> Cold Water <input type="checkbox"/> Warm Water	lbs.	lbs.

5. Anticipated Production	Do you anticipate any significant increases or decreases in production in the next 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, describe:		
6. Indicate the calendar month of maximum feeding and the total mass of food fed (in pounds) during that month.			
Month of Maximum Feeding		Total Mass of Food Fed	
		lbs.	

**D. Aquaculture Drugs and Chemicals**

1. List all projected aquaculture drugs and chemicals and maximum daily amounts expected to be used in the next 5 years (use an attachment, if necessary). Indicate any drugs that are Investigational New Animal Drugs (INADs).						
Name	Maximum Daily Amount to be Used		Method of Application	Maximum Amount in Effluent		INAD?
	Amount	Units		Amount	Units	
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

**E. Water Sources**

1. Identify the water source(s) that contribute flow to the facility. For each source, provide the average flow, the time period in which the source contributes flow, and a brief description of treatment, if any.			
Water Source	Average Flow (MGD)	Time Period	Treatment

**F. Endangered Species Act (ESA) Certification**

Appendix 2 to the AQUAGP explains the certification requirements related to threatened and endangered species and designated critical habitat. Indicate under which criteria the discharge is eligible for coverage under the AQUAGP:	
1. ESA eligibility for species under jurisdiction of USFWS	<input type="checkbox"/> <b>Criterion A:</b> No endangered or threatened species or critical habitat are in proximity to the discharges or related activities or come in contact with the “action area.” See Appendix 2, Part B for documentation requirements. Documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <b>Criterion B:</b> Formal or informal consultation with the USFWS under Section 7 of the ESA resulted in either a no jeopardy opinion (formal consultation) or a written concurrence by USFWS on a finding that the discharges and related activities are “not likely to adversely affect” listed species or critical habitat. Has the operator completed consultation with USFWS and attached documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is consultation underway? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <b>Criterion C:</b> Using the best scientific and commercial data available, the effect of the discharges and related activities on listed species and designated critical habitat have been evaluated. Based on those evaluations, a determination is made by EPA, or by the operator and affirmed by EPA, that the discharges and related activities will have “no effect” on any federally threatened or endangered species or designated critical habitat under the jurisdiction of the USFWS. Has the applicant attached documentation of the “no effect” finding? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. ESA eligibility for species under jurisdiction of NOAA Fisheries	Is the facility located on: the Connecticut River between the Massachusetts/Connecticut state line and Turners Falls, MA; the Taunton River; the Merrimack River between Lawrence, MA and the Atlantic Ocean; the Piscataqua River including the Salmon Falls and Cocheco Rivers; or a marine water?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, was the applicant authorized to discharge from the facility under an individual permit?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If the discharge is to one of the named rivers above or to a marine water <i>and</i> the facility was not previously covered under an individual permit, has there been any previous formal or informal consultation with NOAA Fisheries?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Documentation of consultation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

**G. National Historic Properties Act (NHPA) Eligibility**

1. Indicate under which criterion the discharge(s) is eligible for covered under the AQUAGP:
<input type="checkbox"/> <b>Criterion A:</b> No historic properties are present.
<input type="checkbox"/> <b>Criterion B:</b> Historic properties are present. The discharges and related activities do not have the potential to impact historic properties.
<input type="checkbox"/> <b>Criterion C:</b> Historic properties are present. The discharges and related activities have the potential to impact or adversely impact historic properties.
2. Has the applicant attached supporting documentation for NHPA eligibility described in Appendix 3, Part C of the AQUAGP? Yes <input type="checkbox"/> No
3. Does supporting documentation include a written agreement from the State Historic Preservation Officer, Tribal Historic Preservation Officer, or other tribal representative that outlines measures the operation will carry out to mitigate or prevent any adverse effects on historic properties? <input type="checkbox"/> Yes <input type="checkbox"/> No

**H. Supplemental Information**

1. Provide any supplemental information, including antidegradation review information applicable to new or increased discharges. Attach any certifications required by the AQUAGP. Supplemental information attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**I. Signature Requirements**

1. The NOI must be signed by the operator in accordance with the signatory requirements of 40 CFR § 122.22, including the following certification:	
<i>I certify under penalty of law that no chemical additives are used in the discharges to be authorized under this General Permit except for those used for pH adjustment or anti-freeze purposes and 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 directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
2. Notification provided to the appropriate State, including a copy of this NOI, if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature:	Date:
Print Name and Title:	