

Aquatic Permit Use Notification

This form is for Aquatic Contractors only.

Please read the [Policy for Aquatic NPDES Usage](#) in its entirety before submitting.

Otherwise, please fill out the information below.

Form cannot be submitted successfully unless all information is present. If not known, please write "unknown at this time".

You must have JavaScript enabled to use this form.

Name

Waterbodies Permit Will Be Used On

Mailing Address

Parcel Number: If unknown please write unknown

Email

Contact Phone Number

Pesticide License Number

Contract License Number

Herbicide to be used

☐ I understand that I must provide to the Weed Board a copy of my Certificate of Insurance naming Pend Oreille County as an "Additional insured, primary and non-contributory" as stated in the Policy for Aquatic NPDES Usage Permit. (To view the NPDES Permit and requirements scroll to top of the page.)

Message: Please Include dates of use and other important details or questions

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