



Linda S. Adams
Secretary for
Environmental Protection

State Water Resources Control Board

Division of Water Quality
1001 I Street • Sacramento, California 95814 • (916) 341-5455
Mailing Address: P.O. Box 100 • Sacramento, California • 95812-0100
FAX (916) 341-5463 • <http://www.waterboards.ca.gov>



Arnold Schwarzenegger
Governor

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF WATER QUALITY ORDER NO. 2004-0009-DWQ STATEWIDE GENERAL NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT FOR THE DISCHARGE OF AQUATIC PESTICIDES FOR AQUATIC WEED CONTROL IN WATERS OF THE UNITED STATES GENERAL PERMIT NO. CAG990005

I. NOTICE OF INTENT STATUS (see instructions)

MARK ONLY ONE ITEM	A. <input type="checkbox"/> New Applicator	B. <input type="checkbox"/> Change of Information for WDID#
--------------------	--	---

II. CONTROL AGENCY INFORMATION

A. Name			
B. Mailing Address			
C. City	D. County	E. State	F. Zip
G. Contact Person	H. Title		I. Phone

III. RECEIVING WATER INFORMATION

A. Do wastes and pesticide residues discharge to (check all that apply):	
1.	<input type="checkbox"/> Canals, ditches, or other constructed conveyance facilities owned and controlled by Control Agency? Name of the conveyance system: _____
2.	<input type="checkbox"/> Canals, ditches, or other constructed conveyance facilities owned and controlled by an entity other than the Control Agency Owner's name: _____ Name of the conveyance system: _____
3.	<input type="checkbox"/> Directly to river, lake, creek, stream, bay, ocean, etc.? Name of water body: _____
B. Regional Water Quality Control Board(s) where application sites are located (REGION 1, 2, 3, 4, 5, 6, 7, 8, or 9):	

REGION _____
(List all regions where pesticide application is proposed.)

IV. PESTICIDE APPLICATION INFORMATION

A. Target Organism: ___ Algae ___ Aquatic Weeds (surface) ___ Aquatic Weeds (submerged)
___ OTHER (identify): _____

B. Aquatic Pesticides Used: List Name and Active ingredients

C. Period of Application: Start Date _____ End Date _____

D. Types of Adjuvants Used: _____

V. AQUATIC PESTICIDES APPLICATION PLAN

Has Aquatic Pesticides Application Plan been prepared and is the applicator familiar with its contents? Yes No

If not, when will it be prepared? _____

VI. NOTIFICATION

Have potentially affected public and governmental agencies been notified? Yes No

VII. VICINITY MAP AND FEE

A. Have you included vicinity map(s) with this submittal? YES NO
Separate vicinity maps must be submitted for each Region where a proposed discharge will occur.

B. Have you included payment of the filing fee (for first-time enrollees only) with this submittal? ... YES NO NA

VIII. CERTIFICATION

“I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to ensure 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 or imprisonment. Additionally, I certify that the provisions of the permit, including developing and implementing a monitoring program, will be complied with.”

A. Printed Name: _____

B. Signature: _____ Date: _____

C. Title:

**INSTRUCTIONS
FOR COMPLETING THE NOI**

**WATER QUALITY ORDER NO. 2004-0009-DWQ
STATEWIDE GENERAL NATIONAL POLLUTANT DISCHARGE ELIMINATION
SYSTEM PERMIT FOR DISCHARGE OF AQUATIC PESTICIDES FOR AQUATIC
WEED CONTROL IN WATERS OF THE UNITED STATES
GENERAL PERMIT NO. CAG990005**

These instructions are intended to help you, the discharger, complete the Notice of Intent (NOI) form for the general National Pollutant Discharge Elimination System (NPDES) permit. **Please type or print clearly when completing the NOI form and vicinity map(s).**

Send the completed and signed form along with the filing fee, supporting documentation, and vicinity map(s) to the appropriate Regional Board. One NOI should be submitted by appropriate discharger to cover all proposed discharges within the boundaries of each Regional Water Quality Control Board (Regional Board). If proposed discharges will occur in more than one Region, submit extra copies of the NOI and maps for each Region where a discharge will occur. Only one annual fee is required for each discharger.

Section I – Notice of Intent Status

Please mark whether this is the first time coverage under this General Permit is being requested or if this is a change of information for a discharge already covered under this General Permit. If this is a change of information, please supply the eleven-digit Waste Discharge Identification (WDID) number for the discharge.

Section II – Control Agency Information

- A. Enter the name of the Control Agency.
- B. Enter the street number and street name where mail and correspondence should be sent (P.O. Box is acceptable).
- C. Enter the city that applies to the mailing address given.
- D. Enter the county that applies to the mailing address given.
- E. Enter the state that applies to the mailing address given.
- F. Enter the zip code that applies to the mailing address given.
- G. Enter the name (first and last) of the contact person for the Control Agency listed above.

- H. Enter the contact person's title.
- I. Enter the contact person's daytime telephone number.

Section III – Receiving Water Information

- A. Check all boxes that apply. At least one box must be checked.
 - 1. Check this box if the application site is a canal, ditch, or other constructed conveyance system owned and controlled by the Control Agency. Print the name of the conveyance system.
 - 2. Check this box if the application site is a canal, ditch, or other constructed conveyance system owned and controlled by a different person or entity other than the Control Agency. Clearly print the name and the owner of the conveyance system.
 - 3. Check this box if the application site is not a constructed conveyance system (including application to river, lake, creek, stream, bay, ocean) and enter the name of the water body.
- A. List all Region numbers where pesticide application is proposed. Regional Board boundaries are defined in section 13200 of the California Water Code. The numbers for each Region are given below and a map is attached.

- | | |
|--|--|
| 1- North Coast | 2- San Francisco Bay |
| 3- Central Coast | 4- Los Angeles |
| 5- Central Valley
(Sacramento, Fresno; Redding) | 6- Lahontan
(South Lake Tahoe, Victorville) |
| 7- Colorado River Basin | 8- Santa Ana |
| 9- San Diego | |

Section IV – Pesticide Application Information

- A. Check the appropriate target organism. If the target organism is not listed, check OTHER, and list the name or type of target organism in the space provided.
- B. List the name and active ingredients of each pesticide to be used.
- C. List the start and end date of proposed pesticide application season.
- D. List the name(s) and type(s) of adjuvants that will be used.

Section V – Aquatic Pesticides Application Plan (APAP)

An APAP must be prepared and the applicator familiar with its contents before aquatic pesticide application is authorized under this General Permit. If an APAP is not complete at the time of application, enter the date by which it will be completed.

Section VI – Notification

Have you notified potentially affected governmental agencies, as required by Provision D.4 of the General Permit?

Section VII – Vicinity Map and Fee

- A. If you have included vicinity map(s) with your Form A submittal, check the YES box if you have not included the vicinity map(s), check the NO box. **NOTE:** Vicinity map(s) of the proposed pesticide application site must be received before you can be covered by this General Permit. You must submit separate vicinity map(s) for each Regional Board service area where a discharge is proposed. If applying for coverage under Region 5, please send in two additional copies of the required map, if applying for coverage under Region 6, please send in one additional copy of the required map.
- B. Check the YES box if you have included payment of the annual fee for a Category 3 discharge specified in Title 23, California Code of Regulations, section 2200(b)(9) with your submittal. Check the NO box if you have not included this payment.

NOTES:

- 1. Payment of this fee is not necessary if you have paid an annual fee within the last year for coverage under the previous order, Order No. 2001-12-DWQ.
- 2. You will be billed annually and payment is required to continue coverage.

Section VIII

- A. Print the name of the appropriate official. For a municipality, State, federal, or other public agency, this would be a principal executive officer, ranking elected official, or duly authorized representative. The principal executive officer of a federal agency includes the chief executive officer of the agency or the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of USEPA).
- B. The person whose name is printed above must sign and date the NOI.
- C. Enter the title of the person signing the NOI.