

# **SAMPLE Notice of Intent FORM and INSTRUCTIONS**

This document contains a SAMPLE FORM that can be used as a guide for submitting the Electronic Notice of Intent (NOI). Please refer to the instructions and ensure that you fill in the electronic NOI with your own specific information, as it relates to your operation and ranch(s)/farm(s).

*Please note that an e-mail address is no longer required to submit an electronic NOI.*



This Notice of Intent (NOI) must be completed by the Operator, Responsible Party or Designated Official, using the online NOI submittal tool found at:

**[www.swrcb.ca.gov/rwqcb3/water\\_issues/programs/ag\\_waivers/index.shtml](http://www.swrcb.ca.gov/rwqcb3/water_issues/programs/ag_waivers/index.shtml)**

After the electronic NOI has been submitted, you must print, sign, and mail the NOI to:

Central Coast Regional Water Quality Board  
 Attn: Agricultural Regulatory Program  
 895 Aerovista Place, Suite 101  
 San Luis Obispo, CA 93401

-- For complete information about the regulatory requirements of the Agricultural Regulatory Program please visit the Program Website at:  
[www.swrcb.ca.gov/rwqcb3/water\\_issues/programs/ag\\_waivers/index.shtml](http://www.swrcb.ca.gov/rwqcb3/water_issues/programs/ag_waivers/index.shtml)

-- If you have any questions regarding the NOI, these instructions, or need help enrolling in the Agricultural Regulatory Program please contact Water Board staff at:

Phone: (805) 549-3875  
 Email: [AgNOI@waterboards.ca.gov](mailto:AgNOI@waterboards.ca.gov)

<b>Notice of Intent - Operation Info</b>	<i>SUBMIT ONLINE - COMPLETE REQUIRED INFORMATION FOR EACH OPERATION</i>
Language Preference	Select a language preference.
<b>Section I: Intent to Enroll Operation</b>	<b>All of the information in this section is required, except fax number and e-mail address which are optional.</b>
Name of Operation	Enter the name of the distinct farming business.
Operator/Responsible Party	Enter the name (first and last) of the operator/responsible party.
Operation Contact	Enter the name (first and last) of the contact person.
Business Mailing Address, City, State, Zip	Enter the street number and street name where correspondence should be sent (P.O. Box is acceptable). Enter the city, state and zip that applies to the business mailing address.
Phone Number, Fax Number, E-mail Address	Enter the phone number, fax number, and e-mail address of the operation contact person.
<b>Section II: Submittal Type</b>	<b>Respond appropriately to all of the questions in this section, check all boxes that apply, and provide the required information.</b> An operation that produces commercial crops sells the crop for commercial purposes. Enter the AW# which is located on correspondence sent to you from the Central Coast Water Board or determine by calling the above phone number.
<b>Section III: Monitoring Selection</b>	<b>One monitoring option selection is required.</b>
Cooperative Monitoring Program <i>(conducted by Central Coast Water Quality Preservation, Inc.)</i>	Refer to Monitoring and Reporting Program No. R3-2004-0117: <a href="http://www.swrcb.ca.gov/rwqcb3/water_issues/programs/ag_waivers/docs/MPR_R3_2004_0117.pdf">http://www.swrcb.ca.gov/rwqcb3/water_issues/programs/ag_waivers/docs/MPR_R3_2004_0117.pdf</a>
Individual Monitoring Program <i>(conducted by individual operation according to the Monitoring and Reporting Program)</i>	
<b>Section IV: Farm Water Quality Management Plan</b>	<b>Respond appropriately to the question in this section, check the box that applies, and provide the required information.</b>
<b>Section V: Certified Water Quality Education</b>	<b>Respond appropriately to the question in this section and check the box that applies.</b>
<b>Section VI: Authorization and Certification</b>	<b>Read authorization and certification language and provide all the required information. After you have submitted the electronic NOI, you must print, sign, and mail the NOI (with ranch map, if applicable) to the Central Coast Regional Water Quality Board.</b>
Print Name	Provide the name of the Operator/Responsible Party.
Title	Enter the title of the person signing the NOI.
Signature and Date	The person whose name is printed above must sign and date the NOI.



<b>Notice of Intent - General Ranch Info</b>	<i>SUBMIT ONLINE</i> <i>COMPLETE REQUIRED INFORMATION FOR EACH RANCH/FARM</i>
Name of Operation	Same name as stated in Section I: Intent to Enroll Operation.
AW#	Same AW# as reported in Section II: Submittal Type. Leave blank for a new operation.
Ranch/Farm Name	Enter the name of the Ranch/Farm.
<b>Section VII: Submittal Type</b>	<b>One box must be checked.</b>
<b>Section VIII: Ranch Location</b>	<b>All of the information in this section is required.</b>
Ranch/Farm Address or Location and City	Enter the physical location where your ranch/farm is located. Provide an address or a road with the nearest cross street. Enter the city that applies to the address.
Latitude and Longitude	Provide spatial location of each farm or ranch using the online location tool or global positioning system (GPS) device. The latitude and longitude coordinates should be measured at the centroid of each ranch or at the center of the largest parcel, and reported in decimal degrees. If using GPS, see Geotracker guidelines at: <a href="http://www.waterboards.ca.gov/water_issues/programs/ust/electronic_submittal/docs/geotracker_survey_xyz_4_14_05.pdf">www.waterboards.ca.gov/water_issues/programs/ust/electronic_submittal/docs/geotracker_survey_xyz_4_14_05.pdf</a> Refer to Table 1 on pages 8 and 9.
Ranch/Farm Map	Ranch map must be included by either uploading it to the electronic NOI submittal or submitted in hard copy with a signed copy of the NOI. Ranch map(s) submitted to County Agricultural Commissioner for Pesticide Use Reports, or equivalent are acceptable. The Ranch/Farm Map should contain the following: 1. Location of ranch/farm including major and minor roads; 2. Points where irrigation runoff leaves the operation and ranch(s)/farm(s); 3. Location of proximal surface waterbodies, groundwater wells, tile drains, tailwater or irrigation ponds, and existing perennial, intermittent, or ephemeral streams or riparian or wetland area habitats; 4. Location of Latitude/Longitude Measurement.
<b>Section IX: Assessor Parcel Number(s) and Landowner(s)</b>	<b>All of the information in this section is required, except phone number and fax number which are optional.</b>
Assessor Parcel #'s	Provide landowner information for the designated and corresponding Assessor Parcel Number (APN) for each parcel. If there are multiple parcels, provide the information for each parcel. To include additional landowners, click on Add Additional Land Owner. If you need assistance determining your APN(s), please contact your local assessor's office.
Name of Landowner	Enter the name (first and last) of the landowner.
Contact Name	Enter the name (first and last) of the contact person.
Mailing Address, City, State, Zip	Enter the street number and street name where correspondence to the landowner should be sent (P.O. Box is acceptable). Enter the city, state and zip that applies to the mailing address.
Phone Number, Fax Number, E-mail Address	Enter the phone number, fax number, and e-mail address of the landowner contact person.
<b>Section X: Ranch/Farm Contact Information</b>	<b>All of the information in this section is required, except phone number and fax number which are optional.</b>
Ranch/Farm Contact	Enter the name (first and last) of the person responsible for managing the ranch and making the day-to-day decisions.
Mailing Address, City, State, Zip	Enter the street number and street name where correspondence to the Ranch/Farm contact should be sent (P.O. Box is acceptable). Enter the city, state and zip that applies to the mailing address.
Phone Number, Fax Number, E-mail Address	Enter the phone number, fax number, and e-mail address of the ranch/farm contact person.



<b>Notice of Intent - General Ranch Info</b>	
<i>SUBMIT ONLINE</i> <i>COMPLETE REQUIRED INFORMATION FOR EACH RANCH/FARM</i>	
<b>Section XI: Ranch/Farm Acreage and Practice Information</b>	<b>Respond appropriately to all of the fields in this section and provide the required information.</b>
Total Irrigated Acres	Report total irrigated acres that are 1). Irrigated to produce a crop and 2). In rotation within the next 12 months (does not include roads, ponds, non-agricultural or dry farmed areas).
Total Tailwater Acres	Total tailwater acres is auto calculated and populated with the sum of acres (A + B), reported under Irrigation Discharge Type(s): <i>A). Acres Discharging to <u>Ditches or Any Other Type of Surface Discharge</u>.</i> <i>B). Acres Discharging to <u>Tile Drains or Any Other Type of Sub-Surface Drainage System</u>.</i>
Irrigation Discharge Type(s)	Report Irrigation Discharge Type(s) for acres that are 1). Irrigated to produce a crop and 2). In rotation within the next 12 months, that are defined as: <i>A). Acres Discharging to <u>Ditches or Any Other Type of Surface Discharge</u></i> <i>B). Acres Discharging to <u>Tile Drains or Any Other Type of Sub-Surface Drainage System</u>.</i> <i>C). Acres Discharging to <u>Pond(s)</u>:</i>
Irrigation System Type(s)	Check the irrigation type(s) that most closely correspond to this ranch/farm.
Crop Type(s)	Check the crop type(s) that were grown in the past 12 months and/or will be in rotation within the next 12 months. For row crops, specifically state the crop by choosing from the drop down lists. For a complete list of selections for row crop (s), refer to page 4 of 4 of these instructions.
Specific Chemical Use	Check whether or not diazinon or chlorpyrifos have been used in the past 12 months and/or will be used during the next 12 months on the ranch/farm. These active ingredients are currently known to cause toxicity. Due to the fluctuating registrations of many materials, trade names are not listed. It is the responsibility of the applicant to determine use of these specific active ingredients and state which active ingredients are use on the ranch/farm.
<b>Section XII: Waterbody Information</b>	<b>Respond appropriately to the questions in this section, check all boxes that apply, and provide information.</b>
<b>Section XIII: Pesticide Permit Information</b>	<b>Respond appropriately to the questions in this section and provide the required information.</b>
Operator Identification Number	Report this information in the format provided. This information can be located on the "Production Agriculture Monthly Pesticide Use Report" submitted to the Agricultural Commissioner following pesticide application. Format:   XX   -   XX   -   XXXXXXXX county #   year    permit #
Site ID	Report this information as it is reported on the Pesticide Use Report. The site ID is the code assigned by the County Agricultural Commissioner that indicates a location where a pesticide application may occur.
Name of Permit Holder	Enter the name of the person who holds the permit for the Operator Identification Number to apply pesticides.



Drop Down List Selections

Selections Crop Type				
Row	Apple Artichoke Avocado Barley Bean, Dried Bean, Unspecified Beet Blackberry Blueberry Broccoli Brussel Sprout Cabbage Carrot Cauliflower	Celery Chicory Chinese Cabbage (Napa) Citrus Collard Corn Cucumber Daikon Endive Grape Grapes, Wine Kale Leek Lemon	Lettuce Mustard Oat Olive Onion, Dry Onion, Green Orange Other Parsley Pastureland Peach Pear Peas Pepper, Fruiting	Pistachio Potato Pumpkin Radish Raspberry Rutabaga Spinach Squash Strawberry Tomato Turnip Walnut Wheat

# SAMPLE Notice of Intent FORM

This is a SAMPLE FORM that can be used as a guide for submitting the Electronic Notice of Intent (NOI). Please refer to the instructions attached at the beginning of this SAMPLE FORM and ensure that you fill in the Electronic NOI with your own specific information, as it relates to your operation and ranch(s)/farm(s).

*Please note that an e-mail address is no longer required to submit an electronic NOI.*

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Thank you for submitting your electronic NOI. Please print, sign, and send a copy (Operation Information - Section I to Section VI) to the Central Coast Regional Water Quality Control Board (Water Board). Your enrollment will not be complete until the Water Board receives the Operator's/Responsible Party's signature on the printed copy of the submitted electronic NOI form. *If you did not upload your ranch/farm map(s) to the electronic form, you must submit copies of your map(s) when you send in your signature on the printed copy of the submitted electronic NOI form.*

**Mail a copy of the printed and signed form to:**

Central Coast Regional Water Quality Control Board  
Attention: Agricultural Regulatory Program  
895 Aerovista Place, Suite 101  
San Luis Obispo, CA 93401

If you have any questions regarding the electronic NOI or need further assistance, please contact:

**Water Board staff at (805) 549-3875 or [AgNOI@waterboards.ca.gov](mailto:AgNOI@waterboards.ca.gov)**

**AGRICULTURE REGULATORY PROGRAM - NOTICE OF INTENT - OPERATION INFO**

Language Preference:

 English Spanish Chinese Other:**Section I: Intent to Enroll Operation**

Name of Operation:	<input type="text" value="Enter the name of your operation"/>		
Operator / Responsible Party:	<input type="text" value="Enter the name of the Operator/RP"/>	Operation Contact:	<input type="text" value="Enter the name of the operation contact"/>
Business Mailing Address:	<input type="text" value="Enter the business mailing address"/>	City:	<input type="text" value="Enter City"/> State: <input type="text" value="CA"/> Zip: <input type="text" value="00000"/>
Phone Number:	<input type="text" value="000-000-0000"/>	Fax Number:	<input type="text" value="000-000-0000"/> E-mail Address: <input type="text" value="EnterEmail@email.com"/>

**Section II: Submittal Type**

Does this operation produce commercial crop(s)?  YES  NO If YES, continue providing information as requested.  
If NO, you do not need to enroll in the Agriculture Regulatory Program.

Is this operation currently enrolled in the Agricultural Regulatory Program?  YES  NO

If YES, provide AW#:  If NO, provide the date this operation started operating:  MM/DD/YYYY

Has this operation previously operated under a different AW#?  YES  NO

If YES, please provide the previous AW#(s) and Operation Names(s):  
 AW#:  Operation Name:  AW#:  Operation Name:

**Section III: Monitoring Selection**

- Cooperative Monitoring (conducted by Central Coast Water Quality Preservation, Inc.)
- Individual Monitoring (conducted by individual operation according to the Monitoring and Reporting Program)

**Section IV: Farm Water Quality Management Plan**

Has this operation developed a farm water quality management plan that includes ALL of the *required* elements ?  YES  NO  
*Required elements include: Irrigation Management, Nutrient Management, Pesticide Management, and Erosion Management.*

If YES, provide the date when the management plan was last updated:

**Section V: Certified Water Quality Education**

Has a representative from the above listed farming operation completed certified water quality education hours?  YES  NO

**Section VI: Authorization and Certification - Submittal ID: 1613004386**

Submission of this completed Notice of Intent (NOI) constitutes notice that the party/entity identified in Section I intends to be authorized to discharge pollutants to waters of the State of California associated with irrigated agriculture from the locations identified in sections VIII and IX, under Central Coast Regional Water Quality Control Board Order R3-2010-0040 (Order). Submission of this NOI also constitutes notice that the parties/entities identified in Section I and IX of this form have read and understand the Order, agrees to comply with all applicable terms and conditions of the Order, and understands that continued authorization under the Order is contingent on maintaining eligibility for coverage. In order to be granted coverage, all information required on this and other required forms must be completed. Please read and make sure you comply with all the Order requirements, including the requirements to protect water quality, conduct monitoring, prepare and implement a farm water quality management plan, and complete education hours.

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.

 Print Name Title Signature Date

**AGRICULTURE REGULATORY PROGRAM - NOTICE OF INTENT - GENERAL RANCH INFO**

**NOTE: NAVIGATING AWAY FROM THIS FORM BEFORE CLICKING THE  
ADD THIS RANCH BUTTON, MAY CAUSE YOU TO LOSE ALL ENTERED DATA**

Name of Operation: **Enter the name of your operation**

Ranch / Farm Name:

**Section VII: Submittal Type**

New Ranch / Farm Enrollment  
 Date operation started farming at this ranch/farm:

No Longer Farming at this Ranch / Farm  
 Update(s) to Already Enrolled Ranch / Farm

**Section VIII: Ranch Location**

Ranch Address / Location:  City:

**Provide Geographic Location of Ranch / Farm**

Manually Enter Measured GPS Coordinates     
  Mark the Ranch Location on an Interactive Map

Latitude:  Longitude:

THE LATITUDE / LONGITUDE ABOVE WAS CALCULATED FROM THE LOCATION MARKED ON THE MAP  
NOTE THAT THE MAP WILL NOT APPEAR ON THE PRINTED VERSION OF THIS FORM

**RANCH / FARM MAP(S)** [UPLOAD RANCH / FARM MAP\(S\)](#)  
 NO RANCH / FARM MAPS HAVE BEEN UPLOADED FOR THIS RANCH / FARM

**Section IX: Assessor Parcel Number(s) and Landowner(s)**

Assessor Parcel #(s):

The following individual is the :  Landowner  Trustee or Other Authorized Legal Representative of the Landowner

Name of Landowner:  Contact Name:

Mailing Address:  City:  State:  Zip:

Phone Number:  Fax Number:  E-mail Address:

**Section X: Ranch / Farm Contact Information**

Ranch / Farm Contact:

Mailing Address:  City:  State:  Zip:

Phone Number:  Fax Number:  E-mail Address:

**Section XI: Ranch Acreage Information**

Total Irrigated Acres:  Total Tailwater Acres   
 Equals A + B:

**Irrigation Discharge Type:** (fill in all that apply)

A). Acres Discharging to <u>Ditches or Any Other Type of Surface Discharge:</u>	<input type="text" value="0"/>
B). Acres Discharging to <u>Tile Drains or Any Other Type of Sub-Surface Drainage System:</u>	<input type="text" value="0"/>
C). Acres Discharging to <u>Pond(s):</u>	<input type="text" value="0"/>

**Irrigation System Type(s):** (check all that apply)

Micro-irrigation year round (drip and micro-sprinklers) and no pre-irrigation  
 Sprinklers used for pre-irrigation only and then micro-irrigation  
 Sprinklers used for germination or in the growing season  
 Surface irrigation systems (furrow and/or flood) throughout the growing season, at any point in time, and/or in combination with any other irrigation system type  
 Other:

**Crop Type(s):** (check and/or state for all that apply)

Row (select specific crop(s) from drop down lists):     
 Vineyard       Nursery       Orchard       Greenhouse

**Specific Chemical Use:** (check all that apply)

Diazinon       Chlorpyrifos

**Section XII: Waterbody Information**

Is this ranch/farm adjacent to a waterbody:  YES  NO

If YES, provide name of waterbody:

Additional waterbody name:

Additional waterbody name:

Does a waterbody pass through or exist on this ranch/farm?:  YES  NO

If YES, provide name of waterbody:

Additional waterbody name:

Additional waterbody name:

**Section XIII: Pesticide Permit Information**

Are pesticides applied on this ranch / farm?  YES  NO

If YES, are they applied under a Department of Pesticide Regulation Permit?  YES  NO

Operator Identification Number:  
(for Pesticide Applications on Ranch/Farm)

-  -

Site ID:

Name of Permit Holder:

Site ID: