

Irrigated Lands Regulatory Program NOTICE OF INTENT

to comply with the
Conditional Waiver for Irrigated Lands adopted by Resolution R4-2016-0143

Instructions: Please print or type in black ink. Enrollment under the Conditional Waiver for Irrigated Lands requires the submittal of a Notice of Intent and Monitoring and Reporting Plan. Both documents must be submitted for review and approval by the Regional Board Executive Officer. The submittal of a Notice of Intent without a Monitoring and Reporting Plan is not valid for enrollment under the Conditional Waiver for Irrigated Lands. This form must be signed to be valid (Section 5).

ENROLLMENT INFORMATION (SECTION 1)	
Name	Business or Farm Name
Mailing Address	
Email Address	Phone
<input type="checkbox"/> Landowner	<input type="checkbox"/> Lessee
If checked Lessee, provide Landowner Name	
Pesticide Use Permit Number (operator ID number)	

OPERATION INFORMATION (SECTION 2)			
Assessor Parcel Number	Parcel Size (Acres)	Location (Parcel Address or GPS Coordinates)	County
TYPE OF OPERATION (mark all that apply)			
<input type="checkbox"/> Conventional Operation	<input type="checkbox"/> row crops	<input type="checkbox"/> orchard	<input type="checkbox"/> irrigated pasture <input type="checkbox"/> vineyard <input type="checkbox"/> other
<input type="checkbox"/> Organic Operation (documentation of certification required, please attach)	<input type="checkbox"/> row crops	<input type="checkbox"/> orchard	<input type="checkbox"/> irrigated pasture <input type="checkbox"/> vineyard <input type="checkbox"/> other
<input type="checkbox"/> Nursery	<input type="checkbox"/> ≤ 5 acres	<input type="checkbox"/> > 5 acres	Nursery License #

IRRIGATION
 (mark all that apply)

<input type="checkbox"/> Drip	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Furrow	<input type="checkbox"/> Hand water	<input type="checkbox"/> Other
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REASON FOR FILING

<input type="checkbox"/> New Discharger/Farm/Facility	<input type="checkbox"/> Existing Discharge/Farm/Facility	<input type="checkbox"/> Expansion of Farm/Facility	<input type="checkbox"/> Change in Owner/Operator	<input type="checkbox"/> Other
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OTHER REQUIRED INFORMATION
 (SECTION 3)

Please attach an appropriate site map (e.g., 7.5' USGS quadrangle map or satellite image) illustrating the boundaries of the operation and identifying the surface water(s) to which you discharge.

ADDITIONAL INFORMATION
 (SECTION 4)

(Use the space below, or attach additional material, to clarify any response or provide additional information.)

CERTIFICATION
 (SECTION 5)

"I certify under penalty of law that to the best of my knowledge and belief, this document and any attachments submitted are, true, accurate, and complete and were prepared by me or under my direction or supervision. I am aware that there are significant penalties for knowingly submitting false information."

Printed Name	Signature
Title	Date

FORM SUBMITTAL

Send the completed Notice of Intent and Monitoring and Reporting Plan to:

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, LOS ANGELES REGION
 ATTN: Irrigated Lands Regulatory Program
 320 W. 4th Street, Suite 200
 Los Angeles, CA 90013

Assistance with this form may be obtained by contacting the Regional Board
 Phone: (213) 576-6600