**State Water Resources Control Board**

Division of Water Quality, 1001 I Street, 15th floor• Sacramento, California 95814 • (916) 341-5455

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FAX (916) 341-5463 • Internet Address: <http://www.waterboards.ca.gov/>

**NOTICE OF INTENT**

**TO COMPLY WITH THE TERMS OF**

**GENERAL 401 WATER QUALITY CERTIFICATION ORDER FOR**

**SMALL HABITAT RESTORATION PROJECTS**

**ORDER NUMBER: SB12006GN**

|  |  |  |  |
| --- | --- | --- | --- |
| **Regional Water Quality Control Board (Regional Water Board) and State Water Resources Control Board (State Water Board) - *FOR AGENCY TRACKING USE ONLY*** | | | |
| *WDID:* | *Regional Board Office:* | *Date NOI Received:* | *Check No:* |
|  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I. NOTICE OF INTENT STATUS**

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| --- | --- |
| MARK ONLY ONE ITEM: | New Application Change of Information for WDID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Coho HELP Act Project |

**II. PROJECT and APPLICANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Title: | Click here to enter text. | | |
| Applicant Name: | Click here to enter text. | | |
| Business/Agency: | Click here to enter text. | | |
| Street Address: | Click here to enter text. | | |
| City, County, State, Zip: | Click here to enter text. | | |
| Telephone: | Click here to enter text. | Fax | Click here to enter text. |
| E-mail: | Click here to enter text. | | |

**III. PROPERTY OWNER  Check Box if Same As Above**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Street Address: | Click here to enter text. | | |
| City, County, State, Zip: | Click here to enter text. | | |
| Telephone: | Click here to enter text. | Fax | Click here to enter text. |
| E-mail: | Click here to enter text. | | |

**IV. PROJECT LOCATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A. Address or description of project location. | | | | | | |
| Click here to enter text. | | | | | | |
| B. Check box to verify that a map of at least 1:24000 (1” = 2000’) detail of the proposed project site (e.g., USGS 7.5 minute topo map) is enclosed: | | | | | Project Map Enclosed | |
| C. County: | Click here to enter text. | | | | | |
| D. Assessor’s Parcel No.: | Click here to enter text. | | | | | |
| E. Coordinates (*If available, provide at least latitude/longitude or UTM coordinates. Check appropriate boxes)* | | | | | | |
| Latitude/Longitude: | | *Latitude:* | Click here to enter text. | *Longitude:* | | Click here to enter text. |
| Degrees/Minutes/Seconds Decimal DegreesDecimal | | | | |
| UTM coordinates: | | *Easting:* | Click here to enter text. | *Northing:* | | Click here to enter text. |
| Datum or UTM | | NAD 27  NAD 83 or WGS 84 | | | | |
| F. River(s), stream(s), lake(s), or wetland(s) affected by the project: | | | Click here to enter text. | | | |
| G. Name the receiving watershed or water body: | | | Click here to enter text. | | | |
| H. Is the river or stream segment affected by the project listed in the state or federal [Wild and Scenic Rivers Acts](http://www.rivers.gov/rivers/index.php)? | | | yes  no  Unknown | | | |
| I. Is the watershed listed as impaired under [Section 303(d) of the Clean Water Act](http://maps.waterboards.ca.gov/webmap/303d/files/2010_USEPA_approv_303d_List_Final_122311.xls)? | | | yes  no | Pollutant Category(ies):  Click here to enter text. | | |
| J. Has a [Total Maximum Daily Load](http://www.waterboards.ca.gov/water_issues/programs/tmdl/) been established for the impairment? | | | yes  no  Unknown | TMDL Name:  Click here to enter text. | | |

**V. PROJECT INFORMATION**

|  |
| --- |
| A. What is the primary purpose for the project? (*check one or more boxes below)* |
| Fish Habitat Improvement  Wetland Restoration  Native Plant Restoration  Bioengineering  Barrier Removal  Stream Bank Stabilization  Sediment Control Project  Invasive Plant Control  Large Woody Material Enhancement  Watercourse Crossing Replacement  Other:Click here to enter text. |

**V. PROJECT INFORMATION (Cont.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| B. Estimated Project Term: | Beginning  (Month / Year*)* | Click here to enter text. | Ending  (Month / Year) | | Click here to enter text. |
| C. Seasonal Work Period: | Click here to enter text. | | | | |
| D. Estimated Total Number of Work Days: | Click here to enter text. | | | | |
| E. Describe the project in detail and enclose diagrams, drawings, plans, and/or maps that provide all of the following: site specific construction details; dimensions of each structure; extent of activity in the bed channel, bank or floodplain; where equipment will enter or exit the area, if applicable, project overview showing the location of each structure and calculations at each site of area of disturbance. (*Attach additional sheets as needed*). | | | | | |
| Click here to enter text. | | | | | |
| F. Specify the equipment and machinery (if any) that will be used to complete the project. Describe in detail the measures that will be taken to prevent discharges and spills of oil, grease, and other petroleum products. | | | | | |
| Click here to enter text. | | | | | |
| G. Will water be present during the proposed work period: | | | | yes  no  Unknown | |
| H. Will the proposed project require work in the wetted portion of the channel? If yes, please describe the work that will be required, the type of equipment to be used, whether the channel will need to be dewatered, and how long equipment will be in the wetted portion of the channel. | | | | yes  no  Unknown | |
| Click here to enter text. | | | | | |
| I. Verify that the project is not part of a compensatory mitigation project (e.g. Cleanup and Abatement Order, Supplemental Environmental Project, etc.). | | | | I verify this to be true. | |
| J. Verify that the primary project purpose is habitat restoration. This project is not proposed as part of a larger project whose primary purpose is not habitat restoration (e.g. land development or flood management). | | | | I verify this to be true. | |
| K. Verify that this project shall not exceed five acres or 500 linear feet of stream bank or coastline. | | | | I verify this to be true. | |

**VI. DISCHARGE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| A. Within the box provided below, identify the type(s) of material that are proposed to be introduced, or “discharged” into Waters of the State as a result of the project. | | | |
| Soil  Rock Rip-Rap  Native Vegetation  Non-native Vegetation  Large woody material  Rootwads  Erosion Control Materials (jute netting, straw wattles, etc.)  Culverts  Anchoring (bolts, cables, rebar, chains, etc.)  Fertilizers  Pesticides[[1]](#footnote-1)  Other:Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| B. For each of the materials identified above, identify the volume or quantity of material that is intended to be introduced or “discharged” into Waters of the State. Declare whether or not the material type is expected to cause a “temporary” or “permanent” effect. Include estimates of incidental material discharges that may occur from project implementation, or as a result of post-project adjustment. | | | |
| Material Type | Volume or Number | Temporary Effect | Permanent Effect |
| 1.Click here to enter text. | Click here to enter text. | yes  no | yes  no |
| 2.Click here to enter text. | Click here to enter text. | yes  no | yes  no |
| 3.Click here to enter text. | Click here to enter text. | yes  no | yes  no |
| 4.Click here to enter text. | Click here to enter text. | yes  no | yes  no |
| 5.Click here to enter text. | Click here to enter text. | yes  no | yes  no |
| C. In the space provided below, describe the intended purpose, or reason for the discharges associated with each of the material type(s) listed above: | | | |
| Click here to enter text. | | | |

**VII. PROJECT SIZE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. For each of the applicable water body type(s) listed below, indicate the area(s) in ACRES and LINEAR FEET that will be affected by the project and identify the impact(s) as permanent or temporary. For project disturbance outside of Waters of the State, estimate the total disturbance in acres (lineal feet does not apply) as “Non-jurisdictional Areas.” | | | | |
| *Project Size Calculator is attached.* | | | | |
| Water Body Type | Temporary Impact | | Permanent Impact | |
| Acres | Lineal Feet | Acres | Lineal feet |
| Wetland | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Riparian | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Streambed/Stream bank | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Lake/Reservoir | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Ocean/Estuary/Bay | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Non-jurisdictional Areas[[2]](#footnote-2) | Click here to enter text. |  | Click here to enter text. |  |
| TOTAL AREA AFFECTED: | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| B. Additional information relative to Project Size can be included in the space provided below: | | | | |
| Click here to enter text. | | | | |

**VIII. MONITORING AND REPORTING PLAN**

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| A Monitoring and Reporting Program must be included with the *Notice of Intent* and shall include the following information relative to the proposed project: |
| **MONITORING PLAN**  ***Monitoring Plan is attached (check box)*** |
| A. Function(s) of the impacted water resources:  Click here to enter text. |
| B. Project purpose, goal(s), and performance standards:  Click here to enter text. |
| C. Measurable performance standards appropriate to each goal:  Click here to enter text. |
| D. Monitoring parameters and protocols used to determine whether performance standards have been met:  Click here to enter text. |
| E. The timeframe and responsible party for determining attainment of performance standards:  Click here to enter text. |
| F. Monitoring schedule:  :Click here to enter text. |
| G. Annual Reporting Schedule for the period stated as required for achievement of performance standards:  Click here to enter text. |
| **REPORTING PLAN**  ***Reporting Plan is attached (check box)*** |
| Monitoring Reports shall be submitted by the applicant on an annual basis to the appropriate agencies as provided in the Monitoring Plan, documenting status of achievement of performance standards and project goals. Monitoring Reports shall include: |
| A. Summary of findings:  Click here to enter text. |
| B. Identification and discussion of problems with achieving performance standards:  Click here to enter text. |
| C. Proposed corrective measures (requires Regional Water Board approval):  Click here to enter text. |
| D. Monitoring data:  Click here to enter text. |

**IX. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)**

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| All projects utilizing this General 401 Certification form must comply with the terms of the California Environmental Quality Act. The General 401 Certification was designed for use with the Categorical Exemption for Small Habitat Restoration Projects (CEQA Title 14, Chapter 3, Article 19, Section 15333), although other CEQA analyses may also be used. Please review the categorical exemption to ensure conformance with CEQA (<http://ceres.ca.gov/ceqa/guidelines/15300-15333_web.pdf>). | | |
| This project conforms to the requirements of CEQA through the Categorical Exemption for Small Habitat Restoration Projection (Section 15333). | yes  no | Other CEQA Document  Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**APPLICATION REQUIREMENTS AND FEES**

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| --- | --- | --- |
| Permit: | Submit Application to following agencies: | Time Restrictions: |
| General 401 Certification for Small Habitat Restoration Projects: | Program Manager, Certification and Wetlands Program, Regional Water Quality Control Board (address to appropriate Regional Water Board Board) | Must be submitted at least 30 days prior to proposed discharge. |
| Fees: | Fees are subject to the most current Dredge & Fee calculator. Refer to the resources for applicants section of the Dredge/Fill (401) and Wetlands program web site for the most current fee information.  <http://www.waterboards.ca.gov/water_issues/programs/cwa401/#resources> | |

**X. SIGNATURE / CERTIFICATION**

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| --- |
| State Water Resources Control Board: Notice of Intent to Comply with the Terms of General Water Quality Certification for Small Habitat Restoration Projects  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 property 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/or imprisonment. Additionally, I certify that all provisions of the permit will be complied with, including development and implementation of a monitoring plan. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name |

1. The point source discharge of aquatic pesticides into Waters of the United States requires a separate National Pollutant Discharge Elimination System (NPDES) permit administered by the State Water Resources Control Board. Information about pesticide permits can be found at the following Web address: http://www.waterboards.ca.gov/water\_issues/programs/npdes/aquatic.shtml [↑](#footnote-ref-1)
2. The categorical exemption for small habitat restoration projects (Title 14, California Code of Regulations, Division 6, Chapter 3, *Guidelines for Implementation for the California Environmental Quality Act* (CEQA), Article 19, section 15333) requires projects to be no more than 5 acres in size. Total project size for the Categorical Exemption for permitting from the Disturbance estimates for “Non-jurisdictional Areas” are included for the purpose of coordinating project size with the California Department of Fish and Wildlife’s Lake and Streambed Alteration Agreement (LSAA), or 1600 Permit, which includes areas outside of Waters of the State. [↑](#footnote-ref-2)