Attachment E - NOTICE OF INTENT

WATER QUALITY ORDER 2016-0039-DWQ
GENERAL PERMIT CAG990004

STATEWIDE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT FOR BIOLOGICAL AND RESIDUAL PESTICIDE DISCHARGES TO WATERS OF THE UNITED STATES FROM VECTOR CONTROL APPLICATIONS

I. NOTICE OF INTENT STATUS (see Instructions)

Mark only one item

A. New Applicator
B. Change of Information: WDID#
C. Change of ownership or responsibility: WDID#
D. Enrolled under Order 2011-0002-DWQ: WDID#

II. DISCHARGE INFORMATION

A. Name ________________________________
B. Mailing Address ____________________________
C. City ____________________________
D. County ____________________________
E. State ____________________________
F. Zip Code ____________________________
G. Contact Person ____________________________
H. Email address ____________________________
I. Title ____________________________
J. Phone ____________________________

III. BILLING ADDRESS (Enter information only if different from Section II above)

A. Name ________________________________
B. Mailing Address ____________________________
C. City ____________________________
D. County ____________________________
E. State ____________________________
IV. RECEIVING WATER INFORMATION

A. Biological and residual pesticides discharge to (check all that apply)*:

1. Canals, ditches, or other constructed conveyance facilities owned and controlled by Discharger.
   Name of the conveyance system: _________________________________

2. Canals, ditches, or other constructed conveyance facilities owned and controlled by an entity other than the Discharger.
   Owner’s name: _________________________________
   Name of the conveyance system: _________________________________

3. Directly to river, lake, creek, stream, bay, ocean, etc.
   Name of water body: _________________________________

*A map showing the affected areas for items 1 to 3 above may be included.

B. Regional Water Quality Control Board(s) where application areas are located
   (REGION 1, 2, 3, 4, 5, 6, 7, 8, or 9): Region _________________________________
   (List all regions where pesticide application is proposed.)
   A map showing the locations of A1-A3 in each Regional Water Board shall be included.

V. PESTICIDE APPLICATION INFORMATION

A. Target Organisms:

   Vector Larvae    Adult Vector

B. Pesticide Used: List name, active ingredients and, if known, degradation by-products

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

C. Period of Application:

   Start Date ____________________  End Date ____________________
VI. PESTICIDES APPLICATION PLAN

A. Has a Pesticides Application Plan been prepared?*
   Yes  No
   If not, when will it be prepared?
   *A copy of the Pesticides Application Plan shall be included with the NOI.

B. Is the applicator familiar with its contents?
   Yes  No
   Have potentially affected governmental agencies been notified?
   Yes  No
   *If yes, a copy of the notifications shall be attached to the NOI.

VIII. FEE

Have you included payment of the filing fee (for first-time enrollees only) with this submittal?
   Yes  No  NA

IX. 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 Order, including developing and implementing a monitoring program, will be complied with.”

A. Printed Name:__________________________________________________________

B. Signature:_________________________ Date:_________________________

C. Title:______________________________________________________________

X. FOR STATE WATER BOARD USE ONLY

WDID:__________ Date NOI Received:__________ Date NOI Processed:__________