

Attachment E – Notice of Intent

**WATER QUALITY ORDER NO. 2013-0002-DWQ
 GENERAL PERMIT NO. CAG990005**

**STATEWIDE GENERAL NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES) PERMIT FOR RESIDUAL AQUATIC PESTICIDE DISCHARGES TO WATERS OF
 THE UNITED STATES FROM ALGAE AND AQUATIC WEED CONTROL APPLICATIONS**

I. NOTICE OF INTENT STATUS (see Instructions)

Mark only one item	A. New Applicator	B. <input checked="" type="checkbox"/> Change of Information: WDID# <u>CAG990005</u>
	C. <input type="checkbox"/> Change of ownership or responsibility: WDID# _____	

II. DISCHARGER INFORMATION

A. Name California Department of Parks and Recreation, Division of Boating and Waterways			
B. Mailing Address One Capitol Mall, Suite 410			
C. City Sacramento	D. County Sacramento	E. State CA	F. Zip 95814
G. Contact Person Angela Calderaro	H. E-mail address Angela.Calderaro@parks.ca.gov	I. Title Sr. ES Supervisor	J. Phone 916-591-9904

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

A. Name			
B. Mailing Address			
C. City	D. County	E. State	F. Zip
G. E-mail address	H. Title	I. Phone	

IV. RECEIVING WATER INFORMATION

A. Algaecide and aquatic herbicides are used to treat (check all that apply):	
1. <input type="checkbox"/>	Canals, ditches, or other constructed conveyance facilities owned and controlled by Discharger. 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 Discharger. Owner's name: _____ Name of the conveyance system: _____
3. <input checked="" type="checkbox"/>	Directly to river, lake, creek, stream, bay, ocean, etc. Name of water body: <u>Sacramento-San Joaquin Delta, its tributaries and the Suisun Marsh</u>
B. Regional Water Quality Control Board(s) where treatment areas are located (REGION 1, 2, 3, 4, 5, 6, 7, 8, or 9): <u>Region 5</u> (List all regions where algaecide and aquatic herbicide application is proposed.)	

V. ALGAEICIDE AND AQUATIC HERBICIDE APPLICATION INFORMATION

A. Target Organisms: _____ EDCP APAP: Egeria densa, Eurasian watermilfoil, cootail, fanwort, curly leaf pondweed.
B. Algaecide and Aquatic Herbicide Used: List Name and Active ingredients Clearcast (imazamox) Galleon (penoxsulam) SonarOne, SonarPR, and SonarQ (fluridone) Reward (diquat dibromide) Aquathol K (endothall)
C. Period of Application: Start Date <u>March 1 (annual)</u> End Date <u>November 30 (annual)</u>
D. Types of Adjuvants Used: N/A

VI. AQUATIC PESTICIDE APPLICATION PLAN

Has an Aquatic Pesticide Application Plan been prepared and is the applicator familiar with its contents? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If not, when will it be prepared? _____

VII. NOTIFICATION

Have potentially affected public and governmental agencies been notified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

VIII. FEE

Have you included payment of the filing fee (for first-time enrollees only) with this submittal?
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GENERAL NPDES PERMIT FOR RESIDUAL
 AQUATIC PESTICIDE DISCHARGES FROM
 ALGAE AND AQUATIC WEED CONTROL APPLICATIONS

ORDER 2013-0002-DWQ
 (AS AMENDED BY ORDERS 2014-0078-DWQ,
 2015-0029-DWQ and 2016-0073-EXEC)
 NPDES NO. CAG990005

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 General Permit, including developing and implementing a monitoring program, will be complied with."

A. Printed Name: Angela Calderaro

B. Signature:  Date: 6/25/19

C. Title: Senior Environmental Scientist (Supervisor)

XI. FOR STATE WATER BOARD STAFF USE ONLY

WDID:	Date NOI Received:	Date NOI Processed:
Case Handler's Initial:	Fee Amount Received: \$	Check #:
<input type="checkbox"/> Lyris List Notification of Posting of APAP	Date _____	Confirmation Sent _____