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)

<table>
<thead>
<tr>
<th>Mark only one item</th>
<th>A. New Applicator</th>
<th>B. ✓ Change of Information: WDID# CAG990005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C. Change of ownership or responsibility: WDID#</td>
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II. DISCHARGER INFORMATION

<table>
<thead>
<tr>
<th>A. Name</th>
<th>B. Mailing Address</th>
<th>C. City</th>
<th>D. County</th>
<th>E. State</th>
<th>F. Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Department of Parks and Recreation, Division of Boating and Waterways</td>
<td>One Capitol Mall, Suite 410</td>
<td>Sacramento</td>
<td>Sacramento</td>
<td>CA</td>
<td>95814</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Contact Person</th>
<th>H. E-mail address</th>
<th>I. Title</th>
<th>J. Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela Calderaro</td>
<td><a href="mailto:Angela.Calderaro@parks.ca.gov">Angela.Calderaro@parks.ca.gov</a></td>
<td>Sr. ES Supervisor</td>
<td>916-591-9904</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A. Name</th>
<th>B. Mailing Address</th>
<th>C. City</th>
<th>D. County</th>
<th>E. State</th>
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<tr>
<th>G. E-mail address</th>
<th>H. Title</th>
<th>I. Phone</th>
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### IV. RECEIVING WATER INFORMATION

**A.** Algaecide and aquatic herbicides are used to treat (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: _______________________________________________________________________

**B.** Regional Water Quality Control Board(s) where treatment areas are located (REGION 1, 2, 3, 4, 5, 6, 7, 8, or 9): Region _____________________________________________

(List all regions where algaecide and aquatic herbicide application is proposed.)

### V. ALGAECIDE 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 March 1 (annual)  End Date November 30 (annual)

**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?

✓ Yes  □ No

If not, when will it be prepared? ____________________

### VII. NOTIFICATION

Have potentially affected public and governmental agencies been notified? ✓ Yes  □ No

### VIII. FEE

Have you included payment of the filing fee (for first-time enrollees only) with this submittal?
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,
2015-0025-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: [Signature]
   Date: 6/25/19
C. Title: Senior Environmental Scientist (Supervisor)

XI. FOR STATE WATER BOARD STAFF USE ONLY

<table>
<thead>
<tr>
<th>WDID:</th>
<th>Date NOI Received:</th>
<th>Date NOI Processed:</th>
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</thead>
<tbody>
<tr>
<td>Case Handler's Initial:</td>
<td>Fee Amount Received:</td>
<td>Check #:</td>
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</tr>
<tr>
<td>☐ Lyris List Notification of Posting of APAP</td>
<td>Date</td>
<td>Confirmation Sent</td>
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ATTACHMENT E – NOTICE OF INTENT

E-3
February 23, 2016