



Linda S. Adams  
Secretary for  
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# State Water Resources Control Board



Arnold Schwarzenegger  
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## Division of Water Quality

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## NOTICE OF INTENT

**TO COMPLY WITH THE TERMS OF WATER QUALITY ORDER NO. 2004-0008-DWQ  
STATEWIDE GENERAL NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT  
FOR DISCHARGES OF AQUATIC PESTICIDES TO SURFACE WATERS  
OF THE UNITED STATES FOR VECTOR CONTROL  
GENERAL PERMIT NO. CAG990004**

### I. NOTICE OF INTENT STATUS (See Instructions)

MARK ONLY ONE ITEM    1  New Applicator    2  Change of Information for WDID#

### II. PESTICIDE APPLICATOR INFORMATION

|                    |           |          |          |
|--------------------|-----------|----------|----------|
| A. Name/Agency     |           |          |          |
| B. Mailing Address |           |          |          |
| C. City            | D. County | E. State | F. Zip   |
| G. Contact Person  |           | H. Title | I. Phone |

### III. RECEIVING WATER INFORMATION

|  |
|--|
| <p>A. Provide a description of the types of waters of the United States that are usual treatment areas for potential vector control:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>                     |
| <p>B. Regional Water Quality Control Board(s) where application sites are located<br/>(Region 1, 2, 3, 4, 5, 6, 7, 8, or 9): REGION(S) _____<br/>(List all regions where pesticide application is proposed.)</p> |

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C. Name of receiving water(s): (river, lake, creek, stream, bay, ocean):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. PESTICIDE APPLICATION INFORMATION**

A. Target Organism: \_\_\_ Mosquito \_\_\_ Black Fly \_\_\_ Biting Midge

\_\_\_ OTHER (identify): \_\_\_\_\_

B. Aquatic Pesticides Used: List Name and Active ingredients:

\_\_\_\_\_  
\_\_\_\_\_

C. Period of Application: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

D. Types of Adjuvants Used: \_\_\_\_\_

**V. VICINITY MAP AND FEE**

A. Have you included vicinity map(s) with this submittal? ..... YES  NO   
Separate vicinity maps must be submitted for each Region where a proposed discharge will occur.

B. Have you included payment of the filing fee (for first-time enrollees only), with this submittal? YES  NO

**VI. MONITORING AND REPORTING REQUIREMENTS**

This permit includes a requirement to develop and implement an Individual Pesticide Monitoring Plan or participate in a Regional Pesticide Monitoring Program. Check the applicable Box or Boxes.

I will develop an Individual Pesticide Monitoring Plan in accordance with the permit requirements .....

I will participate in a Regional Pesticide Monitoring Program developed in accordance with the Permit requirements .....

**VII. 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

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

**A. Printed Name:**

**B. Signature:**

**Date:**

**C. Title:** \_\_\_\_\_

**VIII. FORM A SUBMITTAL INFORMATION**

Send the completed and signed form A along with the filing fee, supporting documentation, and vicinity map(s) to the appropriate Regional Board.

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**INSTRUCTIONS**

**FOR COMPLETING THE NOTICE OF INTENT TO DISCHARGE**

**WATER QUALITY ORDER NO. 2004-0008-DWQ  
STATEWIDE GENERAL NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
(NPDES) PERMIT FOR THE DISCHARGE OF AQUATIC PESTICIDES TO SURFACE WATERS  
OF THE UNITED STATES FOR VECTOR CONTROL (GENERAL PERMIT)  
GENERAL PERMIT NO. CAG990004**

These instructions are intended to help you, the discharger, complete the Notice of Intent (NOI) form for the general National Pollutant Discharge Elimination System (NPDES) permit. **Please type or print clearly when completing the NOI form and vicinity map(s).**

One NOI should be submitted by each owner/agency to cover all proposed discharges within the boundaries of each Regional Water Quality Control Board (Regional Board). If proposed discharges will occur in more than one Region, submit extra copies of the NOI and maps for each Region where a discharge will occur. Only one annual fee is required for each owner/agency.

**Section I – NOI Status**

Please mark whether this is the first time requesting coverage under this General Permit or if this is a change of information for a discharge already covered under this General Permit. If this is a change of information, please supply the eleven-digit Waste Discharge Identification (WDID) number for the discharge.

**Section II – Pesticide Applicator Information**

- A. Name** - The name (first and last) of the owner/operator. If the owner/operator is a company or agency, put the name of the company or agency in this space.
- B. Mailing Address** - The street number and street name where mail and correspondence should be sent (P.O. Box is acceptable).
- C. City** - The city that applies to the mailing address given.
- D. County** - The county that applies to the mailing address given.
- E. State** - The state that applies to the mailing address given.
- F. Zip Code** - The zip code that applies to the mailing address given.
- G. Contact Person** - The name (first and last) of the contact person for the owner/operator (agency, company, etc.) listed above.
- H. Title** - The contact person's title.
- I. Phone** - Daytime telephone number of the owner/operator.

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**Section III – Receiving Water Information**

- A. Provide a description of the types of waters of the United States that are usual treatment areas for potential vector control.
- B. List all Region numbers where pesticide application is proposed. Regional Board boundaries are defined in section 13200 of the California Water Code. The numbers for each Region are given below and a map is attached.
- |  |  |
|--|--|
| 1- North Coast                                     | 2- San Francisco Bay                           |
| 3- Central Coast                                   | 4- Los Angeles                                 |
| 5- Central Valley<br>(Sacramento, Fresno, Redding) | 6- Lahontan<br>(South Lake Tahoe, Victorville) |
| 7- Colorado River Basin                            | 8- Santa Ana                                   |
| 9- San Diego                                       |  |
- C. Enter the name of the receiving water that the conveyance empties into, or, if applicable, the name of the water body to which the pesticide is directly applied.

**Section IV – Pesticide Application Information**

- A. Check the appropriate target organism. If the target organism is not listed, check OTHER, and list the name or type of target organism in the space provided.
- B. List the name and active ingredients of each pesticide to be used.
- C. List the start and end date of proposed pesticide application season.
- D. List the name(s) and type(s) of adjuvants that will be used.

**Section V – Vicinity Map and Fee**

- A. If you have included vicinity map(s) with your Form A submittal, check the YES; if you have not included the vicinity map(s), check the NO box. **NOTE:** Vicinity map(s) of the proposed pesticide application site must be received before your permit can be issued. You must submit separate vicinity map(s) for each Regional Board service area where a discharge is proposed. If applying for coverage under Region 5, please send in two additional copies of the required map; if applying for coverage under Region 6, please send in one additional copy of the required map.
- B. Check the YES box if you have included with your Form A submittal payment of the annual fee for a Category 3 discharge specified in Title 23, California Code of Regulations, section 2200(b)(9). Check the NO box if you have not included this payment. **NOTE:** Payment of this fee must be received before you can obtain coverage under this General Permit. You will be invoiced annually, and payment is required to continue coverage.

**Section VI – Monitoring and Reporting Requirements**

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Check the appropriate box specifying the type of monitoring program you intend to use. Either you will implement an Individual Monitoring Plan or participate in a Regional Monitoring Plan. Check both boxes if you plan on utilizing both options.

**Section VII - Certification**

- A. **Printed Name** - Please print your name legibly. This section should be filled out by the person responsible according to section B.1.a. of the Standard Provisions (Attachment C).
- B. **Signature and Date** - Signature of person whose name is printed above, and the date signed.

**Title** – The title of the person signing the NOI.