



CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL VALLEY REGION
IRRIGATED LANDS REGULATORY PROGRAM

Notice of Intent (NOI) for Individual Dischargers

To obtain regulatory coverage and comply with Waste Discharge Requirements General Order for discharges from irrigated lands within the Central Valley Region for dischargers not participating in a Third-Party Group, Order R5-2013-0100.

You must complete the entire form. Please send the completed, signed form to the Central Valley Water Board. Instructions for filling out and sending this form start on page 4.

1. Landowner Information:

1a. Landowner Name:	1c. Landowner Phone #:
1b. Landowner Mailing Address:	1d. Landowner Email:
1e. Have you received a Directive Letter or an Order from the Water Board? Yes <input type="checkbox"/> No <input type="checkbox"/>	
1f. Is the landowner also the operator of the irrigated lands operation? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If you checked Yes, skip Operator Information 2a through 2d)</i>	

2. Operator Information:

(If there is more than one tenant operator, please attach additional sheets for sections 2, including identification of parcels operated by each tenant.)

2a. Operator Name:	2c. Operator Phone #:
2b. Operator Mailing Address:	2d. Operator Email:

3. Operation Information:

(If there is more than one tenant operator, please attach additional sheets for sections 3, including identification of parcels operated by each tenant.)

Please list parcels for which you would like to obtain regulatory coverage.

Please see the Instructions for parcels that were listed in a Directive Letter or other correspondence from the Central Valley Water Board that do not need regulatory coverage.

Name of Operation: _____

Parcel Information (attach additional sheets as necessary)

For instructions regarding how to complete the information required below, please refer to **Section 3. Parcel Information** on page 4.

County	Assessor's Parcel Number (APN)	Acres of Irrigated Cropland	Crop type(s) or other land use	Irrigation method(s)	Receiving Surface Water Name(s)

Pesticide Information (attach additional sheets as necessary)

For instructions regarding how to complete the information required below, please refer to **Section 3. Pesticide Information** on page 5.

Operator Identification Number (OIN)	County	Name of OIN holder	Site ID number(s) associated with OIN

Pesticide Active Ingredients:

Check the box next to any pesticide active ingredients that may be used onsite:

- | | | | |
|---------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> 2,4-D | <input type="checkbox"/> Copper | <input type="checkbox"/> Diuron | <input type="checkbox"/> Parathion-methyl |
| <input type="checkbox"/> Aldicarb | <input type="checkbox"/> Cyfluthrin | <input type="checkbox"/> Esfenvalerate/Fenvalerate | <input type="checkbox"/> Permethrin |
| <input type="checkbox"/> Atrazine | <input type="checkbox"/> Cyhalothrin | <input type="checkbox"/> Malathion | <input type="checkbox"/> Prometon |
| <input type="checkbox"/> Bentazon | <input type="checkbox"/> Cypermethrin | <input type="checkbox"/> Norflurazon | <input type="checkbox"/> Prometryn |
| <input type="checkbox"/> Bifenthrin | <input type="checkbox"/> Dichlorvos | <input type="checkbox"/> Oryzalin | <input type="checkbox"/> Propanil |
| <input type="checkbox"/> Bromacil | <input type="checkbox"/> Dimethoate | <input type="checkbox"/> Oxyfluorfen | <input type="checkbox"/> Simazine |
| <input type="checkbox"/> Chlorpyrifos | <input type="checkbox"/> Disulfoton | <input type="checkbox"/> Paraquat | <input type="checkbox"/> Thiobencarb |

Map of Operation

Attach a map of the operation that shows land use types, adjacent/nearby surface water courses and potential or existing surface water discharge locations, tile drains, locations of any potential conduits to groundwater aquifers (e.g., active, inactive, or abandoned wells; dry wells; recharge basins; ponds).

4. Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure 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 knowingly submitting false information, including the possibility of fine and imprisonment for violations.

I would like to obtain regulatory coverage for waste discharges to surface water and groundwater under Order R5-2013-0100 by enrolling under the Individual General Order and complying with all applicable provisions of the Order.

I am maintaining a copy of Order R5-2013-0100 at my primary place of business or headquarters for this farming operation so as to be available at all times to operations personnel. I am familiar with the content of this Order and will comply with the Order."

Signature

Date

Instructions

for Notice of Intent (NOI) for Individual Dischargers

You must complete the entire form. Upon submittal of a complete NOI, the Water Board may issue a Notice of Applicability (NOA), after which you will be considered covered under this Order.

All dischargers regulated under Waste Discharge Requirements (WDRs) and National Pollutant Discharge Elimination System (NPDES) permits must pay an annual fee. The Water Board will notify you of your annual fee based on an evaluation of your proposed discharge. Please do NOT submit a check for your first annual fee until requested to do so by a Water Board representative.

Section 1 – Landowner Information

The information in this section pertains to the person(s) owning the parcels listed in section 3 (referred to as the “landowner”).

Box 1e.

Please indicate whether you have received a Directive Letter or a 13267 Order from the Central Valley Water Board’s Irrigated Lands Regulatory Program.

Box 1f.

If the landowner is also the person running the day to day activities of the irrigated agricultural operation on the parcel(s) listed in section 3 (referred to as the “operator”), check “Yes” for question 1f. and then skip section 2. If you check “No” because the landowner and the operator are two separate people, completely fill out section 2.

Section 2 – Operator Information

The information in this section pertains to the person(s) running the day to day activities of the irrigated agricultural operation on the parcel(s) listed in section 3 (referred to as the “operator”). If the landowner and the operator are the same person, please skip this section. If the landowner has more than one cropland operator, please attach additional sheets, and list which parcels are operated by each operator.

Section 3 – Operation Information

Parcel Information

Please list all County Assessor Parcel Numbers (APNs) of parcels for which you are requesting regulatory coverage. If there are additional parcels listed on correspondence you received from the Central Valley Water Board that do not contain commercial irrigated agriculture, managed wetlands, or nurseries, **please call (916) 464-4611** to let us know which parcels you will not be enrolling. This will allow for parcel record updates, so that you do not receive enforcement correspondence regarding these parcels.

List the county for each parcel, the number of irrigated acres on each parcel, the crop type(s) or other applicable land use type(s) that occur on the parcel, irrigation method(s), and the name(s) of surface water courses that receive or have the potential to receive runoff (either during irrigation season or storm season) from the operation. Examples of other land use types (other than crops) that need

regulatory coverage under the Irrigated Lands Regulatory Program include managed wetlands, pasture, and nurseries. Please specify irrigation method(s) as drip, sprinkler, micro sprinkler, border strip, furrow, or overhead.

Pesticide Information

Please list all Operator Identification Numbers (OIN) issued by county agricultural commissioners, the county in which the OIN was issued, the name of the person associated with the OIN, and the Site ID number(s) associated with that OIN. Check the boxes next to pesticide active ingredients that may be used at the operation.

Section 4 – Certification

Certification statement: Signature of the landowner or operator, certifying the NOI; and date of the signature.

Send completed and signed NOI to:

Central Valley Water Board
Irrigated Lands Regulatory Program
11020 Sun Center Drive, Ste. 200
Rancho Cordova, CA 95670