



North Coast Regional Water Quality Control Board

NOTICE OF INTENT
TO COMPLY WITH THE TERMS OF

Policy for Waiving Waste Discharge Requirements
for Specific Types of Waste Discharge, Resolution No. R1-2017-0039

I. NOTICE OF INTENT STATUS (see instructions)

MARK ONLY ONE ITEM A. [] New Applicator B. [] Change of Information for WDID#

II. Owner of Land/Billing Address

Form with fields: A. Name, B. Mailing Address, C. City, D. County, E. State, F. Zip, G. Contact Person, H. Email, I. Phone

III. Discharger (if different from owner of the land)

Form with fields: A. Name, B. Mailing Address, C. City, D. County, E. State, F. Zip, G. Contact Person, H. Title, I. Phone

STATE USE ONLY

Form with fields: WDID:, Regional Board Office:, Date NOI Received:, Check #:

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IV. Site Location

A. Address		
B. Nearest Cross Street(s)		
C. County:	D. Total size of Site (acres):	E. Assessor's Parcel Number:
<p>Latitude/longitude (Center of Discharge Area) in decimal degrees to the nearest ½ second <u>or</u> decimal degrees (DD) to four decimals (0.0001 degree)</p> <p>DD: N. Latitude _____</p> <p>W. Longitude _____</p>		
F. Attach a map of at least 1:24000 (1" = 2000') detail of the proposed discharge site (e.g., USGS 7.5 minute topographic map) and pre-project photos.		

V. Discharge Information

Subject	Notes
A. Name(s) and type(s) of receiving waters:	Receiving water types are: river/streambed, lake/reservoir, ocean/estuary/bay, riparian area, wetland
B. Federal or nonfederal receiving waters?	
C. Identify all regulatory agencies having jurisdiction over this project. Attach copies of all federal and State license/permit applications or issued copies of licenses/permits from government agencies:	For example: Dept. of Fish and Game Streambed Alteration Agreement, Coastal Commission permit, Army Corps 404 permit. *Identify applicable NRCS Technical Guidelines used
D. Proposed project start date:	E. Expected date of completion:

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VI. Project Information

<p>A. Project description (attach separate project description if necessary):</p>	<p>For example: Discharge of gravel; discharge of fill; placement of woody debris</p>																					
<p>B. Purpose of the entire activity:</p>	<p>For example: Wetland restoration; stream bank re- vegetation; stream bank stabilization</p>																					
<p>C. Characterization of discharges:</p>	<p>What types of constituents will be discharged?</p>																					
<p>Fill and Excavation Discharges: For each water body type listed below, indicate IN LINEAR FEET the area of the proposed discharge to waters of the state, and identify the impacts(s) as permanent and /or temporary. For linear discharges to drainage features and shorelines, e.g., bank stabilization, stream channel enhancement, and wetland/stream restoration projects also specify the length of the proposed discharge to waters of the state AS FEET.</p>																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Water Body Type</th> <th colspan="2">Temporary Impact</th> </tr> <tr> <td></td> <th style="width: 30%;">Acres</th> <th style="width: 45%;">Linear Feet</th> </tr> </thead> <tbody> <tr> <td>Wetland</td> <td></td> <td></td> </tr> <tr> <td>Riparian</td> <td></td> <td></td> </tr> <tr> <td>Stream bed/Stream bank</td> <td></td> <td></td> </tr> <tr> <td>Lake/Reservoir</td> <td></td> <td></td> </tr> <tr> <td>Ocean/Estuary/Bay</td> <td></td> <td></td> </tr> </tbody> </table>	Water Body Type	Temporary Impact			Acres	Linear Feet	Wetland			Riparian			Stream bed/Stream bank			Lake/Reservoir			Ocean/Estuary/Bay			
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<p>Dredging Discharges: Volume (cubic yards) of dredged material to be discharged into waters of the United States.</p>																						

<p>Avoidance and minimization measures:</p>	<p>Please list measures taken to avoid or minimize discharges to waters of the state.</p> <p>Include sediment and erosion control BMPs proposed.</p>
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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 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."

Printed Name: _____

Signature: _____

Date: _____

Title: _____