

(FORM A)
NOTICE OF INTENT
TO OBTAIN COVERAGE UNDER A
GENERAL PERMIT TO DISCHARGE AQUATIC PESTICIDES

I. NOI STATUS

MARK ONLY ONE ITEM	1. <input type="checkbox"/> New Applicator	2. <input type="checkbox"/> Change of Information for WDID#	
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II. PESTICIDE APPLICATOR INFORMATION

Name/Agency	Contact Person		
Mailing Address	Title		
City	State	Zip	Phone

III. RECEIVING WATER INFORMATION

A. Do wastes and pesticide residues discharge to (Check all that apply):	
1.	<input type="checkbox"/> Canals, Ditches, or other constructed conveyance facilities owned and controlled by Applicator? _____
2.	<input type="checkbox"/> Other conveyance systems? - Enter owner's name: _____
3.	<input type="checkbox"/> Directly to waters of U.S. (e.g., river, lake, creek, stream, bay, ocean, etc.)? _____
B. Regional Water Quality Control Board where application sites are located (REGION 1,2,3,4,5,6,7,8, or 9): REGION _____	
C. Name of receiving water: (river, lake, creek, stream, bay, ocean): _____	

IV. PESTICIDE APPLICATION INFORMATION

A. Target Organism: ___Algae ___Aquatic Weeds (surface) ___Aquatic Weeds (submerged) ___Mosquitoes and other Vectors	
___OTHER (identify): _____	
B. Pesticides Used: List Name and Active ingredients - _____	
C. Period of Application: Start Date _____ End Date _____	

V. VICINITY MAP (must show application site location in relation to nearest named streets, intersections, etc.)

Have you included a vicinity map with this submittal? YES NO

VI. CERTIFICATIONS

"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 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 submitting false information, including the possibility of fine or imprisonment."

Printed Name: _____

Signature: _____ Date: _____

Title: _____

VII. FORM A SUBMITTAL INFORMATION

A. The completed and signed Form A should be mailed or Faxed to:

**State Water Resources Control Board
Division of Water Quality
Attn: Aquatic Pesticide Application Activities
P.O. Box 100
Sacramento, CA 95812-0100**

FAX (916) 341-5463