

Notice of Intent Instructions for Submitting Annual Work Plan

For authorization under the General Order for OCPW County-Wide Long-Term Routine Maintenance Facilities Regional General Permit (General Order), the Permittee is required to submit a complete Notice of Intent (NOI) form to the State Water Board and to the Regional Water Board(s) with jurisdiction where the proposed maintenance activities would occur. A map showing Regional Water Board jurisdictional boundaries is available online at https://www.waterboards.ca.gov/waterboards_map.html

To avoid project delays, submit the NOI as early as possible but no later than May 1. Within 30 calendar days of NOI receipt the Water Board shall determine if the NOI is complete. Within 60 calendar days of receipt of a NOI, the State Water Board will issue either a Notice of Applicability (NOA), informing the discharger that the proposed activity qualifies for authorization, or a Notice of Exclusion (NOE), which informs the discharger that the proposed activity does not qualify for General Order authorization. If a NOE or NOA is not issued by Water Board staff within 60 days of receiving a NOI, the discharger may proceed with the project according to all applicable General Order conditions.

Definitions

Consider the following definitions while completing your NOI:

Permanent aquatic resource impacts mean permanent loss of aquatic resource area or resource function resulting from a discharge of dredged or fill material that changes an aquatic area to dry land or changes the bottom elevation or dimensions of a waterbody or changes the surface elevation or dimensions of a wetland. Permanent aquatic resource impacts are not authorized under RGP 100

Temporary aquatic resource impacts means impacts to aquatic resources from maintenance activities within the maintenance baseline (e.g. impacts necessary to maintain conveyance of floodwaters as designed) and impacts to aquatic resources outside of the maintenance baseline that are short-term (e.g., waters temporarily filled, excavated, or drained where the area of the impacted aquatic resource, including the original contours and uses, is typically restored to pre-project conditions within one year of disturbance).

Temporal loss is the loss of resource functions and values not restored within one year of project activities.

Form Instructions

Please note, if there are more than five (5) facilities, provide a spreadsheet containing the required information. The information below is required pursuant to California Water Code section 3861(c)(3).

Section 1: Water Quality Control Board

Identify each Regional Water Board in which the proposed maintenance activities will occur. NOIs must be submitted to the State Water Board and to the Regional Water Board with jurisdiction where the proposed maintenance activities would occur.

Section 2: Applicant and Project Manager Information

County Agency, Contact Name and Title: Provide the full, legal name of the applicant or responsible party. Most commonly, the applicant is the property and/or facility owner. -If the applicant is an agency, company, corporation or other organization, a contact name (First, Middle Initial, Last) of the main representative of the company and their title must be provided. The applicant will be the entity or individual responsible for compliance with the Clean Water Act, California Water Code, applicable Water Quality Control Plans and General Order Conditions.

Applicant Contact Information: Telephone number, email address, and the County Agency mailing address (not the project address) including the street, city, state and zip code must be provided.

Project Manager Company, Contact Name and Title: The Project Manger role is to oversee the processing of the NOI and to make the day-to-day decisions regarding the NOI. It is not a requirement to have a Project Manager. If you choose to appoint a Project Manager, include their information in Section 2 of this form. If you choose to not be represented by a Project Manager, leave this section blank.

Contact Information: Telephone number, email address, and the mailing address (not the project address) including the street, city, state and zip code must be provided.

Section 3: Facility Categories

Indicate the appropriate classification for the flood control facility that is being proposed for maintenance. Please note that this section will need to be completed for each facility that is being proposed under the NOI. Submit this information in a spreadsheet containing the columns in Section 6, Table 1 of this document.

Section 4: Other Agency Permits/ Licenses/ Agreements/ Plans/ Notices/Email Correspondence

Provide the following information for each agency:

Permit required: Check yes (Y) if a permit is needed from any of the listed agencies.

If yes, have you received the final permit or authorization: If received, check yes (Y) and attach the permit or authorization? If not yet received, check no (N) and attach the permit application or notice of maintenance activities.

Permit type: List the type(s) of other state and/or local permits that are required.

ID number: If the agency issued an identification (ID) number for the project, list it here.

Section 5: Proposed Facility Information - Please note that this section will need to be completed for each facility that is being proposed under the NOI. This information may be included as supplemental information attached to this form.

Facility Name: Give the Facility Name that corresponds to one of the facilities listed in Attachment B of the General Order.

Facility ID: Give the Facility Identification number that corresponds with the facility name, above. Note that each facility should have a unique facility name and facility ID.

Facility Classification/Category: Give the channel category as described in the Order. Note that maintenance activities in Category 4 channels are not permitted under this Order. List all channels in Category 4 and the date of the category designation.

Facility Classification/Category Determination: Give the date of the biological survey, the name of the qualified biologist, and a brief report on the biological survey findings. This report may be provided in an additional document.

Coordinates: Indicate the latitude and longitude, in decimal degrees, at which the maintenance activity will take place (approximate location is acceptable).

Project Address: Provide the street address of the project location. If the proposed project does not have a physical street address, be as descriptive as possible in the street address line. For example, "Leisure Town Rd., 5.5 miles south of the intersection of I-80 and Leisure Town Rd".

Routine Maintenance Timeframe: Provide the estimated start and end dates for the proposed maintenance.

Project Description/ Purpose: Provide a detailed, technically accurate narrative description of the proposed routine maintenance activities, design, all activities planned to complete the design, and total impacts, including area of ground disturbance and areas of impact to all aquatic resources on the site (i.e., any and all streams, wetlands, lakes, ponds, beaches, shorelines, etc.). Note that if the U.S. Army Corps of Engineers has declined jurisdiction for any aquatic resource impacts proposed in the NOI, the Project is disqualified for this certification of the RGP, and individual Waste Discharge Requirements may be required.

Avoidance and Minimization: Describe steps taken to avoid impacts to waters and measures incorporated into the project design to minimize loss of, or significant adverse impacts to, beneficial uses of waters of the state, including on-site restoration of the area. For example, indicate if the planned activities have been reduced because part of the maintenance has been conducted in previous years, or if maintenance proposed results in the removal of invasive species only. Include the qualified biologist recommendations for avoidance and minimization for each site.

Section 6: Temporary Impacts, Permanent Impacts and Temporary Impact Mitigation Information¹

Temporary Impacts: Check yes if your project results in temporary impacts to waters of the state. Provide the total temporarily impacted area in acres, to the nearest thousandths of an acre. Also state linear feet of impacts, to the nearest whole foot; this quantity must match the sum of temporary impact quantities listed in Table 2. If applicable, attach a restoration plan meeting all General Order conditions with your NOI. Please note, a restoration plan will be needed for each facility that is being proposed under the NOI that results in temporary impacts that will be restored to pre-project conditions. This information may be included as supplemental information attached to this form.

The restoration plan shall provide plans for long-term stabilization methods, planting palette of species of species native to the area and appropriate for the site, seed collection or procurement location, planning schedule and method, monitoring schedule and qualitative success criteria. Provide the following information:

Riparian Tree Removal: Check yes if your project results in the removal of mature riparian trees and attach a table listing tree(s) scientific name(s); common name(s); diameter(s) at breast height (DBH); and whether the removed trees are part of the riparian overstory or understory, or both.

Permanent Impacts: Please note, that if routine maintenance activities may result in a permanent impact, the activity is disqualified from this General Order, and an individual Water Quality Certification or Waste Discharge Requirements may be required.

Table 1: Facilities List and Receiving Water(s) Information: List each facility in Table 1.

Facility ID: Identify the flood control facility with a Facility ID; Facility IDs should correspond to those used in maps, other agency application materials, and Attachment B of the General Order.

Facility Category: Channel category as described in the General Order.

Biological Survey Date: The date the Qualified Biologist determines facility Category

eCRAM ID: If a California Rapid Assessment Method (CRAM) assessment has been performed at this location, provide the CRAM assessment area ID and attach the CRAM score sheet.

Watershed ID: The watershed ID corresponds to the name of the watershed. The names and ID are listed in Attachment B page 6 Watershed ID table.

Water Board Hydrologic Units: Identify the Water Board basin plan hydrologic unit (HU). Note that the Basin Plan HU is *not* the same as a U.S. Geological Survey (USGS) Hydrologic Unit

¹ Alternative restoration sites or methods of compensatory mitigation may be proposed for temporal loss including the purchase of credits from approved mitigation banks or in-lieu fee programs.

Code (HUC). If unknown, indicate UNK and this information will be completed by Water Board staff.

Facility Name: Facility Name that corresponds to one of the facilities listed in Attachment B of the General Order.

Impacted Aquatic Resource Type: For each impact Site ID, identify the impacted aquatic resource type from the following list: Lake, Ocean, Riparian Zone, Stream Channel, Vernal Pool or Wetland. (More refined or precise resource classifications may be used in plans and related documents.)

Receiving waters: List the first downstream waterbody with beneficial use designation in the Water Board Basin Plan. If unknown, indicate UNK and this information will be completed by Water Board staff.

Receiving Waters Beneficial Uses: List the beneficial use designation. If unknown, indicate UNK and this information will be completed by Water Board staff.

Regional Board: Indicate which Water Board Region the facility is located within.

Within Coastal Zone: Is the facility within the coastal zone? Indicate Yes or No.

303d Listing Pollutant: List pollutants for receiving waters that have a 303d impairment designation, if the water is not listed indicate NA. If unknown, indicate UNK and this information will be completed by Water Board staff.

Latitude: Decimal degrees

Longitude: Decimal degrees

Table 2: Individual Temporary Impact Information and As-Built Capacity Information

Impact Site ID: Identify the Facility ID; Facility IDs should correspond to those used in Table 1.

Latitude and Longitude: Provide the coordinate for each facility in decimal degrees.

Temporary Impact Dimensions: Provide the area, length, and volume of material excavated or filled to the nearest cubic yard. When the project impacts a shoreline, record the length of shoreline impacted. When a project impacts a channel, bed, banks, or adjacent riparian area, record the length of channel impacted in the direction of flow. For polygonal projects that do not have a clear linear aspect (such as detention basins), record the distance of the longest line that can be drawn across or through the site. For activities that don't include excavation or filling (such as road grading), enter NA for cubic yards.

As-Built Capacity Dimensions: Provide the area and length of the facility that is being proposed for maintenance. The as-built capacity dimensions should correspond with dimensions/quantities that are indicated in Attachment B of the General Order and Engineering Drawings submitted with the NOI.

Section 7: Documentation

Attach the following documents to your NOI: Use this checklist to confirm the necessary documentation is attached to your NOI. If you determine one of the listed items does not pertain to your project write NA in the corresponding box:

- a. **Other agency correspondence (NOI Section 4)**
- b. **Delineation report submitted to the Corps**
- c. **Supplemental information for multiple facilities (NOI Section 3, 5 & 6)**
- d. **De-watering plan**
- e. **Mature riparian trees proposed for removal (NOI Section 6)**
- f. **Engineering drawings indicating as-built dimensions/capacity**
- g. **Temporary impact restoration and monitoring plan (NOI Section 6)**
- h. **Map(s) (NOI Section 7)** Submit maps of sufficient detail to clearly illustrate all project elements, site characteristics, and impacts, with a scale of at least 1:24000 (1" = 2000'). Acceptable map formats, listed in order of preference, are:
 - i. **GIS shapefiles:** Shapefiles must depict the boundaries of all project areas, site characteristics, and extent of aquatic resources impacted or avoided. Each shape should be attributed with the extent/type of aquatic resources impacted. Features and boundaries should be accurate to within 33 feet (10 meters). Identify datum/projection used and if possible, provide map with a North American Datum of 1983 (NAD 83) in the California Teale Albers projection in feet.
 - ii. **KML files:** Saved from on-line mapping services. Maps must show the boundaries of all project areas and extent/type of aquatic resources impacted. Include URL(s) of maps. If this format is used include a spreadsheet with the object ID and attributed with the extent/type of aquatic resources impacted.
 - iii. **Other electronic format:** (CAD or illustration format) that provides a context for location (inclusion of landmarks, known structures, geographic coordinates, or USGS DRG or DOQQ). Maps must show the boundaries of all project areas and extent/type of aquatic resources impacted. If this format is used include a table with the object ID and attributed with the extent/type of aquatic resources impacted.
 - iv. Aquatic resource maps marked on paper **USGS 7.5 minute topographic maps** or **Digital Orthophoto Quarter Quads (DOQQ)**; Original or legible copies are acceptable. Maps must show the boundaries of all project areas and extent/type of aquatic resources impacted. If this format is used include a spreadsheet with the object ID and attributed with the extent/type of aquatic resources impacted.
- i. **Pre-project photographs:** Include a unique identifier, date stamp, written description of photo details, and latitude/longitude (in decimal degrees) or map indicating location of photo. Successive photos should be taken from the same vantage point to compare pre/post construction conditions.
- j. **Attach additional pages as needed:** For example, if the requested information does not fit in the space provided on the form, or if you would like to provide supplemental information not requested on the NOI.

Section 8: Applicant Signature

Please sign and submit to the State Water Board and the appropriate Regional Boards. An original signature is required; electronic signatures are not accepted.