



Notice of Intent (NOI) for the State Water Board Certification of Existing Flood Control Maintenance Regional General Permit No. 100

Section 1: Water Quality Control Board Applicable to this NOI		
Santa Ana Water Board	<input type="checkbox"/>	
San Diego Water Board	<input type="checkbox"/>	
State Water Board	<input type="checkbox"/>	
Section 2: Applicant and Project Manager Information		
	Applicant:	Project Manager:
Company/ Agency Name:		
Name of Contact:		
Title:		
Address:		
City, State, Zip:		
Phone Number(s):		
Email Address:		
Section 3: Facility Categories Applicable to this NOI		
Category 1	<input type="checkbox"/>	This classification includes existing concrete-lined (concrete bed and banks) channels with sparse or no vegetation cover. Sparse means no more than 20% of the total vegetation cover within the channel can be native; for example, if total cover (both native and non-native) equals 60%, native vegetation must be less than or equal to 12%. Prior to maintenance activities, the Permittee shall mark the authorized maintenance area to identify the limits of disturbance. Vegetation must not include trees, non-native or native, over 3 inches in diameter at breast height (DBH).
Category 2	<input type="checkbox"/>	Channels that are in all respects as defined under Category 1, except they possess either an earthen or un-grouted rip-rap bank or earthen or un-grouted rip-rap channel bottom.
Category 3	<input type="checkbox"/>	Channels that are in all respects defined under Category 2, except native vegetation exceeds the limitations of Category 1 and 2.
Category 4	<input type="checkbox"/>	List the facility ID numbers of channels that support native riparian vegetation or other suitable habitat for sensitive species, or adjacent to suitable habitat for sensitive species. These channels are not authorized under this Order. Indicate on the facility list the date of the category 4 designation. Provide documentation of application for an individual permit for the Regional Water Board(s).

Section 4: Other Agency Permits/ Licenses/ Agreements/ Plans/ Email correspondence Provide verification of notification and/or final agency approval				
Agency:	Have you applied?	If yes, have you received the permit?	Permit type:	ID number:
CDFW Lake or SAA	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
Other State Permits	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
Local Permit(s)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		

Section 5: Proposed Facility Information

Are there new sites on the master facility list	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Proposed Start Date: Click or tap to enter a date.	Proposed End Date: Click or tap to enter a date.
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Project Description/Purpose including any required access improvements needed (continue on attached pages if necessary):

Section 6: Temporary Impacts, Permanent Impacts and Compensatory Mitigation Information

Temporary Impacts: Would your project result in temporary impacts outside of the maintenance baseline¹?

Yes No

If yes, attach a detailed restoration plan.

Total temporary impacts: _____ acre _____ linear feet

Riparian Tree Removal: Would your project result in the removal of riparian trees? Yes No

If yes, use this table for each tree proposed for removal (or attach a similar table if additional rows are needed):

Species:	Common name:	Diameter Breast Height:	Circle to indicate whether the tree is part of the:	
			Overstory	Understory
			Overstory	Understory
			Overstory	Understory

¹ The maintenance baseline is a description of the physical characteristics (e.g., depth, width, length, location, configuration or design flood capacity etc.) of a flood control project authorized under this RGP.

State Water Board Certification of OCPW County-Wide Long-Term Routine Maintenance Program
Regional General Permit 100
Attachment D

<p>Permanent Impacts: Would your project result in permanent impacts? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, have you applied for an individual Water Quality Certification? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Please note: permanent impacts are not permitted under this RGP.</p> <p>Which Regional Water Board received the application?</p>
<p>Total permanent impacts: _____ acre _____ linear feet</p>

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

Facility ID	Latitude	Longitude	Temporary Impact Dimensions	Fill/Excavation		
				Acres	Cubic Yards	Linear Feet
			As-Built Dimensions			
			Temporary			
			As-Built Dimensions			
			Temporary			
			As-Built Dimensions			
			Temporary			
			As-Built Dimensions			
			Temporary			
			As-Built Dimensions			
			Temporary			
			Total Temporary			

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Section 7 Documentation submitted with NOI Include additional Annual Work Plan documentation in compliance with RGP XX		
Check any of the following documents that are applicable to your Project and attach copies to your NOI:		
<input type="checkbox"/> Facility Spreadsheet of proposed sites for FY Maintenance	<input type="checkbox"/> De-watering Plan	<input type="checkbox"/> Copy of Maintenance Plan submitted to Corps
<input type="checkbox"/> Riparian trees proposed for removal	<input type="checkbox"/> Description of Avoidance and Minimization Measures	<input type="checkbox"/> Water Quality Monitoring Plan for In-water Work
<input type="checkbox"/> Pre-project photographs	<input type="checkbox"/> Delineation report submitted to the Corps	<input type="checkbox"/> Other agency correspondence listed
<input type="checkbox"/> Habitat Restoration Plan for temporary Impacts	<input type="checkbox"/> Qualified Biologist information and pre-disturbance assessment and Sensitive Species Report	<input type="checkbox"/> Additional Project description and Site Access Information and maps.

Section 8: Applicant and Agent Signature	
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I hereby designate and authorize the project manager identified in Section 1 to act on my behalf in the processing of this Notice of Intent, and to furnish, upon request, supplemental information in support of this notice:

Applicant Name		Applicant Signature	
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I certify that the information provided on this form and all attachments related to this project are true and accurate to the best of my knowledge:

Applicant Name		Applicant Signature	
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Project Manager Name		Project Manager Signature	
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Submit the completed Notice of Intent and attachments to the State Water Board and copies to the appropriate Regional Water Board (s).

For Internal Water Board Use	
Reviewer	
Date Received	
Reg. Measure ID	
WDID	