Attachment A - Notice of Intent

Reg. Meas.ID: 453196

Section 1: Project Purpose ¹ and Activity
Select the Proposed Project Purpose:
Post-Wildfire Response or Cleanup Activity (Repairs and debris removal)Pre-Wildfire Mitigation (Prevents wildfire ignition)
Select the Activity Type(s):
Utility Lines and Associated Infrastructure Access Area Dewatering Structures Management of Sediment & Debris Damaged Uplands Fire/Fuel Breaks Development Structures
Wildfire Nexus Description:

¹ Refer to General Order Attachment B for instructions on how to fill out this Notice of Intent.

Section 2: Legally Responsible Party (Applicant) and Duly Authorized Representative Information

Discharger Information	Legally Responsible Party (required)	Authorized Representative (optional)
	(required)	(optional)
Name of Company		
Name of Contact		
Title of Contact		
Address		
City, State, Zip		
Phone Number(s)		
Email Address		

Section 3: Fees and Billing Information

Pay the application fee online at the State Water Board website (https://www.waterboards.ca.gov/water_issues/programs/cwa401/#fees) or include a check, money order or cashier check, payable to the State Water Board, with your NOI. Provide contact information for where annual fee invoices should be mailed.

Information	Billing Information
Name of Company	
Name of Contact	
Title	
Address	
City, State, Zip	
Phone Number(s)	
Email Address	

Section 4: Other Agency Permits, Licenses, Agreements, Plans, and Email Correspondence

Attach application if final action not yet taken.

Permit Name	Has an application been submitted? (yes/no/NA)	If yes, has a permit been received? (yes/no)	Permit Type	ID Number (e.g. Corps file number)
Army Corps NWP Pre-				
Construction Notification (PCN)				
US Fish and Wildlife Service				
Incidental Take Permit				
National Marine Fisheries				
Service Incidental Take Permit				

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Permit Name	Has an application been submitted? (yes/no/NA)	If yes, has a permit been received? (yes/no)	Permit Type	ID Number (e.g. Corps file number)
Other Federal Permits				
California Department of Fish and Wildlife Lake and Streambed Alteration (LSA) Agreement				
Coastal Development Permit				
Other State Permits				
Local Permit(s)				

Section 5: Project Information (supplemental information can be attached on separate pages)

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Project Name:
Project Address (Include city (or nearest city), zip code, county, and Assessor's Parcel Number):
Coordinates (decimal degrees):
Construction Timeframe (Provide approximate start and end dates):
Project Description/Purpose:

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Section 6: Avoidance, Minimization (supplemental information can be attached on separate pages)

supplemental information can be attached on separate pages)
Avoidance and Minimization:

Section 7: Cultural Resources:

(supplemental information can be attached on separate pages)

Describe	Describe any cultural resources identified in the project area:						

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Section 8: Temporary Impacts, Permanent Impacts, and Compensatory Mitigation

Temporary state	Impacts: Would your ? If yes, attach the res	• •		•	of the
Total Temp feet	oorary Impacts:		_acres;		linear
Permanent state?	t Impacts: Would you If yes, please attach		•	•	of the
Total Perm feet	anent Impacts:		_acres;		linear
	owing Waters: Will your dewatering plan mus		_	aters? If Yes, a c	lear

Table 2: Receiving Waters Information²

Impact Site ID	Waterbody Name	Impacted Aquatic Resource Type	Water Board Hydrologic Units	Receiving Waters	Receiving Waters Beneficial Uses	303(d) Listing Pollutant(s)

Table 3: Individual Direct Impact Information

Impact Site ID	Aquatic Resource Type	Latitude	Longitude	Permanent or Temporary Impact?	Acres	Linear Feet	Dredge or Fill/Excavati on?
	-		_			_	_

² Attach additional tables or add rows to the tables as needed. For receiving waters information (e.g., beneficial uses, watershed identification, etc.) refer to the Regional Water Basin Plans on the applicable Regional Water Board website or the State Water Board's Plans and Policies website (https://www.waterboards.ca.gov/plans_policies/).

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Section 9: Documentation Check any of the following documents that are applicable to your project and attach copies to your NOI. Fee Check or Online Payment Receipt Other Agency Correspondence, Permits and Permit Applications Map of Project Components and Waters of the State (required for all projects) Drawings, or Design Plans Aquatic Resource Delineation Report Temporary Impact Restoration Plan Compensatory Mitigation Plan Horizontal Directional Drilling Plan Pre-Project Photographs Proposed Dewatering Plan Stormwater Pollution Prevention Plan Additional Pages and/or Supplemental Information

For Internal Water Board Use Only

Reviewer:

Date Received:

Reg Measure ID:

WDID:

Check Number:

Application Approval and Signatures on Next Page

Section 10: Legally Responsible Party and Duly Authorized Representative Signature

See NOI Instructions for Legally Responsible Party eligibility. Legally Responsible Party Attestation

I certify under penalty of law that this application and all attachments were prepared under my direction or supervision in accordance with a process designed to assure that qualified personnel properly gather and evaluate the information submitted. 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 and imprisonment for knowing violations.

Print Legally Responsible Person Name (Not the Duly Authorized Representative)

X
Legally Responsible Person's Signature

Duly Authorized Representative assignment is as follows (optional):

The authorization shall specify that a person designated as a Duly Authorized Representative has responsibility for the overall operation of the regulated facility or activity, such as a person that is a manager, operator, superintendent, or another position of equivalent responsibility, or is an individual who has overall responsibility for environmental matters for the company. *Optional Duly Authorized Representative Assignment*

I hereby authorize [Print Duly Authorized Representative's Name] to act on my behalf as the Duly Authorized Representative in the processing of this NOI, and to furnish upon request, supplemental information in support of this NOI.

Print Legally Responsible Person Name (not the Duly Authorized Representative)

X
Legally Responsible Person's Signature