## Attachment E – Notice of Intent

## WATER QUALITY ORDER NO. 2013-0002-DWQ
## GENERAL PERMIT NO. CAG990005

## STATEWIDE GENERAL NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT FOR RESIDUAL AQUATIC PESTICIDE DISCHARGES TO WATERS OF THE UNITED STATES FROM ALGAE AND AQUATIC WEED CONTROL APPLICATIONS

### I. NOTICE OF INTENT STATUS (see Instructions)

| Mark only one item | A. ☐ New Applicator | B. ☑ Change of Information: WDID# 5B5ONP00002 |
|---|---|---|
| | C. ☐ Change of ownership or responsibility: WDID# | |

### II. DISCHARGER INFORMATION

| A. Name | | | |
|---|---|---|---|
| Oakdale Irrigation District | | | |
| B. Mailing Address | | | |
| 1205 East "F" Street | | | |
| C. City | D. County | E. State | F. Zip |
| Oakdale | Stanislaus | CA | 95361 |
| G. Contact Person | H. E-mail address | I. Title | J. Phone |
| Jason Jones | jjones@oakdaleirrigation.com | Support Services Manager | (209)840-5535 |

### III. BILLING ADDRESS (Enter Information *only* if different from Section II above)

| A. Name | | | |
|---|---|---|---|
| B. Mailing Address | | | |
| C. City | D. County | E. State | F. Zip |
| G. E-mail address | H. Title | I. Phone | |

## IV. RECEIVING WATER INFORMATION

A. Algaecide and aquatic herbicides are used to treat (check all that apply):

1. ■ Canals, ditches, or other constructed conveyance facilities owned and controlled by Discharger.
   Name of the conveyance system: Oakdale Irrigation District
2. ☐ Canals, ditches, or other constructed conveyance facilities owned and controlled by an entity other than the Discharger.
   Owner's name: _____
   Name of the conveyance system: _____
3. Directly to river, lake, creek, stream, bay, ocean, etc.
   Name of water body: _____

B. Regional Water Quality Control Board(s) where treatment areas are located (REGION 1, 2, 3, 4, 5, 6, 7, 8, or 9): Region 5
(List all regions where algaecide and aquatic herbicide application is proposed.)

## V. ALGAECIDE AND AQUATIC HERBICIDE APPLICATION INFORMATION

A. Target Organisms: ____

Sago Pondweed, American Pondweed, Elodea, Curly Leaf Pondweed

B. Algaecide and Aquatic Herbicide Used: List Name and Active ingredients

Magnacide-H (Active Ingredient: Acrolein)
Cascade (Active Ingredient: Endothall)
Teton (Active Ingredient: Endothall)

C. Period of Application: Start Date April 1 End Date September 15

D. Types of Adjuvants Used:
None.

## VI. AQUATIC PESTICIDE APPLICATION PLAN

Has an Aquatic Pesticide Application Plan been prepared and is the applicator familiar with its contents?
■ Yes ☐ No

If not, when will it be prepared? _____

## VII. NOTIFICATION

Have potentially affected public and governmental agencies been notified? ■ Yes ☐ No

## VIII. FEE

Have you included payment of the filing fee (for first-time enrollees only) with this submittal?
☐ YES ☐ NO ■ NA

**IX. 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 General Permit, including developing and implementing a monitoring program, will be complied with."

**A. Printed Name:** Steve Knell

**B. Signature:** _____ **Date:** 3/13/18

**C. Title:** General Manager

**XI. FOR STATE WATER BOARD STAFF USE ONLY**

| | | |
|---|---|---|
| **WDID:** | **Date NOI Received:** | **Date NOI Processed:** |
| **Case Handler's Initial:** | **Fee Amount Received:** **$** | **Check #:** |
| ☐ **Lyris List Notification of Posting of APAP** | **Date** _____ | **Confirmation Sent** _____ |

## INSTRUCTIONS FOR COMPLETING NOI

## WATER QUALITY ORDER NO. 2013-0002-DWQ
## GENERAL PERMIT NO. CAG990005

## STATEWIDE GENERAL NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT FOR RESIDUAL AQUATIC PESTICIDE DISCHARGES TO WATERS OF THE UNITED STATES FROM ALGAE AND AQUATIC WEED CONTROL APPLICATIONS

These instructions are intended to help you, the Discharger, to complete the Notice of Intent (NOI) form for the Statewide General NPDES permit. **Please type or print clearly when completing the NOI form**. For any field, if more space is needed, submit a supplemental letter with the NOI.

Send the completed and signed form along with the filing fee and supporting documentation to the Division of Water Quality, State Water Resources Control Board. Please also send a copy of the form and supporting documentation to the appropriate Regional Water Quality Control Board (Regional Water Board).

### ***Section I – Notice of Intent Status***

Indicate whether this request is for the first time coverage under this General Permit or a change of information for the discharge already covered under this General Permit. Dischargers that are covered under Order No. 2004-0009-DWQ before effective date of this General Permit should check the box for change of information. For a change of information or ownership, please supply the eleven-digit Waste Discharge Identification (WDID) number for the discharge.

### ***Section II – Discharger Information***

Enter the name of the Discharger.
Enter the street number and street name where correspondence should be sent (P.O. Box is acceptable).
Enter the city that applies to the mailing address given.
Enter the county that applies to the mailing address given.
Enter the state that applies to the mailing address given.
Enter the zip code that applies to the mailing address given.
Enter the name (first and last) of the contact person.
Enter the e-mail address of the contact person.
Enter the contact person's title.
Enter the daytime telephone number of the contact person

### ***Section III – Billing Address***

Enter the information **only** if it is different from Section II above.

**A.** Enter the name (first and last) of the person who will be responsible for the billing.

**B.** Enter the street number and street name where the billing should be sent (P.O. Box is acceptable).
**C.** Enter the city that applies to the billing address.
**D.** Enter the county that applies to the billing address.
**E.** Enter the state that applies to the billing address.
**F.** Enter the zip code that applies to the billing address.
**G.** Enter the e-mail address of the person responsible for billing.
**H.** Enter the title of the person responsible for billing.
**I.** Enter the daytime telephone number of the person responsible for billing.

## ***Section IV – Receiving Water Information***

Please be reminded that this General Permit does not authorize any act that results in the taking of a threatened or endangered species or any act that is now prohibited, or becomes prohibited in the future, under either the California Endangered Species Act (Fish and Game Code §2050 et. seq) or the Federal Endangered Species Act (16 U.S.C.A. §1531 et. seq). This General Permit requires compliance with effluent limitations, receiving water limitations, and other requirements to protect the beneficial uses of waters of the state. The Discharger is responsible for meeting all requirements of the applicable Endangered Species Act.

Additional information on federally-listed threatened or endangered species and federally-designated critical habitat is available from NMFS (www.nmfs.noaa.gov) for anadromous or marine species or FWS (www.fws.gov) for terrestrial or freshwater species.

**A.** Check all boxes that apply. At least one box must be checked.
1. Check this box if the treatment area is a canal, ditch, or other constructed conveyance system owned and controlled by Discharger. Print the name of the conveyance system.
2. Check this box if the treatment area is a canal, ditch, or other constructed conveyance system owned and controlled by an entity other than the Discharger. Print the owner's name and names of the conveyance system.
3. Check this box if the treatment area is not a constructed conveyance system (including application to river, lake, creek, stream, bay, or ocean) and enter the name(s) of the water body(s).

**B.** List all Regional Water Board numbers where algaecide and aquatic herbicide application is proposed. Regional Water Board boundaries are defined in section 13200 of the California Water Code. The boundaries can also be found on our website at http://www.waterboards.ca.gov/waterboards_map.shtml

| Regional Water Board Numbers | Regional Water Board Names |
|---|---|
| 1 | North Coast |
| 2 | San Francisco Bay |
| 3 | Central Coast |

| Regional Water Board Numbers | Regional Water Board Names |
|---|---|
| 4 | Los Angeles |
| 5 | Central Valley (Includes Sacramento, Fresno, Redding Offices) |
| 6 | Lahontan (South Lake Tahoe, Victorville offices) |
| 7 | Colorado River Basin |
| 8 | Santa Ana |
| 9 | San Diego |

***Section V – Algaecide and Aquatic Herbicide Application Information***

- **A.** List the appropriate target organism(s).
- **B.** List the name and active ingredients of each algaecide and aquatic herbicide to be used.
- **C.** List the start and end date of proposed aquatic algaecide and aquatic herbicide application event.
- **D.** List the name(s) and type(s) of adjuvants that will be used.

The Discharger must submit a new NOI if any information stated in this section will be changed. If the Discharger plans to use an algaecide and aquatic herbicide product not currently covered under its Notice of Applicability (NOA), and the algaecide and aquatic herbicide product may be discharged to a water of the United States as a result of algaecide and aquatic herbicide application, the Discharger must receive a revised NOA from the State Water Board's Deputy Director of the Division of Water Quality before using that product.

***Section VI – Aquatic Pesticide Application Plan***

The Coalition or Discharger must prepare and complete an Aquatic Pesticide Application Plan (APAP). The minimum contents of APAP are specified in the permit under Section VIII.C, Limitations and Discharge Requirements, of the General Permit. The Discharger must ensure that its applicator is familiar with the APAP contents before algaecide and aquatic herbicide application.

If an APAP is not complete at the time of application, enter the date by which it will be completed.

***Section VII – Notification***

Indicate if you have notified potentially affected public and governmental agencies, as required under item VIII.B of the General Permit.

***Section VIII – Fee***

The amount of Annual fee shall be based on Category 3 discharge specified in section 2200(b)(9) of title 23, California Code of Regulations. Fee information can be found at http://www.waterboards.ca.gov/resources/fees/docs/fy1112fee_schdl_npdes_prmt.pdf.

Check the YES box if you have included payment of the annual fee. Check the NO box if you have not included this payment. **NOTE:** You will be billed annually and payment is required to continue coverage.

***Section IX– Certification***

**A.** Print the name of the appropriate official. The person who signs the NOI must meet the signatory and certification requirements stated in Attachment B Standard Provisions item V.B.
**B.** The person whose name is printed above must sign and date the NOI.
**C.** Enter the title of the person signing the NOI.