

GENERAL NPDES PERMIT FOR
RESIDUAL AQUATIC PESTICIDE
DISCHARGES FROM ALGAE AND
AQUATIC WEED CONTROL
APPLICATIONS

ORDER 2013-0002-DWQ (AS
AMENDED BY ORDERS
2014-0078-DWQ
2015-0029-DWQ and 2016-0073-EXEC
NPDES NO. CAG990005

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 # 5B34AP00004 _____

C. Change of ownership or responsibility: WDID# _____

II. DISCHARGER INFORMATION

A. Name Department of Water Resources, Division of Integrated Science & Engineering, Tidal Habitat Restoration Section

B. Mailing Address 3500 Industrial Blvd.

C. City West Sacramento

D. County Yolo

E. State California

F. Zip Code 95691

G. Contact Person Gina Darin

H. Email address Gina.Darin@water.ca.gov

I. Title Senior Environmental Scientist (Supervisory)

J. Phone 916-835-7614

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 Code _____

G. Email 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: _____

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: Fish Restoration Program tidal wetlands in the Sacramento-San Joaquin Delta and Suisun Marsh; Blacklock Island tidal wetland and Goodyear Slough.

B. Regional Water Quality Control Board(s) where application areas are located (REGION 1, 2, 3, 4, 5, 6, 7, 8, or 9): Region 2, 5

(List all regions where algaecide and aquatic herbicide application is proposed.)

V. ALGAECIDE AND AQUATIC HERBICIDE APPLICATION INFORMATION

A. Target Organisms:

Water primrose (*Ludwigia spp.*), water hyacinth (*Eichhornia crassipes*), perennial pepperweed (*Lepidium latifolium*), alligatorweed (*Alternanthera philoxeroides*), giant reed, (*Arundo donax*), and invasive common reed (*Phragmites australis*)

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

Aquatic formulation of glyphosate (such as Roundup Custom), aquatic formulation of imazapyr (such as Habitat), and aquatic formulation of imazamox (such as Clearcast)

C. Period of Application:

Start Date: 01/01/2024

End Date 12/31/2031

D. Types of Adjuvants Used:

Non-ionic adjuvant or a crop oil concentrate (such as LI-700, Agridex, Competitor, or Cygnus Plus)

VI. AQUATIC PESTICIDE APPLICATION PLAN

A. Has an Aquatic Pesticide Application Plan been prepared and is the applicator familiar with its contents?

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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 Order, including developing and implementing a monitoring program, will be complied with."

A. Printed Name: Philip Choy

B. Signature: _____ Date: _____

C. Title: Department of Water Resources - Suisun Marsh Program Manager

X. 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 _____