

**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. <input checked="" type="checkbox"/> New Applicator	B. Change of Information: WDID# _____
	C. <input type="checkbox"/> Change of ownership or responsibility: WDID# _____	

**II. DISCHARGER INFORMATION**

A. Name <b>California Department of Fish and Wildlife / Wildlife Branch</b>			
B. Mailing Address <b>P.O. Box 944209</b>			
C. City <b>Sacramento</b>	D. County <b>Sacramento</b>	E. State <b>CA</b>	F. Zip <b>94244-2090</b>
G. Contact Person <b>Krista Hoffmann</b>	H. E-mail address Krista.Hoffmann@wildlife.ca.gov	I. Title Senior Environmental Scientist	J. Phone <b>(916) 373-6609</b>

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

A. Name <b>N/A</b>			
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: CDFW has properties statewide with water bodies of various types that may require treatment.

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: CDFW has properties statewide with water bodies of various types that may require treatment.

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

**V. ALGAECIDE AND AQUATIC HERBICIDE APPLICATION INFORMATION**

A. Target Organisms: \_\_\_\_\_  
**Various aquatic weed pests**

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

AquaMaster, Rodeo, Roundup Custom, or Aquaneat: glyphosate  
Clearcast: imazamox  
Garlon 3A or Renovate: triclopyr triethylamine:  
Habitat or Polaris: imazapyr  
Harpoon: copper ethylenediamine  
Reward: diquat dibromide  
Sonar: fluridone  
Weedar: 2,4-D

C. Period of Application: Start Date April 11, 2020 End Date until the expiration of the permit

D. Types of Adjuvants Used:  
Non-ionic and Crop Oil Concentrate adjuvants approved for aquatic use, such as Agridex, Competitor, Activator 90, or R-11

**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  
**Notification to be done when treatment sites are determined**

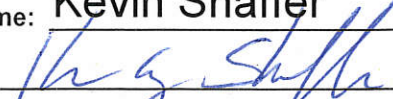
**VIII. FEE**

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: Kevin Shaffer

B. Signature: 

Date: 3/12/2024

C. Title: Acting Wildlife Branch Chief

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

WDID:	Date NOI Received:	Date NOI Processed:
Case Handler's Initial:	Fee Amount Received: \$	Check #:
<input type="checkbox"/> Lyris List Notification of Posting of APAP	Date _____	Confirmation Sent _____