

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 # 5A34NP00022
- C. Change of ownership or responsibility: WDID# _____

II. DISCHARGER INFORMATION

- A. Name Sacramento County, Department of Water Resources
- B. Mailing Address 827 7th Street, Room 301
- C. City Sacramento
- D. County Sacramento
- E. State California
- F. Zip Code 95814
- G. Contact Person Todd Peterson
- H. Email address petersont@saccounty.gov
- I. Title Division Chief
- J. Phone (916) 875-7164

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: Stormwater Drainage Sites (see attached map/list)

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 application 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:

Vegetation

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

Round-up Custom (Glyphosate)

Garlon 3a (Triclopyr)

C. Period of Application:

Start Date January 1 End Date December 31

D. Types of Adjuvants Used:

Biodegradable, low foaming, non-ionic surfactant penetrant containing alkylphenol ethoxylate.

Deposition aid and drift control agent containing polyvinyl polymer (polyacrylamide)

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: Todd Peterson

B. Signature: Todd Peterson

Digitally signed by Todd Peterson
Date: 2024.05.09 11:43:16 -07'00'

Date: 5/9/2024

C. Title: Division Chief

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 _____