

ATTACHMENT E – NOTICE OF INTENT

**ORDER WQ 2016-0041-DWQ
GENERAL PERMIT CAG 990006**

**STATEWIDE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT
FOR RESIDUAL PESTICIDE DISCHARGES TO WATERS OF THE UNITED STATES
FROM AQUATIC ANIMAL INVASIVE SPECIES CONTROL APPLICATIONS**

I. NOTICE OF INTENT STATUS (see Instructions)

Mark Only One Item:

- A. New Applicator
- B. Change of Information: WDID# _____
- C. Change of ownership or responsibility: WDID# _____
- D. Enrolled under Order 2011-0003-DWQ: WDID# _____

II. DISCHARGER INFORMATION

- A. Name Department of Water Resources - Division of Operations and Maintenance
- B. Mailing Address 715 P Street
- C. City Sacramento
- D. County Sacramento
- E. State California
- F. Zip 95814
- G. Contact Person Tanya Veldhuizen
- H. Email Address Tanya.Veldhuizen@water.ca.gov
- I. Title Program Manager, Special Projects Section
- J. Phone (916) 820-7843

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

- A. Name _____
- B. Billing Address _____
- C. City _____
- D. County _____
- E. State _____
- F. Zip _____
- G. Email Address _____

GENERAL NPDES PERMIT FOR BIOLOGICAL PESTICIDE ORDER WQ 2016-0041-DWQ
AND RESIDUAL CHEMICAL PESTICIDE DISCHARGES FROM NPDES CAG 990006
AQUATIC ANIMAL INVASIVE SPECIES CONTROL APPLICATIONS

H. Title _____

I. Phone _____

IV. RECEIVING WATER INFORMATION

A Biological pesticide and residual chemical pesticide discharge to (check all that apply):

1. Canals, ditches, or other constructed conveyance facilities owned and controlled by Discharger. State Water Project facilities including but not limited to aqueducts, pipelines, canals, reservoirs, and forebays
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: See attached list of waterbodies

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, 3, 4, 5, 6, and 8
(List all regions where pesticide application is proposed.)

A map showing the locations of A1-A3 in each Regional Water Board shall be included.

V. PESTICIDE APPLICATION INFORMATION

A. Target Organisms Invasive mussel species including golden, quagga, and zebra

B. Pesticides Used: List name, active ingredients and, if known, degradation by-products.
Copper (e.g., EarthTec QZ®), Chlorine as Calcium and/or Sodium Hypochlorite, and killed Pseudomonas fluorescens strain CL145A (Zequanox®)

C. Period of Application
Start Date January 1
End Date December 31

D. Types of Adjuvants Added by the Discharger: None.

VI. AQUATIC PESTICIDES APPLICATION PLAN

A. Has an Aquatic Pesticides Application Plan (APAP*) been prepared?"

Yes No

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B. If not, when will it be prepared? _____
*A copy of the APAP shall be included with the NOI.

C. Is the applicator familiar with its contents?

Yes No

VII. NOTIFICATION

Have potentially affected public and governmental agencies been notified?

Yes No

If yes, a copy of the notifications shall be attached to the NOI.

VIII. FEE

Have you included payment of the filing fee (for first-time enrollees only) with this submittal?

Yes No N/A

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

Printed Name Tanya Veldhuizen

Signature *Tanya Veldhuizen*

Date 11/22/2024

Title Program Manager, Special Projects Section

X. FOR STATE WATER BOARD USE ONLY

WDID: _____ Date NOI Received: _____ Date NOI Processed: _____

Case Handler's Initial: _____ Fee Amount Received: \$ _____ Check #: _____

Waterbodies at risk of mussel infestation in the California State Water Project

Site	RWQCB Region	County
Thermalito Diversion Pool	5	Butte
Thermalito Forebay	5	Butte
Thermalito Afterbay	5	Butte
Clifton Court Forebay	5	Contra Costa
Bethany Reservoir	5	Alameda
Lake Del Valle	2	Alameda
O'Neill Forebay	5	Merced
San Luis Reservoir	5	Merced
Los Banos Creek Detention Dam and Reservoir	5	Merced
Quail Lake	6	Los Angeles
Pyramid Lake	4	Los Angeles
Castaic Lake & Castaic Lagoon	4	Los Angeles
Silverwood Lake	6	San Bernardino
Lake Perris	8	Riverside