

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 # \_\_\_\_\_

C. Change of ownership or responsibility: WDID# \_\_\_\_\_

**II. DISCHARGER INFORMATION**

A. Name \_\_\_\_\_

B. Mailing Address \_\_\_\_\_

C. City \_\_\_\_\_

D. County \_\_\_\_\_

E. State \_\_\_\_\_

F. Zip Code \_\_\_\_\_

G. Contact Person \_\_\_\_\_

H. Email address \_\_\_\_\_

I. Title \_\_\_\_\_

J. Phone \_\_\_\_\_

**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: \_\_\_\_\_

B. Regional Water Quality Control Board(s) where application areas are located

(REGION 1, 2, 3, 4, 5, 6, 7, 8, or 9): Region \_\_\_\_\_

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

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

A. Target Organisms:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

Imazamox (Clearcast®), Imazapyr (Habitat®), Penoxsulam (Galleon® SC), Peroxyacetic Acid (GreenClean Liquid 5.0®), Sodium Carbonate Peroxyhydrate (PAK@27), Triclopyr (Renovate®)

C. Period of Application:

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

D. Types of Adjuvants Used:

\_\_\_\_\_  
\_\_\_\_\_

**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: Blake Johnson
- B. Signature: Blake Johnson Digitally signed by Blake Johnson  
Date: 2025.08.05 11:26:42 -07'00' Date: 8/5/2025
- 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