

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 Reclamation District 800
- B. Mailing Address P.O. Box 262, 1540 Discovery Bay Blvd. Ste A
- C. City Discovery Bay
- D. County Contra Costa
- E. State CA
- F. Zip Code 94514
- G. Contact Person Sonnet Rodrigues
- H. Email address sonnet@rd800.org
- I. Title General Manager
- J. Phone 925-634-2351

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 _____

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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: Willow Lake and associated and/or nearby water bodies

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:

Algae, Aquatic Weeds (surface), Aquatic Weeds (submerged)

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

2,4-D (Weedar), Copper (Captain XTR), Diquat (Reward), Endothal (Aquathol), Fluridone

(Sonar), Glyphosate (Roundup Custom), Imazapyr (Habitat), Sodium Carbonate Peroxyhydrate

(GreenClean), Triclopyr (Garlon)

C. Period of Application:

Start Date January 1 End Date December 31

D. Types of Adjuvants Used:

Various nonionic surfactants including, but not limited to: Solar, Activator 90, No Foam A, and

Agri-Dex

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: Sonnet Rodrigues

B. Signature:  Date: 2.26.26

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 _____