

**(FORM A)**  
**NOTICE OF INTENT**  
**TO OBTAIN COVERAGE UNDER A**  
**GENERAL PERMIT TO DISCHARGE AQUATIC PESTICIDES**

**I. NOI STATUS**

MARK ONLY ONE ITEM    1. <input type="checkbox"/> New Applicator    2. <input type="checkbox"/> Change of Information for WDID# <span style="float:right; border: 1px solid black; width: 150px; height: 15px;"></span>
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**II. PESTICIDE APPLICATOR INFORMATION**

Name/Agency	Contact Person		
Mailing Address	Title		
City	State	Zip	Phone (    )    --

**III. RECEIVING WATER INFORMATION**

A. Do wastes and pesticide residues discharge to (Check all that apply):  1. <input type="checkbox"/> Canals, Ditches, or other constructed conveyance facilities owned and controlled by Applicator? _____ 2. <input type="checkbox"/> Other conveyance systems? - Enter owner's name: _____ 3. <input type="checkbox"/> Directly to waters of U.S. (e.g., river, lake, creek, stream, bay, ocean, etc.)? _____
B. Regional Water Quality Control Board where application sites are located (REGION 1,2,3,4,5,6,7,8, or 9):    REGION _____
C. Name of receiving water: (river, lake, creek, stream, bay, ocean): _____

**IV. PESTICIDE APPLICATION INFORMATION**

A. Target Organism:    ___Algae    ___Aquatic Weeds (surface)    ___Aquatic Weeds (submerged)    ___Mosquitoes and other Vectors ___OTHER (identify): _____
B. Pesticides Used: List Name and Active ingredients - _____
C. Period of Application: Start Date _____ End Date _____

**V. VICINITY MAP** (must show application site location in relation to nearest named streets, intersections, etc.)

Have you included a vicinity map with this submittal? .....  YES  NO

**VI. CERTIFICATIONS**

"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 assure 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."

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**VII. FORM A SUBMITTAL INFORMATION**

**A. The completed and signed Form A should be mailed or Faxed to:**

State Water Resources Control Board  
Division of Water Quality  
Attn: Aquatic Pesticide Application Activities  
P.O. Box 100  
Sacramento, CA 95812-0100

FAX (916) 341-5463