

**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. <input checked="" type="checkbox"/> New Applicator	X B. Change of Information: WDID# 2018P00013, RM# 340985 Added Aquatic Herbicide Sonar Genesis To APAP
	C. <input type="checkbox"/> Change of ownership or responsibility: WDID#	

**II. DISCHARGER INFORMATION**

A. Name CITY OF ALAMEDA - Public Works Department			
B. Mailing Address 950 W. Mall Square, Room 110			
C. City Alameda	D. County Alameda	E. State CA	F. Zip 92501
G. Contact Person Erin Smith	H. E-mail address ESmith@alamedaca.gov	I. Title Deputy Public Works Director	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
G. E-mail 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: Alameda Lagoons

B. Regional Water Quality Control Board(s) where treatment areas are located  
(REGION 1, 2, 3, 4, 5, 6, 7, 8, or 9): Region San Francisco Bay RWQCB (2)  
(List all regions where algaecide and aquatic herbicide application is proposed.)

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

A. Target Organisms: \_\_\_\_\_  
Widgeon Grass, Planktonic and Filamentous algae

B. Algaecide and Aquatic Herbicide Used: List Name and Active ingredients  
Herbicides - Reward (diquat); Nautique (Copper Carbonate); Sonar Genesis (fluridone)  
Algaecides - Cutrine Plus (Copper as Elemental); GreenClean Liquid (Hydrogen Dioxide); PAK27  
(Sodium Carbonate Peroxyhydrate); Hydrothol 191 (Mono N,N-dimethylalkylamine salt of endothal)

C. Period of Application: Start Date May 2020 End Date Permit End Date

D. Types of Adjuvants Used:  
Cygnat Plus (Active Ingredients - Limonene, methylated vegetable oil, alkyl hydroxypoly oxyethylene)

**VI. AQUATIC PESTICIDE APPLICATION PLAN**

Has an Aquatic Pesticide Application Plan been prepared and is the applicator familiar with its contents?  
 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

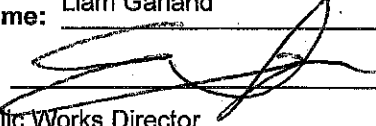
GENERAL NPDES PERMIT FOR RESIDUAL  
 AQUATIC PESTICIDE DISCHARGES FROM  
 ALGAE AND AQUATIC WEED CONTROL APPLICATIONS

ORDER NO. 2013-0002-DWQ  
 NPDES NO. CAG990005

**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 General Permit, including developing and implementing a monitoring program, will be complied with."

A. Printed Name: Liam Garland

B. Signature: 

Date: 4/27/20

C. Title: Public Works Director

**XI. FOR STATE WATER BOARD STAFF USE ONLY**

WDID:	Date NOI Received:	Date NOI Processed:
Case Handler's Initial:	Fee Amount Received: \$	Check #:
<input type="checkbox"/> Lyris List Notification of Posting of APAP	Date _____	Confirmation Sent _____

