

ATTACHMENT 1 TO WATER QUALITY ORDER 2022-0077-EXEC

GENERAL NPDES PERMIT FOR BIOLOGICAL AND RESIDUAL
PESTICIDE DISCHARGES FROM VECTOR CONTROL APPLICATIONS
ORDER 2016-0039-DWQ NPDES NO. CAG990004

Attachment E - NOTICE OF INTENT

WATER QUALITY ORDER 2016-0039-DWQ
GENERAL PERMIT CAG990004

STATEWIDE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
PERMIT FOR BIOLOGICAL AND RESIDUAL PESTICIDE DISCHARGES
TO WATERS OF THE UNITED STATES
FROM VECTOR CONTROL APPLICATIONS

I. NOTICE OF INTENT STATUS (see Instructions)

Mark only one item

- A. New Applicator
- B. Change of Information: WDID# 5 50AP00012
- C. Change of ownership or responsibility: WDID# _____
- D. Enrolled under Order 2011-0002-DWQ: WDID# _____

II. DISCHARGE INFORMATION

- A. Name Turlock Mosquito Abatement District
- B. Mailing Address 4412 N Washington Rd
- C. City Turlock
- D. County Stanislaus
- E. State California
- F. Zip Code 95380
- G. Contact Person David Heft
- H. Email address dheft@turlockmosquito.com
- I. Title General Manager
- J. Phone 209-634-1234

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

- A. Name _____
- B. Mailing Address _____
- C. City _____
- D. County _____
- E. State _____

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- F. Zip Code _____
- G. Email address _____
- H. Title _____
- I. Phone _____

IV. RECEIVING WATER INFORMATION

- A. Biological and residual pesticides discharge to (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: Various - See Attachment A
Name of the conveyance system: Various - See Attachment A
 - 3. Directly to river, lake, creek, stream, bay, ocean, etc.
Name of water body: Various - See Attachment A

*A map showing the affected areas for items 1 to 3 above may be included.

- 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 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:
 Vector Larvae Adult Vector
- B. Pesticide Used: List name, active ingredients and, if known, degradation by-products
See Attachment B

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

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D. Types of Adjuvants Added by the Discharger:

VI. PESTICIDES APPLICATION PLAN

A. Has a Pesticides Application Plan been prepared?*

Yes No

If not, when will it be prepared?

*A copy of the Pesticides Application Plan shall be included with the NOI.

B. Is the applicator familiar with its contents?

Yes No

Have potentially affected 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 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: David Heft

B. Signature:  Date: 03/31/2024

C. Title: General Manager

X. FOR STATE WATER BOARD USE ONLY

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

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