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(Attach fee check here)

Instructions for Notice of Intent (Attachment D)

The prospective Enrollee must notify the State Water Board and the applicable Regional Water Board as early as possible, and no less than forty-eight (48) hours prior to initiating the emergency project, except as set forth below (and in Order, section IX.A.1.b). Notification may be via telephone, e-mail, delivered written notice, or other verifiable means. If not included as part of the notification, **the notification must be followed within three (3) business days by electronic or written submission of all of the information in this notice of intent (NOI).**

Locate the Regional Water Quality Control Board your emergency project is located in at: https://www.waterboards.ca.gov/waterboards_map.html

Locate the contact information for the "State Program Manager" and the appropriate "Region Program Manager" from the website:

http://www.waterboards.ca.gov/water_issues/programs/cwa401/docs/staffdirectory.pdf

- Address notification email to the state program manager and appropriate region program manager and include in the subject line: (Attention: RGP 63 Notice of Intent); or
- Call the state program manager and appropriate region program manager; or
- Send written notification to the following addresses:

ATTN: Program Manager CWA Section 401 WQC Program Division of Water Quality State Water Resources Control Board 1001 "I" St. 15th Floor Sacramento, CA 95814

ATTN: Program Manager CWA Section 401 WQC Program Insert address of appropriate Regional Water Board from the staff directory linked above

The Enrollee must provide to the appropriate Regional Water Board the fee for review and processing of the NOI in accordance with California Code of Regulations, title 23, section 2200 within forty-eight (48) hours of project initiation. Failure to promptly pay the correct fee amount may result in a disqualification for enrollment pursuant to this water quality certification.

The fee amount is calculated using the "Emergency Projects authorized by a Water Board General Order" fee category within the Dredge and Fill Fee Calculator located at: https://www.waterboards.ca.gov/water_issues/programs/cwa401/l. Note that fees are adjusted

periodically. Enrollees should confirm the correct fee amount prior to submitting an NOI.

The Water Boards recognize there may be situations where imminent threats to life or property occur and the Enrollee is unable to give the Water Boards notification 48 hours prior to initiating the emergency project. If immediate, specific actions, as defined in the California Code of Regulations, title 14, section 15269(c), are required by the Enrollee and prior notice to the State Water Board and the applicable Regional Water Board is not possible, then the Enrollee must contact the State Water Board and the applicable Regional Water Board within one (1) business day of the action. As provided above, this notification must be followed within three (3) business days by electronic or written submission of all of the information in this NOI.

PROPERTY OWNER						
Name:	Phone Number:					
Mailing Address:						
City:	State:	ZIP Code:				
Contact Person:	E-Mail:					
PROSPECTIVE ENROLLEE (If different from owner)						
Name:	Phone Number:					
Mailing Address:						
City:	State:	ZIP Code:				
Contact Person:	E-Mail:					
PROJECT SIT	E LOCATION					
Project Name or Title:						
Street (include address, if any):						
Nearest Cross Street(s):						
County:	Total size of proje	ct site (acres):				
Latitude/Longitude (Center of Discharge Area) in nearest ½ second OR decimal degrees (DD) to f						
DMS: N. Latitude Deg Min	Sec					
W. Longitude Deg Min	Sec					
DD: N. Latitude						
W. Longitude						
Map Attached: Yes No Photos Attached: Yes No						
DISCHARGE I	NFORMATION					
Names of Receiving Water(s):						
Receiving Water Types:						
□Lake/Reservoir	□Riparian Area					
□Ocean/Estuary/Bay	□Vernal Pool					
River/Streambed	□Wetland					
Emergency Project Description:						

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Fill and Excavation Discharges: For each aquatic resource type listed below indicate in acres, cubic
vards, and linear feet the estimated discharge to waters of the state, and identify the impact(s) as
permanent and/or temporary.

Aquatic Resource Type	Temporary Impact			Permanent Impact		
	Acres	Cubic Yards	Linear Feet	Acres	Cubic Yards	Linear Feet
Lake/Reservoir						
Ocean/Estuary/Bay						
Riparian Zone						
Stream Channel						
Vernal Pool						
Wetland						

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 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 and imprisonment. In addition, I certify that the provisions of this Certification and Corps Regional General Permit No. 63 will be complied with."

Signature of Discharger	Title
Printed or Typed Name	Date