

ATTACHMENT E – NOTICE OF INTENT

**ORDER WQ 2016-XXXX-DWQ
GENERAL PERMIT CAG 990006**

**STATEWIDE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT
FOR RESIDUAL PESTICIDE DISCHARGES TO WATERS OF THE UNITED STATES
FROM AQUATIC ANIMAL INVASIVE SPECIES 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# _____

D. ☐ Enrolled under Order 2011-0003-DWQ: WDID# _____

II. DISCHARGER INFORMATION

A. Name CASITAS MUNICIPAL WATER DISTRICT

B. Mailing Address 1055 VENTURA AVENUE

C. City OAK VIEW

D. County VENTURA

E. State CA

F. Zip 93022

G. Contact Person JORDAN SWITZER

H. Email Address JSWITZER@CASITASWATER.COM

I. Title WATER QUALITY SUPERVISOR

J. Phone (805) 649-2251 Ext. 120

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

A. Name _____

B. Billing Address _____

C. City _____

D. County _____

E. State _____

F. Zip _____

G. Email Address _____

ATTACHMENT E – NOTICE OF INTENT

GENERAL NPDES PERMIT FOR BIOLOGICAL PESTICIDE ORDER WQ 2016-XXXX-DWQ
AND RESIDUAL CHEMICAL PESTICIDE DISCHARGES FROM NPDES CAG 990006
AQUATIC ANIMAL INVASIVE SPECIES CONTROL APPLICATIONS

H. Title _____

I. Phone _____

IV. RECEIVING WATER INFORMATION

A Biological pesticide and residual chemical pesticide 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: UNITED STATES BUREAU OF RECLAMATION

Name of the conveyance system: LAKE CASITAS

- ☒ 3. Directly to river, lake, creek, stream, bay, ocean, etc.

Name of water body: LAKE CASITAS

- B. Regional Water Quality Control Board(s) where application areas are located (REGION 1, 2, 3, 4, 5, 6, 7, 8, or 9): Region 4
(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 GOLDEN AND/OR DREISSENID (QUAGGA & ZEBRA) MUSSELS

B. Pesticides Used: List name, active ingredients and, if known, degradation by-products.
COPPER (e.g., EARTHTEC QZ, CUTRINE PLUS)

C. Period of Application

Start Date UPON PERMIT APPROVAL AND TREATMENT THRESHOLD BEING MET

End Date LIFE OF PERMIT

D. Types of Adjuvants Added by the Discharger: NONE

VI. AQUATIC PESTICIDES APPLICATION PLAN

A. Has an Aquatic Pesticides Application Plan (APAP*) been prepared?"

☒ Yes

☐ No

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B. If not, when will it be prepared? _____

*A copy of the APAP shall be included with the NOI.

C. Is the applicator familiar with its contents?

☐ Yes

☒ No

QUALIFIED APLICATOR NOT
YET IDENTIFIED, BUT WILL
BE PROVIDED WITH APAP /
REQUIRED TO BE FAMILIAR
WITH PRIOR TO APPLICATION

VII. NOTIFICATION

Have potentially affected public and governmental agencies been notified?

☐ Yes

☒ No

AGENCIES WILL BE
NOTIFIED PRIOR TO ANY
TREATMENTS

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

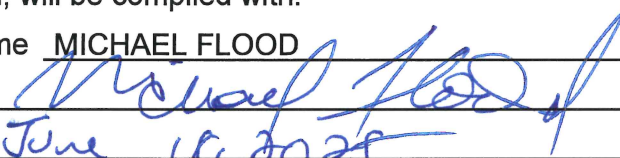
☐ No

☐ N/A

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 this Order, including developing and implementing a monitoring program, will be complied with."

Printed Name MICHAEL FLOOD

Signature 

Date June 18, 2025

Title GENERAL MANAGER

X. FOR STATE WATER BOARD USE ONLY

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

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