# Attachment B1 – Notice of Intent

## Section 1: Project Purpose[[1]](#footnote-2) and Activity

**A) Select the Proposed Project Purpose:**

[ ]  Wildfire Mitigation

[ ]  Routine Operations and Maintenance

[ ]  Wildfire Recovery (Section IV.E.3.a.i)

[ ]  Other Response Activities (Section IV.E.3.a.ii)

**B) Select the Activity Type(s):**

[ ]  Vegetation Management

[ ]  Herbicide Application

[ ]  Access Route Construction, Reconstruction, or Maintenance

[ ]  Staging Areas and Laydown Yards

[ ]  Pole/Tower Repair, Maintenance or Replacement

[ ]  Substation Maintenance

[ ]  Structural Conversion

[ ]  Overhead Line Reconductoring

[ ]  Undergrounding Powerlines

[ ]  Boardwalk Repairs or Replacement

[ ]  Infrastructure Lowering, Maintenance, Replacement or Removal

**C) Indicate which of the following applies to the proposed activity:**

[ ]  Results in a discharge of dredge or fill materials

[ ]  Is being undertaken as an Urgent Response Activity

[ ]  Requires construction of new access routes:

[ ]  Resulting in over 300 linear feet of soil disturbance

[ ]  Resulting in soil disturbance within 500 feet of waters

[ ]  Results in greater than 0.5 acres of soil disturbance on slopes ≥ 30% with a K factor ≥ 0.2

[ ]  Results in soil disturbance within 50 feet of waters

[ ]  Requires vegetation management within 100 feet of:

[ ]  An impaired waterbody

[ ]  A Class I or II watercourse

## Section 2: Legally Responsible Party (Applicant) and Duly Authorized Representative Information

|  |  |  |
| --- | --- | --- |
| Discharger Information | Legally Responsible Party (required) | Authorized Representative (optional) |
| Name of Company |       |       |
| Name of Contact  |       |       |
| Title of Contact |       |       |
| Address |       |       |
| City, State, Zip |       |       |
| Phone Number(s)  |       |       |
| Email Address |       |       |

## Section 3: Fees and Billing Information

Pay the application fee online or include a check, money order or cashier check, payable to the State Water Board, with your NOI. Provide contact information for where annual fee invoices should be mailed.

|  |  |
| --- | --- |
| Information | Billing Information  |
| Name of Company  |       |
| Name of Contact |       |
| Title  |       |
| Address |       |
| City, State, Zip |       |
| Phone Number(s)  |       |
| Email Address |       |

## Section 4: Other Agency Permits, Licenses, Agreements, Plans, and Email Correspondence

Attach application if final action not yet taken.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Permit Name | Has an application been submitted?(yes/no/NA) | If yes, has a permit been received? (yes/no) | Permit Type | ID Number (e.g. Corps file number) |
| Army Corps NWP Pre-Construction Notification (PCN) |       |       |       |       |
| US Fish and Wildlife Service Incidental Take Permit |       |       |       |       |
| National Marine Fisheries Service Incidental Take Permit |       |       |       |       |
| Other Federal Permits  |       |       |       |       |
| California Department of Fish and Wildlife Lake and Streambed Alteration Agreement (LSAA) |       |       |       |       |
| State Water Board Construction Stormwater General Permit  |       |       |       |       |
| Coastal Development Permit  |       |       |       |       |
| Other NPDES Permit |       |       |       |       |
| Other State Permits  |       |       |       |       |
| Local Permit(s)  |       |       |       |       |
|  |  |  |  |  |

## Section 5: Project Information

## (supplemental information can be attached on separate pages)

|  |
| --- |
| Project Name: |
|        |
| Project Address (Include city (or nearest city), zip code, county, and Assessor’s Parcel Number): |
|       |
| Coordinates (decimal degrees): |
|       |
| Construction Timeframe (Provide approximate start and end dates): |
|       |
| Will any ground disturbance take place between October 1 through April 30?Yes [ ]  No[ ]  |
| Is this a linear project (for example a powerline, pipeline, access route, highway, etc.)?Yes [ ]  No[ ]  |
| If yes, indicate length of project from end-to-end:\_\_\_\_\_ feet |

|  |
| --- |
| Project Description/Purpose: |
|       |

## Section 6: Avoidance, Minimization

## (supplemental information can be attached on separate pages)

|  |
| --- |
| Avoidance and Minimization: |
|       |

## Section 7: Justification for Deviation from Section IV.F. Conditions

|  |
| --- |
| For Section IV.F. Conditions that require justification if they cannot be met, please provide your justification here. See Attachment A2 for a list of applicable conditions.  |
|       |

Section 8: Temporary Impacts, Permanent Impacts, and Compensatory Mitigation

**Temporary Impacts:** Would your project result in temporary impacts to waters of the state      ? If yes, attach the restoration plan.

**Total Temporary Impacts:**      \_\_\_\_\_\_\_\_\_\_\_\_\_acres;      \_\_\_\_\_\_\_\_\_\_\_\_ linear feet

**Permanent Impacts:** Would your project result in permanent impacts to waters of the state?

**Total Permanent Impacts:**      \_\_\_\_\_\_\_\_\_\_\_\_\_acres;      \_\_\_\_\_\_\_\_\_\_\_\_ linear feet

### Table 2: Receiving Waters Information[[2]](#footnote-3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Impact Site ID | Waterbody Name  | Impacted Aquatic Resource Type  | Water Board Hydrologic Units | Receiving Waters  | Receiving Waters Beneficial Uses  | 303(d) Listing Pollutant(s) |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

### Table 3: Individual Direct Impact Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Impact Site ID | Aquatic Resource Type | Latitude | Longitude  | Permanent or Temporary Impact?  | Acres | Linear Feet  | Dredge or Fill/Excavation? |
|       |  |       |       |       |       |       |       |
|       |  |       |       |       |       |       |       |
|       |  |       |       |       |       |       |       |
|       |  |       |       |       |       |       |       |
|       |  |       |       |       |       |       |       |
|       |  |       |       |       |       |       |       |
|       |  |       |       |       |       |       |       |

## Section 9: Documentation

Check any of the following documents that are applicable to your project and attach copies to your NOI.

[ ]  Fee Check or Online Payment Receipt

[ ]  Other Agency Correspondence, Permits and Permit Applications

[ ]  Map of Project Components and Waters of the State

[ ]  Drawings or Design Plans

[ ]  Delineation Report

[ ]  Erosion and Sediment Control Plan (Section IV.K)

[ ]  Vegetation Management Impact Offset Plan (Section IV.M)

[ ]  Temporary Impact Restoration Plan (Section IV.N)

[ ]  Compensatory Mitigation Plan (Section IV.O)

[ ]  Horizontal Directional Drilling Plan (Section IV.F.26)

[ ]  Pre-Project Photographs

[ ]  Proposed Dewatering Plan (Section IV.F.20)

[ ]  Stormwater Pollution Prevention Plan

[ ]  Additional Pages and/or Supplemental Information

## For Internal Water Board Use Only

Reviewer:

Date Received:

Reg Measure ID:

WDID:

Check Number:

## *Application Approval and Signatures on Next Page*

## Section 10: Legally Responsible Party and Duly Authorized Representative Signature

|  |
| --- |
| See NOI Instructions for Legally Responsible Party eligibility. Legally Responsible Party Attestation |
| I certify under penalty of law that this application and all attachments were prepared under my direction or supervision in accordance with a process designed to assure that qualified personnel properly gather and evaluate the information submitted. 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 for knowing violations. |
| Print Legally Responsible Person Name (Not the Duly Authorized Representative)  |
|  |

### Duly Authorized Representative assignment is as follows (optional):

|  |
| --- |
| The authorization shall specify that a person designated as a Duly Authorized Representative has responsibility for the overall operation of the regulated facility or activity, such as a person that is a manager, operator, superintendent, or another position of equivalent responsibility, or is an individual who has overall responsibility for environmental matters for the company. Optional Duly Authorized Representative Assignment  |
| I hereby authorize [Print Duly Authorized Representative's Name] to act on my behalf as the Duly Authorized Representative in the processing of this NOI, and to furnish upon request, supplemental information in support of this NOI.  |
| Print Legally Responsible Person Name (not the Duly Authorized Representative)  |
|  |

1. Refer to General Order Attachment B2 for instructions on how to fill out this
Notice of Intent. [↑](#footnote-ref-2)
2. Attach additional tables or add rows to the tables as needed. For receiving waters information (e.g., beneficial uses, watershed identification, etc.) refer to the Regional Water Basin Plans on the applicable Regional Water Board website or the [State Water Board’s Plans and Policies website](https://www.waterboards.ca.gov/plans_policies/) (https://www.waterboards.ca.gov/plans\_policies/). [↑](#footnote-ref-3)