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| Exec Letterhead Color | **Notice of Intent (NOI) for the State Water Board Certification of Regional General Permit 99** |

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| **Section 1: Water Quality Control Boards Applicable to this NOI** | | | | | | | | | |
| **Colorado River Regional Water Board** | | | |  | |  | | | |
| **Santa Ana Water Board** | | | |  | |
| **San Diego Water Board** | | | |  | |
| **State Water Board** | | | |  | |
| **Section 2: Applicant and Project Manager Information** | | | | | | | | | |
|  | | | **Applicant:** | | | | **Project Manager:** | | |
| **Company/ Agency Name:** | | | Riverside County Flood Control and Water Conservation District | | | | Riverside County Flood Control and Water Conservation District | | |
| **Name of Contact:** | | |  | | | |  | | |
| **Title:** | | |  | | | |  | | |
| **Address:** | | | 1995 Market Street | | | | 1995 Market Street | | |
| **City, State, Zip:** | | | Riverside, CA 92501 | | | | Riverside, CA 92501 | | |
| **Phone Number(s):** | | |  | | | |  | | |
| **Email Address:** | | |  | | | |  | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Section 3: Facility Classification Applicable to this NOI** | | | | | | | | **Class 1** | **☐** | | This classification includes existing concrete-lined (concrete bed and banks) channels with sparse or no native vegetation cover. Sparse means no more than 20% of the total vegetation cover within the channel can be native; for example, if total cover equals 60%, native vegetation must be less than or equal to 12%. | | | | | **Class 2** | **☐** | | Channels that are in all respects as defined under Category 1, except they possess either an earthen or un-grouted rip-rap bank or earthen or un-grouted rip-rap channel bottom. | | | | | **Class 3** | **☐** | | Channels that are in all respects defined under Category 2, except native vegetation exceeds the limitations of Category 1 and 2. | | | | | **Section 4: Other Agency Permits/ Licenses/ Agreements/ Plans/ Email correspondence (attach application if final action not yet taken):** | | | | | | | | **Agency:** | | **Have you applied?:** | | **If yes, have you received the permit?:** | **Permit type:** | **ID number (e.g. Corps file number):** | | **☐ USACE Annual Maintenance Plan** | | **Y☐ N☐** | | **Y☐ N☐** |  |  | | **☐ USACE Supplemental Maintenance Plan (if applicable)** | | **Y☐ N☐** | | **Y☐ N☐** |  |  | | **☐ CDFW Lake and Streambed Alteration Agreement** | | **Y☐ N☐** | | **Y☐ N☐** |  |  | | **☐ Other State Permits** | | **Y☐ N☐** | | **Y☐ N☐** |  |  | | **☐** **Local Permit(s)** | | **Y☐ N☐** | | **Y☐ N☐** |  |  | | | | | | | | | | |
| **Section 5: Project Information** | | | | | | | | | |
| **Project Name:** | | | | | | | | | |
| **Facility(ies) where maintenance activities will occur (Provide latitude and longitude in Table 1, below):** | | | | | | | | | |
| **City:** | **Zip Code:** | | | | **County:** Riverside | | |  | |
| **Project Maintenance Timeframe (Provide approximate start and end dates):** | | | | | | | | | |
| **Project Description/Purpose including any required access improvements needed (continue on attached pages if necessary):** | | | | | | | | | |
| **Section 6: Avoidance, Minimization and Cumulative Impacts** | | | | | | | | | |
| **Avoidance and Minimization Measures:** | | | | | | | | | |
| **Section 7: Temporary Impacts and Restoration Information** | | | | | | | | | |
| **Temporary Impacts: Would your project result in temporary impacts? Yes**  **No**  **If yes, attach the restoration plan**. | | | | | | | | | |
| **Total temporary impacts: acre linear feet** | | | | | | | | | |
| **Vegetation Removal: If your project will affect a Class 2 or Class 3 Facility, would your project result in the removal of** **living native vegetation** **above the maintenance baseline that has a diameter at breast height (DBH) in excess of 3 inches? Yes**  **No**  **N/A**  **If yes, use this table for each plant proposed for removal (or attach a similar table if additional rows are needed):** | | | | | | | | | |
| **Species:** | | **Common name:** | | | | **DBH:** | | | **Circle to indicate whether the individual is part of the: Overstory Understory** |
|  | |  | | | |  | | | **Overstory Understory** |
|  | |  | | | |  | | | **Overstory Understory** |
| **In-Water Work: Would your project involve in-water work or stream diversions? Yes**  **No**  **If yes, attach the water quality monitoring plan.** | | | | | | | | | |
| **Disposal Sites: Would your project result in the disposal of sediment or debris? Yes**  **No**  **If yes, list the disposal sites.** | | | | | | | | | |

| **Table 1: Individual Temporary Impact Information and As-Built Capacity Information** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility ID** | **Facility Type** | **Regional Board(s) affected** | **Latitude** | **Longitude** | **Temporary Impact Dimensions** | **Fill/Excavation** | | |
| **Acres** | **Cubic Yards** | **Linear Feet** |
| 1 |  |  |  |  | **As-Built Dimensions** |  |  |  |
| **Temporary** |  |  |  |
| 2 |  |  |  |  | **As-Built Dimensions** |  |  |  |
| **Temporary** |  |  |  |
| 3 |  |  |  |  | **As-Built Dimensions** |  |  |  |
| **Temporary** |  |  |  |
| 4 |  |  |  |  | **As-Built Dimensions** |  |  |  |
| **Temporary** |  |  |  |
| 5 |  |  |  |  | **As-Built Dimensions** |  |  |  |
| **Temporary** |  |  |  |
|  | | | | | **Total Temporary** |  |  |  |

| **Table 2: Receiving Water(s) Information** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Non-Federal Waters (Impacts above OHWM)** | **Facility ID** | **Facility Type** | **Impacted Aquatic Resource Type** | **Water Board Hydrologic Units** | **Receiving Waters** | **Receiving Waters Beneficial Uses** | **303d Listing**  **Pollutant** |
|  |  |  |  |  |  |  |  |
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| **Section 8: Documentation** | | | | | |
| **Check any of the following documents that are applicable to your Project and attach copies to your NOI:** | | | | | |
| **☐ Applicable maintenance plan(s) submitted to the Corps** | | **☐ Supplemental information for multiple facilities** | | | **☐ Project description and map of plans for accessing all flood control facilities** |
| **☐ Water quality monitoring plan, if required** | | **☐ Delineation report submitted to the Corps** | | | **☐ Temporary impact restoration plan** |
| **☐ Endangered Species Report and Pre-Disturbance Assessment** | | **☐ Pre-project photographs** | | | **☐ De-watering Plan** |
| **☐ Vegetation proposed for removal** | | **☐ Other agency correspondence** | | |  |
| **Section 9: Applicant and Project Manager Signature** | | | | | |
| *I hereby designate and authorize the project manager identified in Section 1 to act on my behalf in the processing of this Notice of Intent, and to furnish, upon request, supplemental information in support of this notice:* | | | | | |
| **Applicant Name** |  | | **Applicant Signature** |  | |
| *I certify that the information provided on this form and all attachments related to this project are true and accurate to the best of my knowledge:* | | | | | |
| **Applicant Name** |  | | **Applicant Signature** |  | |
| **Project Manager Name** |  | | **Project Manager Signature** |  | |

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| --- | --- |
| **For Internal Water Board Use** | |
| **Reviewer** |  |
| **Date Received** |  |
| **Reg. Measure ID** |  |
| **WDID** |  |

**Submit the completed Notice of Intent and attachments to the appropriate Regional Water Board, or to the State Water Board for projects that cross regional board boundaries.**