



# Certification of the Corps' Nationwide Permits: Notice of Intent

## NOTICE OF INTENT (NOI) FORM

### Section 1: Nationwide Permit Number<sup>1</sup>

Select the applicable Nationwide Permit(s) (NWP):

- NWP 3(a) Maintenance
- NWP 5 Scientific Measurement Devices
- NWP 6 Survey Activities
- NWP 12 Oil or Natural Gas Pipeline Activities
- NWP 13 Bank Stabilization
- NWP 14 Linear Transportation Projects
- NWP 20 Response Operations for Oil and Hazardous Substances
- NWP 22 Removal of Vessels
- NWP 28 Modification of Existing Marinas
- NWP 32 Completed Enforcement Actions
- NWP 36 Boat Ramps
- NWP 54 Living Shorelines
- NWP 57 Electrical Utility Line and Telecommunications Activities
- NWP 58 Utility Line Activities for Water and Other Substances

- Are all project impacts to waters of the state outside of federal jurisdiction?

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

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

### Section 3: Fees

Pay the application fee online or include a check, money order or cashier check, payable to the State Water Board, with your NOI.

Information on how to pay fees is available on the State Water Board's program [website](https://www.waterboards.ca.gov/water_issues/programs/cwa401/#fees) ([https://www.waterboards.ca.gov/water\\_issues/programs/cwa401/#fees](https://www.waterboards.ca.gov/water_issues/programs/cwa401/#fees)).

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<sup>1</sup> Refer to Attachment A of the General Order for instructions on how to fill out this Notice of Intent.

**Section 4: Other Agency Permits, Licenses, Agreements, Plans, and Email Correspondence**  
 Attach application if final action not yet taken.

| Permit  | Have you applied?<br>(yes/no) | If yes, have you received the permit?<br>(yes/no) | Permit Type | ID Number<br>(e.g. Corps file number) |
|---|-------------------------------|---|-------------|---------------------------------------|
| Army Corps NWP Pre-Construction Notification (PCN)  |                               |   |             |                                       |
| Is this activity covered under an Army Corps non-notifying NWP? (yes/no)                  |                               | N/A   |             | N/A                                   |
| 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) |                               |   |             |                                       |
| Coastal Development Permit  |                               |   |             |                                       |
| Other State Permits   |                               |   |             |                                       |
| Local Permit(s)   |                               |   |             |                                       |
| State Water Board Construction Stormwater General Permit Enrollment                       |                               |   |             |                                       |

**Section 5: California Environmental Quality Act Compliance**

|   |  |
|---|--|
| Does the project meet a statutory or categorical CEQA exemption?          |  |
| If Yes, enter the proposed exemption number:                              |  |
| If No, the project does not qualify for coverage under the General Order. |  |

**Section 6: Project Information**

|  |
|--|
| Project Name:  |
| Project Address (Include city, zip code, county, and Assessor's Parcel Number):                      |
| Coordinates (decimal degrees):   |
| Construction Timeframe (Provide approximate start and end dates):<br>Entire Project<br>In-water work |

Project Description/Purpose:

#### Section 7: Avoidance, Minimization, and Cumulative Impacts

Avoidance and Minimization:

Cumulative Impacts:

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

**Riparian Tree Removal:** Would your project result in the removal of trees in the riparian area  
If yes, use the table below for each adult tree proposed for removal (or attach a similar table if  
additional rows are needed).

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**Table 1: Riparian Tree Removal**

| Species | Common Name | Diameter Breast Height | Indicate whether the tree is part of the Overstory or Understory |
|---------|-------------|------------------------|--|
|         |             |                        |  |
|         |             |                        |  |
|         |             |                        |  |

**Please ensure that the project meets the impact size limits described in Section VI.E. of the General Order.**

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

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

**Permanent Impacts:** Would your project result in permanent impacts to aquatic resources?  
If yes, attach a plan to offset these new impacts.

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

Table 2: Receiving Waters Information<sup>2</sup>

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

Table 3: Individual Direct Impact Information

| Impact Site ID | Latitude | Longitude | Permanent or Temporary Impact? | Acres | Cubic Yards | Linear Feet | Dredge or Fill/Excavation? |
|----------------|----------|-----------|--------------------------------|-------|-------------|-------------|----------------------------|
|                |          |           |                                |       |             |             |                            |
|                |          |           |                                |       |             |             |                            |
|                |          |           |                                |       |             |             |                            |
|                |          |           |                                |       |             |             |                            |
|                |          |           |                                |       |             |             |                            |
|                |          |           |                                |       |             |             |                            |

<sup>2</sup> 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/](https://www.waterboards.ca.gov/plans_policies/)).

### 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
- Riparian Trees Proposed for Removal
- Other Agency Correspondence, Permits and Permit Applications
- Aquatic Resource Delineation Report
- Drawings, or Design Plans
- Temporary Impact Restoration Plan
- Map(s)
- Pre-Project Photographs
- Proposed Dewatering Plan
- CEQA Documentation
- Additional Pages and/or Supplemental Information

### 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.

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**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 \_\_\_\_\_ 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.

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**For Internal Water Board Use Only**

Reviewer:

Date Received:

Reg Measure ID:

WDID:

Check Number: