

**NURSERY GROWERS ASSOCIATION
LOS ANGELES COUNTY IRRIGATED LANDS GROUP**

Notice of Intent
for Group Enrollment in the Los Angeles Region
Conditional Waiver for Irrigated Lands

1. Individual Discharger Information

Discharger Name:			
Facility Name ¹			
Physical Address:			
City:	County:	Zip:	Phone:
Mailing Address			
City	State	Zip	
Contact Person:		Email	

2. Billing Address (if different from above)

Name:			
Street Address:			
City:	County:	Zip:	Phone:
Contact Person:			

¹ Facilities include lands where water is applied for the purpose of producing crops and includes commercial nurseries, and nursery stock production.

3. Land Owner / Utility Easement Information

Are you the owner of the irrigated land being enrolled under this NOI?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you lease the land under a Utility Easement?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you lease under a Utility Easement please check which utility company.	<input type="checkbox"/> Southern California Edison <input type="checkbox"/> LA-County Dept. of Water and Power <input type="checkbox"/> Other		
If you are not the land owner and <u>do not lease under a Utility Easement</u> please provide the owner's contact information below.			
Name:			
Street Address:			
City:	County:	Zip:	Phone:
Contact Person:			

4. Site Information

Street Address:	
City:	County:
Total size of site (Acres)	
Assessor's Parcel Number:	Closest Blue-line stream or nearby stream channel or other watebody: Name and Distance:
Township and Range:	
Latitude/longitude: _____ Deg. _____ Min. _____ Sec. N. _____ Deg. _____ Min. _____ Sec. W.	
If you do not know the Latitude and Longitude please identify the site location on a Thomas Guide Map (page and coordinates). For example: Thomas Guide Page: 594 Thomas Guide Coordinates: A-1	
Thomas Guide Page: _____ Thomas Guide Coordinate: _____	
Year Thomas Guide was published: _____	
Depth to groundwater (feet) - may use estimate based on regional groundwater data:	
Identify all water supply wells within 500 feet of the nearest edge of property:	
Identify all waterbodies within 500 feet of the nearest edge of property:	

5. Water Supply

Water supply source (groundwater or other):	
<input type="checkbox"/> On-site well <input type="checkbox"/> Off-site well <input type="checkbox"/> Water purveyor <input type="checkbox"/> Other:	Location and depth to groundwater: Name:
Average quantity (average daily and/or monthly amount used):	

6. Type of Discharge

<input type="checkbox"/> Irrigation water discharge (dry weather runoff) and stormwater discharges	<input type="checkbox"/> Operation only discharges stormwater
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During HEAVY rain events, where does water runoff the parcel? Please check the correct information and provide street names.
1) At the [<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West] end/corner of the property Onto: <input type="checkbox"/> adjoining property <input type="checkbox"/> street [_____] <input type="checkbox"/> Between 2 streets [_____ and _____] <input type="checkbox"/> other (examples: access road, flood control channel, ditch) [_____]
2) Along the [<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West] edge (side) of the property Onto: <input type="checkbox"/> adjoining property <input type="checkbox"/> street [_____] <input type="checkbox"/> Between 2 streets [_____ and _____] <input type="checkbox"/> other (examples: access road, flood control channel, ditch) [_____]
3) To a storm drain or storm water channel near the [<input type="checkbox"/> center] of the parcel or the [<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West] end of the parcel.
4) Other (please describe in detail):

7. Facility Information

Estimated acreage for each type of crop	Conventional Acres	Organic Acres
Row Crops		
Orchard		
Vineyard		
Nursery		
Nursery - Bedding		
Nursery - General Ornamental		
Nursery - Tree		
Greenhouse		
Other		
Other		
Total Acres		

Estimated acreage for each type of irrigation	Acres
Drip	
Sprinkler	
Furrow	
Flood	
Other	
Other	
Total Irrigated Acres	

Estimated irrigated acreage generating each type of discharge	Acres
Tailwater discharges off site	
Tailwater discharges to pond	
Tile drain discharges off site	
Tile drain discharges to pond	
Stormwater discharges only (off site)	
Other	
Other	

8. Irrigation Information

How often do you water during the dry season?	
How often do you water during the wet season?	

9. Pesticide Information

Please list the top 5 pesticides applied to crops through out the year. (Please include the amount applied if known)	
Please attach a copy of your June 2006 (or most recent) Pesticide Use Report	

10. Fertilizer Information

Fertilizer Application – percentage of each application method	Percent (%)
In Irrigation Water	
Topdress applied to each plant	
Slow release fertilizer incorporated into potting soil	
Other	

Total Fertilizer Applied	
Please estimate the pounds of dry fertilizer applied annually.	
What is the average formulation (NPK)	

11. Other

Please describe other management practices currently in place that may mitigate the contamination of water by fertilizer, pesticides, stormwater, tile drain, or tailwater discharges.

12. Filing Fee

An annual fee has been set according to the State Board fee schedule for this waiver.

13. Certification

Approval of the NOI and enrollment in the Conditional Waiver Program requires the submission of a penalty of perjury statement. Without submission of a signed perjury statement the NOI will not be approved and you will not be enrolled in the Conditional Waiver Program.

Please sign the following perjury statement and submit the Notice of Intent Information.

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
LOS ANGELES REGION**

PERJURY STATEMENT

TO COMPLY WITH ORDER NO. R4-2005-0080
CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS
FOR DISCHARGES FROM IRRIGATED LANDS
FOR INDIVIDUAL DISCHARGERS

Discharger Information

Discharger Name:			
Facility Name			
Physical Address:			
City:	County:	Zip:	Phone:
Mailing Address			
City	State	Zip	
Contact Person:		Email	

Preferred method of notification about this program.	<input type="checkbox"/> E-Mail
	<input type="checkbox"/> US Mail

"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 gathered and evaluated 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 the Conditional Waiver and the Monitoring and Reporting Program, will be complied with.

Printed Name: _____ Title: _____

Signature: _____ Date: _____