

ATTACHMENT C – NOTICE OF INTENT

NOTICE OF INTENT
TO COMPLY WITH THE TERMS OF
GENERAL ORDER R7-2015-0007
FOR
DISCHARGES OF TREATED GROUNDWATER FROM CLEANUP OF VOCs

I. REASON FOR FILING

New Discharge or New Facility <input type="checkbox"/>	NPDES Permit Reissuance/Renewal <input type="checkbox"/>	Change from Individual Permit to General Permit <input type="checkbox"/>
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II. EXISTING PERMITS/REQUIREMENTS (IF APPLICABLE):

List any active Board Orders or Permits adopted by this Regional Water Board for this facility.
1. Board Order No. _____
2. NPDES Permit(s) _____

III. PROJECT/FACILITY NAME AND SITE ADDRESS INFORMATION

Project/Facility Name			
Site Address			
Mailing Address			
City	State	Zip	Phone
1. Assessor's Parcel Numbers: Facility:	2. Latitude: Facility:	3. Longitude: Facility:	
Contact Person			

IV. CONTRACTOR/OPERATOR (If additional contractors/operators are involved, provide information in a supplemental letter)

Name					
Mailing Address					
City	State	Zip	License Number		
Contact Person	Contractor <input type="checkbox"/>		Operator <input type="checkbox"/>		Contractor/Operator <input type="checkbox"/>
Owner Type (check one)	1. Individual <input type="checkbox"/>	2. Corporation <input type="checkbox"/>	3. Govt. Agency <input type="checkbox"/>	4. Partnership <input type="checkbox"/>	5. Other <input type="checkbox"/>

V. PROPERTY OWNER (If additional property owners are involved, provide information in a supplemental letter)

Name					
Mailing Address					
City	State	Zip	License Number		
Contact Person					
Owner Type (check one)	1. Individual <input type="checkbox"/>	2. Corporation <input type="checkbox"/>	3. Govt. Agency <input type="checkbox"/>	4. Partnership <input type="checkbox"/>	5. Other <input type="checkbox"/>

VI. Address Where Legal Notice May Be Served:

Name			
Mailing Address			
City	State	Zip	Phone
Contact Person			

VII. BILLING ADDRESS (Where Annual Fee Invoices should be sent):

Name			
Mailing Address			
City	State	Zip	Phone
Contact Person			

VIII. DISCHARGE LOCATION (If more than one discharge is proposed, provide information in a supplemental letter):

Street (including address, if any): _____		
City/County: _____		
Nearest Cross Street(s): _____		
Township/Range/Section T_____, R_____, Section_____, SBB&M Attach a map of at least 1:24000 (1"=2000') showing the discharge site (e.g., USGS 7.5' topographic map). The map should also show the treatment system, discharge point, and surface waters. Wells and residences within 1,500 feet shall be identified.		
1. Assessor's Parcel Numbers Discharge Point:	2. Latitude Discharge Point:	3. Longitude Discharge Point:

IX. PROJECT DESCRIPTION AND TREATMENT PROCESS DESCRIPTION

Provide a description of the project and the discharge requiring coverage under this General Order. If additives are added to your process, briefly describe their composition if the information is available. If treatment is necessary prior to discharge, attach a schematic flow diagram and provide description of all treatment processes. In addition, include the proposed discharge rate in million gallons per day (MGD), the approximate project start date, and the projected discharge duration. (Attach additional sheets, if necessary)

Start Date _____ Estimated Stop Date _____

Discharge or Design Flow Rate _____ MGD

Is the discharge continuous or intermittent? _____

X. RECEIVING WATER INFORMATION

1. Name of closest Receiving Water.

2. Receiving Water is tributary to (name major downstream water body):

Receiving Water Designation (check one)	1. Municipal Designated Receiving Water <input type="checkbox"/>	2. Non-Municipal Designated Receiving Water <input type="checkbox"/>
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XI. POLLUTANTS/PARAMETERS LIKELY TO BE IN THE DISCHARGE

Please identify (mark all that apply). Discharger to submit report on analysis of constituents identified below:

- Nitrates Color Suspended material Turbidity
- pH Oil and grease Chlorine Metals
- Total Dissolved Solids Other (e.g., E. Coli, nutrients, BOD, etc.) (please describe):

Priority Pollutant Monitoring – Required of ALL applicants:

Have samples been collected: Yes (attach results) No

Do any priority pollutants results exceed the Water Quality Screening Criteria? Yes No

If your answer is yes, a facility-specific individual permit may be required from this Regional Water Board rather than this General Order.

Are additives in the discharge? Yes No
 If yes, please specify the additive and/or sample results: _____

XII. ABILITY TO COMPLY

Do you believe the discharge may have acute or chronic toxicity, chemical, or organic constituents, bacteria, pesticides, oil and grease, radioactivity, salinity, or temperature that may adversely impact beneficial uses of the Receiving Water?
 Yes No
 If your answer is yes, a facility-specific individual permit may be required from this Regional Water Board rather than this General Order.

XIII. FEES

Provide the applicable fees. Information concerning the applicable fees can be found at http://www.waterboards.ca.gov/resources/fees/docs/fy1415_npdes_fees.pdf¹. Checks must be made payable to the State Water Resources Control Board. (Please mark the appropriate box)
 Check Enclosed with NOI Renewal – Annual Fee is Billed Automatically

XIV. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure 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 and imprisonment for knowing violations.

The Regional Water Board will be immediately notified of any violation, or threatened violation, of this General Permit.

Signature of Contractor/Operator		Signature of Property Owner	
Print or Type Name		Print or Type Name	
Title	Date	Title	Date

¹ The filing fee for this low threat permit is identified in the California Code of Regulations, Chapter 23, Division 3, Chapter 9, Article 1 and consists of the base fee identified in section 2200(b)(8) and the ambient water quality monitoring surcharge (21 percent of the base fee) identified in the second paragraph of section 2200.

XV. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

You will be notified of receipt of your Notice of Intent. The notice will state if your discharge meets the criteria for this General Order, whether the Notice of Intent is complete or if additional information must be submitted to complete your application for this General Order, pursuant to division 7, section 13260 of the California Water Code.

The completion date of your application is normally the date when all required information, including the correct fee, is received by the Regional Water Board.

FOR REGIONAL WATER BOARD OFFICE USE ONLY

Date NOI Received:	Letter to Discharger Sent:	Fee Amount Received:	Check #:
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