

**ATTACHMENT C – NOTICE OF INTENT  
FOR INDIVIDUAL COMPLIANCE PROGRAM**

TO COMPLY WITH  
ORDER R7-2014-0046  
CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS  
FOR DISCHARGES FROM IRRIGATED LANDS WITHIN  
THE COACHELLA VALLEY

<b>1. TYPE OF DISCHARGE</b>	
Agricultural Wastewater Discharge	Drain Maintenance Discharge
<input type="checkbox"/> Farm greater than 5 acres, but less than 100 acres  <input type="checkbox"/> Farm greater than 100 acres, but less than 200 acres  <input type="checkbox"/> Farm greater than 200 acres  <input type="checkbox"/> Other:	Name of Drain(s): _____

<b>2. REASON(S) FOR FILING</b>	
<input type="checkbox"/> Seeking Coverage for Existing Discharge  <input type="checkbox"/> Seeking Coverage for New Discharge  <input type="checkbox"/> Expansion	<input type="checkbox"/> Changes in Ownership/Operator  <input type="checkbox"/> Other:

<b>3. IRRIGATED LAND INFORMATION<sup>1</sup></b>				
Owner:		Mailing Address:		
City/Locale:	County:	State:	Zip:	Telephone Number:
Grower/Operator:		Mailing Address:		

<sup>1</sup> A NOI is required for each farm parcel that has a unique assessor's parcel number or CVWD canal meter number.

**ATTACHMENT C – NOTICE OF INTENT  
FOR INDIVIDUAL COMPLIANCE PROGRAM**

<b>3. IRRIGATED LAND INFORMATION<sup>1</sup></b>				
City/Locale:	County:	State:	Zip:	Telephone Number:
Type of Irrigated Land				
<input type="checkbox"/> Row Crops  <input type="checkbox"/> Orchard		<input type="checkbox"/> Irrigated Pasture  <input type="checkbox"/> Other (please describe):		
Source(s) of Water Supply:				

<b>4. ADDITIONAL INFORMATION</b>
Assessor's Parcel Number:
Use the space below, or attach additional sheets, to explain any response that needs clarification:

<b>5. CERTIFICATION</b>
<p>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.</p>
Print Name: _____ Title: _____
Signature: _____ Date: _____