

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, NORTH COAST REGION  
 ORDER NO. R1-2017-0039  
 (ATTACHMENT B)



**NOTICE OF INTENT**  
 TO COMPLY WITH THE CONDITIONAL WAIVERS OF WASTE DISCHARGE  
 REQUIREMENTS FOR LOW THREAT DISCHARGES IN THE NORTH COAST REGION

**I. PROPERTY/FACILITY INFORMATION**

Property/Facility Name:			
Property/Facility Contact:			
Property/Facility Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	
Assessor Parcel Number(s):			

**II. PROPERTY/FACILITY OWNER INFORMATION**

Property/Facility Owner Name:			
Property/Facility Owner Mailing Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	

**III. PROPERTY/FACILITY OPERATOR INFORMATION**

Property/Facility Operator Name:			
Mailing Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	

**IV. CONDITIONAL WAIVER FOR NOTICE OF INTENT** Mark (☒) the waiver proposed for the discharge:

<input type="checkbox"/> Discharge from test pumping of fresh water wells <input type="checkbox"/> Discharge from flushing of domestic water lines and tanks <input type="checkbox"/> Discharge from hydrostatic test lines <input type="checkbox"/> Discharge of air-conditioner, non-contact cooling and elevated temperature water <input type="checkbox"/> Discharge associated with minor dredging and fill operations <input type="checkbox"/> Discharge of confined animal wastes <input type="checkbox"/> Discharge of clean storm water runoff <input type="checkbox"/> Discharge associated with non-commercial, one-time sand and gravel operations and processing <input type="checkbox"/> Discharge of swimming pool water <input type="checkbox"/> Discharge of food processing wastes spread on land <input type="checkbox"/> Discharge of agricultural commodity wastes on land <input type="checkbox"/> Discharge of industrial wastes utilized for soil amendments <input type="checkbox"/> Flow-through seawater systems and aquacultural operations <input type="checkbox"/> Discharge of recycled wastewater for soil compaction or dust control, and other construction purposes <input type="checkbox"/> Discharge associated with land and reservoir drainage projects <input type="checkbox"/> Discharge of low-volume, non-contaminated wastewaters generated by the installation and purging of monitoring wells during groundwater contaminations investigations <input type="checkbox"/> Discharge associated with the incineration of soils contaminated with petroleum hydrocarbons <input type="checkbox"/> Discharge of pumped/drained water from storage tank excavations <input type="checkbox"/> Discharge of soil stabilizing agents <input type="checkbox"/> Discharge associated with maintenance activities on transportation structures <input type="checkbox"/> Discharge from existing onsite wastewater treatment systems with shallow effluent dispersal systems
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Discharge from existing onsite wastewater treatment systems from small wine, beverage, and food processing facilities with combined domestic wastewater and process wastewater treatment and disposal systems

**V. DESCRIPTION OF DISCHARGE**

*Describe the discharge (i.e., source(s) of discharge, pollutants of concern, period and frequency, etc.). Use additional pages as needed. Provide a map of the property/facility if necessary.*

**VI. DESCRIPTION OF MANAGEMENT MEASURES/BEST MANAGEMENT PRACTICES**

*Describe what management measures (MMs) and best management practices (BMPs) will be implemented to minimize or eliminate the discharge of pollutants to waters of the State. Use additional pages as needed. Provide a map of the property/facility showing locations of MMs/BMPs if necessary.*

**VII. ADDITIONAL INFORMATION**

*Please provide additional information, as needed or required, about the discharge and/or how the discharger intends to comply with the waiver conditions of the waiver. Use additional pages as needed.*

**VIII. CERTIFICATION**

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

\_\_\_\_\_  
Signature (Owner or Authorized Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email