

**ATTACHMENT B - NOTICE OF INTENT APPLICATION FORM**  
**To Receive**  
**Authorization to Discharge Treated Groundwater under the Requirements of**  
**ORDER NO. R2-2006-XXXX**  
**NPDES PERMIT NO. CAG912002 (FUEL)**

**For Groundwater Treatment Facility located at:**

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Type or Print Facility Address above the line

File No: 1210.44

This is an application for discharge or reuse of extracted and treated groundwater resulting from the cleanup of groundwater polluted by fuel leaks and other related wastes at service stations and similar sites. Please mark one of the applicable lines:

**Table 1. Mark only one as applicable**

1	Notice of Intent for an Existing Discharge (for Permit Reissuance)	
2	Notice of Intent for a previously regulated Discharge (provide the Order and NPDES permit numbers here in this row)	
3	Notice of Intent for a New Discharge	
4	Modified Notice of Intent (if modified, complete all sections in this Form and indicate information on which item(s) below are modified):	
	Discharger's Certification	
	Administrative Information	
	Condition 1	
	Condition 2	
	Condition 3	
	Condition 4	
	Condition 5	
	Condition 6	
	Condition 7	
	Condition 8	
	Condition 9	
	Condition 10	
	Condition 11	
	Condition 12	
	Attachment 1	
	Attachment 2	
	Attachment 3	
	Attachment 4	
	Attachment 5	

**Discharger's Certification**

I certify under penalty of law that this document and all attachments are prepared under my direction or 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 design engineer whose signature and engineering license number is documented in this notice, 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.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Title/Organization

\_\_\_\_\_  
Address

**Complete Table 2. Facility Information**

1	Discharger's Name	
2	Name of Facility	
3	Facility Address	
4	Facility Contact, Title, and Phone	
5	Authorized Person to Sign & Submit Reports	
6	Mailing Address	
7	Billing Address	
8	Type of site or project. For example: Active Service Station, Closed Service Station, Short Term Dewatering Project, Long Term	

	Dewatering Project, or other (please explain if "Other")	
9	Watershed	
10	Receiving Water	
11	Receiving Water Type. For example, enclosed bay, estuary, inland surface water, or Sacramento-San Joaquin Delta	

I understand that if this discharge is eligible under the requirements of Order No. R2-2006-xxxx (Order), authorization to discharge treated groundwater from the above facility will be granted providing the following conditions are met:

1. I must comply with all applicable requirements of the Order and the associated Self-Monitoring Program (SMP). The effluent shall not contain constituents in excess of the limits listed under:

**Complete Table 3. Mark only one as applicable**

1	Discharge to Drinking Water Areas (Column A, Table 2, Page 7 of the Order)	
2	Discharge to Other Surface Water Areas (Column B, Table 2, Page 7 of the Order)	

2. A treatment system including the elements described in Table 4 below and the schematic shown in Attachment 1 will treat the extracted groundwater.

**Complete Table 4. Treatment System Description**

	Unit	Number	Size, or capacity (e.g. pounds of GAC), Further Description (If Applicable)
1	Extraction Well(s)		
2	Extraction Wells with Dedicated Treatment Unit(s)		
3	Dedicated Treatment Unit(s)		
4	Settling Tank(s) in series		
5	Settling Tank(s) in parallel		
6	Oil/Water Separator(s)		
7	Filter(s)		
8	Air Strippers with Air Filters		
9	Air Strippers without Air Filters		
10	Advanced Treatment Unit(s) for Oxygenates such Tertiary Butyl Alcohol, Ethanol, and Methanol		
11	Advanced Treatment Unit(s)		
12	Liquid-phase Granular Activated Carbon (GAC) vessel(s) in series		
13	GAC vessel(s) in parallel		
14	Effluent reuse Infrastructure (If so, provide additional detail)		

3. I understand that I shall, at all times, retain a professional engineer certified in the State of California to oversee the design, and proper operation and maintenance of the treatment system, including all facilities necessary to achieve compliance with the Order. I also understand that proper operation and maintenance includes adequate laboratory controls and appropriate quality assurance procedures and all of these procedures shall be described in an Operation and Maintenance (O&M) Manual. Table 5 includes the names of all professionals who will keep the treatment system - including all facilities necessary to achieve compliance with the conditions of the Order - in a state of readiness. All treatment system components, both those in service and those in reserve, shall be inspected and maintained on a regular basis.
4. Attachment 2 is a report certifying the adequacy of each component of the proposed treatment system, and including the table of contents of the associated O&M manual. This certification report contains an item-by-item analysis, based on accepted engineering practice, of how the process and physical design of the treatment system will ensure compliance with the Order. This report also certifies that:
  - i. All treatment facility startup and operation instruction manuals are adequate and available to operating personnel.
  - ii. Adequate treatment facility maintenance and testing schedules are included in the treatment facility O&M Manual.
  - iii. Influent and effluent sampling locations or ports are located in areas where samples representative of the waste stream to be monitored can be obtained.
  - iv. The residual concentration of any chemical additive or additives used in the treatment process is designed to be zero and will never exceed the No Adverse Effect Concentration (NOEC) as documented in the ecological section of the applicable Material Safety Data Sheet (MSDS). A copy of the MSDS for every chemical used is provided as an attachment in the O&M Manual.
  - v. If any chemical used in the treatment process may cause pH variances in the effluent, the frequency of pH monitoring in the effluent will be increased as explained in the Legends for Table E.2 of Attachment E – Monitoring and Reporting Program.
  - vi. The design engineer has affixed his/her signature and engineering license number to this certification report in Attachment 2.

**Complete Table 5. Professional Engineer(s) and Other Information**

1	Design Engineer's Name, California License Number, address, and phone number	
2	Operation and Maintenance Responsible Engineer's Name, California License Number, address, and phone number	
3	Name, phone number, and email of the Discharger's assigned staff to investigate the cause(s) of errors and the corrective actions taken, or date when actions will be completed to eliminate or reduce future data error (applicable if any monitoring data for the sample(s) taken on or after January 1, 2006, were claimed to be invalid)	

5. The maximum discharge rate from the groundwater treatment system shall not exceed \_\_\_\_\_ gallons per minute (gpm). The groundwater treatment system is designed for \_\_\_\_\_ gpm. I understand this discharge shall not cause pollution, contamination, or nuisance. For example, the discharge shall cause no scouring or erosion at the point where the storm drain or outfall-pipe discharges into the receiving water(s).
6. Treated water will be discharged through a storm drain to the receiving water(s) described in Table 6 below and shown on the aerial map in Attachment 3.

**Complete Table 6. Discharge Location**

Discharge Point Location	Discharge Point Latitude	Discharge Point Longitude	Receiving Water
Storm-Drain Location:			Storm-Drain
Outfall Location:			

7. A copy of the Order, a complete copy of this Notice of Intent, documentation of the authorization to discharge received from the Regional Water Board, a full copy of the O&M Manual, and any other documents recommended by the engineer or the QA officer shall be stored at or near the treatment facility. These documents shall be made available to Regional Water Board staff during inspections. No O&M Manual shall be submitted to the Regional Water Board office, unless requested.
8. Self-Monitoring Reports shall be submitted by uploading it on Geo-Tracker on a quarterly calendar basis, no later than 45 days following the last day of the quarter. The laboratory results shall be summarized in tabular form, but the laboratory data sheets need not be included in the reports (unless requested). The reports shall summarize the monitoring data and include information such as the sample location (extraction well(s), influent, effluent, or receiving water); the constituents analyzed; the analytical methods used; the laboratory reporting limits in micrograms per liter (ug/l); the sample results (ug/l); the date sampled; and the date samples were analyzed. A summary of quality assurance/quality control data such as field, trip, and laboratory blank results shall be reported for each analyzed constituent or group of constituents. These reports shall also include a description of the operation and maintenance of the groundwater extraction and treatment system. An annual report summarizing system operation and maintenance for the last four quarters shall be prepared and submitted no later than February 15 of the following year. The last calendar quarter monitoring report may be combined with the annual report. The annual report shall document that the annual fee has been paid.
9. I understand that it is the responsibility of any person proposing to discharge to a storm drain system or other watercourses to obtain authorization to discharge from the agency having jurisdiction over the use of the storm drain system or watercourse. I also understand any discharge authorization granted by the Regional Water Board is conditional and may be terminated at any time.
10. A Check for \$5,688 is attached.
11. Tables \_\_\_ through \_\_\_\_\_ in Attachment 5 of this NOI list all pollutants of concern in each extraction well, influent or projected influent, and effluent or projected effluent including the data suggested in Table 7. Unless requested, no laboratory reports have been included in this NOI.

**Table 7. Suggested format for listing pollutants**

	Pollutant 1	Pollutant 2	Pollutant 3	Add Columns and/or tables as needed
Number of Samples				
Maximum Concentration				

	Pollutant 1	Pollutant 2	Pollutant 3	Add Columns and/or tables as needed
Average Concentration				
Median Concentration				
Minimum Concentration				
Number of Non-Detects				
Lowest Reporting Limit				
Highest Reporting Limit				
Number of Samples with Lowest Reporting Limit				
Sample Date 1, Method Number				
Sample Date 2, Method Number				
Sample Date 3, Method Number				
Add rows as needed				

12. Any other relevant information about this project that may be necessary to evaluate the eligibility of this discharge under the Order is included in Attachment 6.

13. Add the following five attachments to this form:

Attachment 1: Flow Schematics

Attachment 2: Engineering Certification Report

Attachment 3: Aerial Map (highlight the discharge path)

Attachment 4: Check for \$5,688

Attachment 5: Tables listing Pollutants of Concern at this Site

Attachment 6: Other Information (If applicable)

Note: The Regional Water Board may modify this form at any time to reflect any new fees and other needed improvements as applicable.

