

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD  
SAN DIEGO REGION**

9174 Sky Park Court, Suite 100  
San Diego, California 92123-4340



**NOTICE OF INTENT**

TO COMPLY WITH  
CONDITIONAL WAIVERS OF WASTE DISCHARGE REQUIREMENTS  
FOR SPECIFIC TYPES OF DISCHARGE WITHIN  
THE SAN DIEGO 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):		Hydrologic Area/Subarea:	

**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 conditional waiver proposed for the discharge:

<input type="checkbox"/> Conditional Waiver 1 - Discharges from on-site disposal systems
<input type="checkbox"/> Conditional Waiver 2 - "Low threat" discharges to land
<input type="checkbox"/> Conditional Waiver 3 - Discharges from animal operations
<input type="checkbox"/> Conditional Waiver 4 - Discharges from agricultural and nursery operations
<input type="checkbox"/> Conditional Waiver 5 - Discharges from silvicultural operations
<input type="checkbox"/> Conditional Waiver 6 - Discharges of dredged or fill materials nearby or within surface waters
<input type="checkbox"/> Conditional Waiver 7 - Discharges of recycled water to land
<input type="checkbox"/> Conditional Waiver 8 - Discharges/disposal of solid wastes to land
<input type="checkbox"/> Conditional Waiver 9 - Discharges/disposal of slurries to land
<input type="checkbox"/> Conditional Waiver 10 - Discharges of emergency/ disaster related wastes
<input type="checkbox"/> Conditional Waiver 11 - Aerially discharged wastes

**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 AND 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 conditional 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