

ATTACHMENT B – NOTICE OF INTENT (NOI) FORM

NOTICE OF INTENT to comply with NPDES Permit No. CAG382001, authorizing discharges of filter backwash wastewater from drinking water filter facilities to inland surface waters.

DISCHARGER TO PROVIDE THE FOLLOWING INFORMATION

I. FACILITY OWNER AND OPERATOR INFORMATION

Owner Name			Land Owner Type (Check One) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other, specify the type:	
Street Address				
City	State	Zip Code	Phone No.	
Contact Person's Name and Title				
Contact Person's Email			Contact Person's Phone No.	

Check here if information for additional owners is attached to this form.

Operator Name			Facility Owner Type (Check One) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other, specify the type:	
Street Address				
City	State	Zip Code	Phone No.	
Contact Person's Name and Title				
Contact Person's Email			Contact Person's Phone No.	

Check here if information for additional operators is attached to this form.

II. BILLING INFORMATION

Name of person who will be responsible for paying fees				
Street Address				
City	State	Zip Code	Phone No.	
Contact Person's Name				
Contact Person's Email			Contact Person's Phone No.	

III. DISCHARGE POINTS AND RECEIVING WATERS^[1]

Discharge Points	Latitude	Longitude	Receiving Water Name
1			
2			
3			
4			

^[1] If discharging to a storm drain system, attach documentation indicating approval to discharge from the agency responsible for the system.

Check here if information for additional outfalls is attached to this form.

IV. DISCHARGE AND RECEIVING WATER QUALITY

Summarize discharge and receiving water monitoring data collected during the past five years. New dischargers may estimate future concentrations. Provide separate data summary table for each discharge point (outfall) and receiving water. A discharger who was covered under the previous order and had submitted an NOI for continued coverage under a to be reissued permit are not required to submit the following data with its new NOI for coverage under this Order; however, the Discharger shall submit the following data with the NOI due in 2020 if it plans to seek coverage under a future reissued permit.

A. EFFLUENT DISCHARGE DATA

Discharge Point No.^[1]: _____

Parameter	Units	Highest Value	Range	Number of Samples	Test Method	Method Detection Limit
Total Suspended Solids	mg/L					
Turbidity	NTU					
Settleable Matter	mL/L-hr					
pH	s.u.				N/A	
Total Chlorine Residual	mg/L					
Acute Toxicity	% survival					
Copper	µg/L					
Zinc	µg/L					
Mercury	µg/L					
Selenium	µg/L					
Arsenic	µg/L					
Cadmium	µg/L					
Chromium	µg/L					
Lead	µg/L					
Nickel	µg/L					
Silver	µg/L					
Chloroform	µg/L					
Bromoform	µg/L					
Dichlorobromomethane	µg/L					
Chlorodibromomethane	µg/L					
Other Pollutants (see Fact Sheet Table F-3)						

^[1] Attach additional sheets for each discharge point.

B. RECEIVING WATER DATA

Receiving Water Name:

Parameter	Units	Highest Value	Range	Number of Samples	Test Method	Method Detection Limit
Stream Flow Rate	GPD					
Dissolved Oxygen	mg/L and % saturation					
Turbidity	NTU					
pH	s.u.					
Total Suspended Solids	mg/L					
Temperature	°C					
Hardness	mg/L as CaCO ₃					
Copper	µg/L					
Zinc	µg/L					
Arsenic	µg/L					
Cadmium	µg/L					
Chromium	µg/L					
Lead	µg/L					
Mercury	µg/L					
Nickel	µg/L					
Selenium	µg/L					
Silver	µg/L					
Chloroform	µg/L					
Dichlorobromomethane	µg/L					
Chlorodibromomethane	µg/L					
Bromoform	µg/L					
Other Pollutants (see Fact Sheet Table F-3).						

V. LOCATION MAP

Attach topographic map(s) of the area that clearly show the following:

1. The legal boundaries of the facility.
2. Locations of all water and wastewater treatment units, such as settling basins.
3. The location and identification number of each of the facility's existing and/or proposed intake and discharge point.
4. The receiving water(s) (water of the U.S.) and receiving storm water drainage system(s), if applicable, identified and labeled.

VI. FLOW CHART

Attach a flow chart, line drawing, or diagrams showing the filter backwash wastewater flow from treatment system to discharge.

VII. SITE-SPECIFIC BEST MANAGEMENT PRACTICES (BMPs) PLAN

Develop and keep on site a site-specific BMPs plan that addresses all specific means of controlling pollutant discharges from the filter backwash wastewater treatment system (see Provision VI.C.4.a of this Order).

VIII. DULY AUTHORIZED REPRESENTATIVE

The following individual (or any individual occupying the position listed below) may act as the facility’s duly authorized representative, and may sign and certify submittals in accordance with Attachment D section V.B.3, as a Duly Authorized Representative of the Responsible Official in IX, below. This individual shall be responsible for the overall operation of the facility or for facility environmental matters.

Duly Authorized Representative		
Title		
Company / Organization		
Street Address		
City	State	Zip Code
Email		Phone No.

IX. CERTIFICATION

This certification shall be signed by a Responsible Official as defined in Attachment D section V.B.2. By signing, the Responsible Official hereby agrees to comply with all the conditions specified in NPDES Permit No. CAG382001.

I certify under penalty of law that this document and all attachments were prepared under my direct 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 directly responsible for gathering the information, the information submitted is, true, accurate, and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the provisions of the permit, including but not limited to the criteria for eligibility, will be complied with.	
Signature	Date:
Printed Name	
Title	
Company / Organization	
Email	Phone No.

X. APPLICATION FEE AND MAILING INSTRUCTIONS

Submit a check payable to the “State Water Resources Control Board” with the appropriate fee to the following address:

San Francisco Bay Regional Water Quality Control Board
Attn: NPDES Wastewater Division
1515 Clay Street, Suite 1400
Oakland, CA 94612

Submit this form (with signature and attachments) electronically to Farhad.Azimzadeh@waterboards.ca.gov, or as otherwise indicated at www.waterboards.ca.gov/sanfranciscobay/water_issues/programs/general_permits.shtml. If the form cannot be submitted electronically, submit a hard copy to the address above.

For Dischargers authorized under the previous order and who wish to continue discharge under this Order, a check for permit application fee is not required with the NOI for continued coverage. Instead, these authorized Dischargers must continue to pay annual fee invoices.