

ATTACHMENT C – INSTRUCTIONS FOR NOTICE OF INTENT (NOI) FORM

These instructions explain how to complete the Notice of Intent (NOI) form in Attachment B. Submittal of an NOI indicates a Discharger's commitment to comply with the terms of this Order, which authorizes discharges of filter backwash wastewater from drinking water filter facilities to inland surface waters.

I. FACILITY OWNER/OPERATOR INFORMATION

The owner is the organization or person who owns or leases the facility or land where the drinking water filter facility is located. For a facility that is one of several owned by a corporation, indicate the corporation name and the name by which the facility is known to the employees (i.e., ABC Inc. - DEF Facility). Provide the street address or a description of the facility location (i.e., 1234 15th Drive or northwest corner of 1st Street and X Avenue). Note that each facility must obtain separate coverage under this Order.

II. BILLING INFORMATION

Indicate to whom the annual permit fee should be billed.

III. DISCHARGE POINTS AND RECEIVING WATERS

List all discharge points for which permit coverage under this Order is sought. This Order will not cover discharges that are not listed here.

The discharge point is generally the point of first contact with State waters. Provide the coordinates of each discharge point. A U.S. Geographical Survey (USGS) or any other appropriate map may be used to interpolate the coordinates.

If the discharge enters a separate storm drainage system prior to contact with a State water, provide the name of the State watercourse or water body to which the storm drainage system discharges. Please contact the owner of the storm drainage system about your proposed discharge.

Attach a separate sheet for additional discharge points. Properly label the discharge points with numbers that correspond to the discharge point label(s) on the location map(s) and flow chart(s) submitted.

IV. DISCHARGE AND RECEIVING WATER QUALITY

For existing facilities, all of the parameters must be tested by a State-certified laboratory and reported in this table. If discharge data have not already been provided to the Regional Water Board, provide a copy of the laboratory data sheets and chain of custody documents, as applicable. For a new or proposed facility, enter estimated values to this table. Where there is more than one outfall, submit a separate sheet for each outfall. Test results shall be obtained from a sample or samples representative of the discharge.

Other pollutants in the last row for the effluent and receiving water monitoring data include the following: chlordane, coliform bacteria, DDT (dichlorodiphenyltrichloroethane), diazinon, dieldrin, heptachlor epoxide, low dissolved oxygen, mercury, nickel, nutrient/eutrophication biological indicators, nutrients, organic enrichment/low dissolved oxygen, pathogens, PCBs (polychlorinated biphenyls), pH, pyrethroids, sediment toxicity, sedimentation/siltation, selenium, temperature, toxaphene, toxicity, and trash.

V. LOCATION MAP

Provide a location map on an 8.5 by 11-inch sheet or folded to 8.5 by 11-inch. Show at least one mile beyond the property boundaries of the facility on the map.

Indicate the discharge point(s) on the location map and include all of the required information. The discharge point(s) may include where the discharge exits the facility and enters the roadway right-of-way and then flows into a separate storm drainage system and/or where the discharge directly enters the State waters.

VI. FLOW CHART

The flow chart shall indicate all portions of the filter backwash wastewater treatment system including discharge of treated filter backwash wastewater to the receiving water, and the approximate amounts of flow through each process or discharge. Flow quantities may be estimated if no data are available.

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

A. Site-specific BMPs Plan for Discharges from Drinking Water Filter Facilities

Applicants shall state in the NOI that it has developed a site-specific BMPs Plan that is ready for implementation, and that the site-specific BMPs Plan includes, at minimum, the following information:

1. **Facility Operation** - Describe the operation of the facility.
 - a. Describe the filter backwash treatment processes, and include a flow diagram.
 - b. Provide the filter backwashing frequency and flow rate.
 - c. Describe chemical usage for filter backwash treatment, if any, and include a section estimating the residual concentration in the discharge as compared to the no adverse effect level concentration as documented in the ecological section of the applicable Material Safety Data Sheet (MSDS) for each chemical used. A copy of the MSDS for each chemical used for filter backwash treatment is required to be included in the BMP.
 - d. Describe filter backwash treatment method(s) (e.g., settling basin).
2. **Potential Pollutants** - Describe pollutants that may potentially be generated by the facility. These pollutants may include, but are not be limited to:
 - a. Chemicals used in water treatment;
 - b. Pollutants associated with operation and maintenance of equipment, such as oil and grease and hydraulic fluid leakage and spills;

- c. Any solids or sediments generated by the operation (e.g., in filter backwash wastewater);
- d. Stormwater runoff from exposed oil, fuel, or any hazardous material storage locations and containment structures;
- e. Evaluation of stream bank conditions (i.e., potential for erosion) at locations where large volumes of discharged water may enter the stream.

3. Pollution Control and Effluent Treatment Methods – Describe in detail the control and treatment measures for each of the potential pollutants identified under item VII.2 above:

- a. Prevention measures to be implemented to prevent the pollutants from entering the effluent and receiving water;
- b. Measures to reduce or eliminate the use of copper compound to the maximum extent practical;
- c. Effluent treatment methods to be implemented onsite to remove the pollutants in the effluent (indicate the treatment system locations on the location map);
- d. Maintenance procedures and maintenance schedules to maintain the effluent treatment system; and
- e. Methods to prevent stream bank erosion resulting from the discharge (e.g., bank stabilization, control of discharge rate).

4. Chlorine and/or Ammonia Management

- a. Storage and transportation. The BMPs Plan shall describe the form of disinfection chemicals (e.g., chlorine gas, sodium hypochlorite, and ammonia) used at the facility. The BMPs Plan shall also include storage methods, storage tank size and location, secondary containment, and any exposed pipes used for transport.
- b. Chlorine and/or ammonia spill and leakage prevention. The BMPs Plan shall specify how chlorine and/or ammonia are handled to prevent spills, and the emergency response and cleanup plan in the event of a spill or leakage. The BMPs Plan shall also include the schedule for routine inspection of chlorine and/or ammonia storage sites and transport piping to prevent leaks.
- c. Chlorinated and/or chloraminated water spill. The Discharge shall install an alarm system to provide warning of chlorinated and/or chloraminated water overflows or spills. The BMPs Plan shall describe procedures for dechlorination of spill or overflow water.
- d. Water release. The BMPs Plan shall include a set of standard procedures for total chlorine residual monitoring and dechlorination of chlorinated and/or chloraminated water to be released or discharged to State waters.
- e. Responsibility and training. The BMPs Plan shall identify the names and positions of persons responsible for the tasks identified in the BMPs Plan. The BMPs Plan shall also include the schedule(s) for BMPs training.

VIII. DULY AUTHORIZED REPRESENTATIVE

The person described in Attachment D section V.B.2 and signing the certification in section XII of the NOI form may designate a duly authorized representative to sign permit-related submittals in accordance with Attachment D section V.B.3. Alternatively, a duly authorized representative may be designated through separate correspondence, particularly if the NOI form language does not sufficiently limit the delegated authority.

IX. CERTIFICATION

The person certifying the NOI form must meet the requirements described in Attachment D section V.B.2. *Review these requirements carefully.* Specific requirements apply to corporations, partnerships, sole proprietorships, and public agencies.

X. APPLICATION FEE AND MAILING INSTRUCTIONS

The NOI is incomplete without the full permit fee, unless the NOI is for a Discharger authorized under the previous order who is also in good standing regarding payment of annual fees. A separate fee is required for each facility. As of 2015, the application fee is **\$7,177**. The State Water Resources Control Board may modify the fee at any time. For the current fee, see http://www.waterboards.ca.gov/resources/fees/water_quality/#npdes.