

ATTACHMENT B – NOTICE OF INTENT (NOI) FORM

NOTICE OF INTENT (NOI) to comply with the terms of the region-wide General National Pollutant Discharge Elimination System (NPDES) Permit authorizing discharge from surface water treatment facilities to surface waters.

General Permit No. CAG 382001
Order No. R2-2009-0033

FOR REGIONAL WATER BOARD USE ONLY

WDID: CIWQS Place No.: Group A [] or Group B []	Date NOI Received:	Date NOI Processed:
Case Manager's Initials:	Fee Amount Received*: \$	Check #:

* The annual fee will be based on the permitted discharge flow rate and the adopted fee schedule, available at <http://www.waterboards.ca.gov/fees/docs/adoptedfeeschedule.pdf>. The fee schedule is subject to change. If your facility only has emergency discharge, the first annual fee is \$1,000.00. Subsequent annual fees will be based on the previous year's discharge rate and the most current fee schedule available at <http://www.waterboards.ca.gov/fees/docs/adoptedfeeschedule.pdf>.

DISCHARGER TO PROVIDE THE FOLLOWING INFORMATION

I. OWNER/OPERATOR INFORMATION (Provide a separate form for each facility. If additional owners/operators are involved, provide the information in a supplemental letter.)

A. Facility/Agency Name		Owner/Operator Type (Check One) 1. <input type="checkbox"/> Public Agency 2. <input type="checkbox"/> Private 3. <input type="checkbox"/> Other, specify the type:	
Street Address			
City	State	Zip Code	Phone No.
B. Contact Person's Name & Title		1. <input type="checkbox"/> Owner 2. <input type="checkbox"/> Operator 3. <input type="checkbox"/> Owner/Operator	
Contact Person's Email		Contact Person's Phone No.	

Additional owner information attached

II. BILLING ADDRESS

Send to: <input type="checkbox"/> Owner/Operator (Enter information at right only if it is different from above) <input type="checkbox"/> Other (Enter information at right)	Name		
	Mailing Address		
	City	State	Zip Code

III. DISCHARGE EFFLUENT INFORMATION

1. Describe the proposed discharge(s). Indicate the number of hours per year that you propose to discharge. State whether a Group A or Group B discharger. List any potential pollutants in the discharge. Attach additional sheets if needed.

2. List types of discharge:

<input type="checkbox"/> Backwash water/settling basin discharge	<input type="checkbox"/> Treatment unit overflow or other spill	<input type="checkbox"/> Treatment unit leakage	<input type="checkbox"/> Treatment unit dewatering/drainage
<input type="checkbox"/> Treatment unit flushing water	<input type="checkbox"/> Storage basin discharge	<input type="checkbox"/> Raw water release	

Other, please specify:

3. Discharge flow rate:
 Total discharge flow rate/maximum permitted discharge flow rate: _____
 Average daily flow rate (gallons/day): _____
 Maximum daily flow rate (gallons/day): _____

4. Discharge volume:
 _____ gallons per day week month year

4. Frequency of discharge:
 Continuous Daily Intermittent Emergency

IV. DISCHARGE WATER QUALITY PARAMETERS

Check one:
 Existing facility. Sampling plan submitted to the Regional Water Board and data are available.
 New facility. Attach a sampling plan (For developing the plan, see the requirements specified in the Regional Water Board August 6, 2001, Letter available at www.waterboards.ca.gov).

In the past five years, has your facility performed any physical or chemical analysis of discharges proposed by this NOI for authorization under General Permit No. CAG382001? yes no

If yes, summarize the results for the parameters listed below. Indicate whether the data represents an individual or a combined waste stream and provide data summaries for other individual or a combined waste streams, if available, on additional pages.

Discharge Point*:

	Units	Minimum	Maximum	No. 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					
Chloroform	µg/L					
Bromoform	µg/L					
Dichlorobromomethane	µg/L					
Chlorodibromomethane	µg/L					

* Attach additional sheets for each discharge point.

V. RECEIVING WATER AND DISCHARGE POINT INFORMATION

Receiving Water(s)*: 1. 2. 3.
Discharge points / coordinates Receiving Water 1. Discharge Point 1: Latitude: _____ Longitude: _____ Hardness Range: _____ Discharge Point 2: Latitude: _____ Longitude: _____ Hardness Range: _____ Discharge Point 3: Latitude: _____ Longitude: _____ Hardness Range: _____ <u>Receiving Water 2.</u> Discharge Point 1: Latitude: _____ Longitude: _____ Hardness Range: _____ Discharge Point 2: Latitude: _____ Longitude: _____ Hardness Range: _____ Discharge Point 3: Latitude: _____ Longitude: _____ Hardness Range: _____ <u>Receiving Water 3.</u> Discharge Point 1: Latitude: _____ Longitude: _____ Hardness Range: _____ Discharge Point 2: Latitude: _____ Longitude: _____ Hardness Range: _____ Discharge Point 3: Latitude: _____ Longitude: _____ Hardness Range: _____

* Attach additional sheets for additional receiving waters and discharge points.

VI. LOCATION MAP

Attach a topographic map or maps of the area. The map(s) should clearly show the following:

1. The legal boundaries of the facility;
2. Locations of all water and wastewater treatment units, such as sand filters, backwash and settling basins, and sludge handling processes, if any;
3. Locations of all chemical storage tanks (indicate if secondary containment is provided for each tank).
4. The location and identification number of each of the facility's existing and/or proposed intake and discharge points; and
5. The receiving State water(s) and receiving storm water drainage system(s), if applicable, identified and labeled.

VII. FLOW CHART

Attach a flow chart showing all components of the treatment train. Indicate the proposed outfall locations described in V.

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

Attach a site-specific BMPs plan on separate sheets. The site-specific BMPs plan shall address all specific means of controlling the discharge of pollutants from the facility. The site-specific BMPs plan shall also include a schedule and procedures for plan review, plan implementation, and annual training.

- Site-specific BMPs plan is attached with this NOI.
- Site-specific BMPs plan will be submitted 30 days before the commencement of the proposed discharge.
- A copy of the BMPs plan required by the local municipality is attached.

IX. AUTHORIZATION OF REPRESENTATIVE

1. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required NOI Form for coverage under the NPDES General Permit for discharge to State waters from the subject facility. The Owner hereby agrees to comply with and be responsible for all the conditions specified in the General Permit.

Company/Organization Name: _____

Street Address: _____

City, State and Zip Code+4: _____

Authorized Contact Person & Title: _____

Phone No.: () _____ Fax No.: () _____

E-mail address: _____

2. A separate authorization statement is attached:

Yes _____ No _____

X. CERTIFICATION

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 the criteria for eligibility and the development and implementation of Pollution Prevention Practices, if required, will be complied with.

Signature _____ Date: _____

Printed Name & Title: _____

Facility/Agency Name: _____

Phone No.: _____ Fax No.: _____

E-mail address: _____

XI. APPLICATION FEE AND MAILING INSTRUCTIONS

Submit this NOI with attachments and a check made out to the "San Francisco Bay Regional Water Quality Control Board" with the appropriate fee (see NOI instructions Section X for the applicable fee). Send the complete package to the following address:

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