

ATTACHMENT B - NOTICE OF INTENT (NOI)

FOR COVERAGE PURSUANT TO WATER QUALITY ORDER NO. 2009-0006-DWQ

**GENERAL PERMIT FOR
LANDSCAPE IRRIGATION USES OF MUNICIPAL RECYCLED WATER**

I. Distributor (Required)¹:

Agency / Organization / Name: County of San Luis Obispo Public Works Department	
Facility, if any: Los Osos Water Recycling Facility (LOWRF)	
Conveyance Role (Check all that apply): <input type="checkbox"/> Recycled Water Retailer <input checked="" type="checkbox"/> Recycled Water Supplier <input checked="" type="checkbox"/> Recycled Water Wholesaler	Distributor declares responsibility for administering program necessary to fulfill the requirements of this General Permit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Description of Recycled Water Conveyance Role: The County will own and operate the water recycling facility and the recycled water distribution system. Sewer flows from the service area will be the sole source of recycled water that will be distributed for landscape irrigation.	
Existing Water Reclamation Requirements (if any): WDR R3-2011-0001	Do you request to rescind the identified existing WRRs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mailing Address: County Government Center Room 206	
City: San Luis Obispo	County: San Luis Obispo State: CA Zip: 93408
Phone Number: 805-781-5252	Fax Number: 805-781-1229
Contact Person: Ray Dienzo	E-Mail: rdienzo@co.slo.ca.us

II. Producer (Required)¹:

Agency / Organization: County of San Luis Obispo Public Works Department		
Facility: Los Osos Water Recycling Facility (LOWRF)		
Producer declares responsibility for administering program necessary to fulfill the requirements of this General Permit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Order Number:	WDID:	Treatment: <input checked="" type="checkbox"/> Disinfected Tertiary ² <input type="checkbox"/> Advanced ³
Existing Water Reclamation Requirements (if any): WDR R3-2011-0001	Do you request to rescind the identified existing WRRs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mailing Address: County Government Center Room 206		
City: San Luis Obispo	County: San Luis Obispo	State: CA Zip: 93408
Phone Number: 805-781-5252	Fax Number: 805-781-1229	
Contact Person: Ray Dienzo	E-Mail: rdienzo@co.slo.ca.us	

¹ Attach multiple sheets if necessary; only one administrator of this General Permit is allowed per NOI.

² As defined in California Code of Regulations Title 22, sections 60301.230 and 60301.320

³ Achieves "disinfected tertiary" quality and includes additional treatment.

ATTACHMENT B – NOTICE OF INTENT (NOI) WATER QUALITY ORDER NO. 2009-006-DWQ

III. Billing Address (Required):

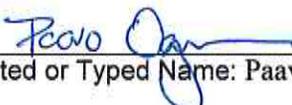
Agency / Organization / Name: County of San Luis Obispo Public Works			
Mailing Address: County Government Center Room 206			
City: San Luis Obispo	County: San Luis Obispo	State: CA	Zip: 93408
Phone Number: 805-781-5252		Fax Number: 805-781-1229	
Contact Person: Ray Dienzo		E-Mail: rdienzo@co.slo.ca.us	

IV. Salt and Nutrient Management Plans (required)

For projects where Salt and Nutrient Management Plan is in effect.
Salt and Nutrient Management Plan, approved by a Regional Water Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; check one of the two boxes below: <input checked="" type="checkbox"/> Under development, estimated completion date: 2015 I am actively participating in this development effort. <input type="checkbox"/> No organized effort to develop a Salt and Nutrient Management Plan for the basin exists at this time. I will actively participate in the development of a Salt and Nutrient Management Plan when the effort commences.
For projects where Salt and Nutrient Management Plan is not in effect.
Antidegradation analysis completed consistent with Recycled Water Policy Paragraph 9d.(2)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

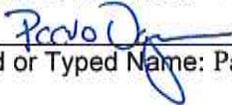
V. Certification (Required):

I hereby agree to meet and follow the requirements set forth in Water Quality Order No. 2009-0006-DWQ. I also agree to adhere to the Operation & Maintenance Plan, submitted herewith, and to ensure the proper use of recycled water for landscape applications. I also agree that, where an applicable Salt and Nutrient Management Plan is adopted by a Regional Water Board, I will ensure full compliance by all producers and distributors under this permit to any monitoring and reporting elements therein. Upon approval of coverage under the General Permit I will assume responsibility for administering an appropriate program necessary to fulfill the requirements of Water Quality Order No. 2009-0006-DWQ. I declare under the penalty of law that I have personally examined and am familiar with the information submitted in this document, 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 a fine and imprisonment.

I.	Signature of Administrator: 	Title: PUBLIC WORKS DIRECTOR
	Printed or Typed Name: Paavo Ogren	Date: 12/6/2013

**ATTACHMENT B – NOTICE OF INTENT (NOI)
WATER QUALITY ORDER NO. 2009-006-DWQ**

I hereby agree to meet and follow the requirements set forth in Water Quality Order No. 2009-0006-DWQ. I also agree to adhere to the Operation & Maintenance Plan, submitted herewith, and to ensure the proper use of recycled water for landscape applications. I declare under the penalty of law that I have personally examined and am familiar with the information submitted in this document, 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 a fine and imprisonment.

i.	Signature of Distributor ^{4,5} : 	Title: PUBLIC WORKS DIRECTOR
	Printed or Typed Name: Paavo Ogren	Date: 12/6/2013
ii.	Signature of Producer ⁶ : 	Title: PUBLIC WORKS DIRECTOR
	Printed or Typed Name: Paavo Ogren	Date: 12/6/2013

⁴ For additional distributors other than the Administrative Distributor.

⁵ Attach multiple sheets if necessary.

⁶ Attach multiple sheets if necessary.