Attachment B

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL COAST REGION

INSTRUCTIONS FOR COMPLETING THE NOTICE OF INTENT TO COMPLY WITH THE TERMS OF GENERAL WASTE DISCHARGE REQUIREMENTS FOR DISCHARGES OF FRUIT AND VEGETABLE PROCESSING WASTE

If you have any questions regarding the completion of any part of the following form, please contact your Regional Water Quality Control Board (Regional Board) representative. Regional Board staff will work with you to fill in all required information. Necessary information is usually attainable from previous use permit engineering reports or county records. County health departments retain system sizing and design records of all permitted wastewater systems. Records may usually be reproduced for a small fee. We appreciate the use of any existing information or reports that are available. If additional information is supplied, please attach additional sheets and list all attachments with the titles and dates in the spaces provided.

1. FACILITY INFORMATION

You must provide the information listed below for ALL persons or entities that hold legal interests associated with the facility or real property on which is located. These may include, but are not limited to, owners, leaseholders, lessees, and operators. Persons or entities may include corporations, partnerships, individuals, etc.

Legal name, physical address including the county, contact person, and phone number at the facility. (NO P.O. Box numbers. If no address exists, use street and nearest cross street.) Check the appropriate Owner type. The legal owner will be named in the Waste Discharge Requirements (WDRs), and will receive legal notices and invoices at this address.

2. FACILITY SITE INFORMATION:

Facility name, address, contact person, and phone number, if different than above. If the same, this application MUST be accompanied by a site map(s) of sufficient scale to show all features required by this application.

3. LOCATION OF FACILITY

Enter the Assessor's Parcel Number(s) (APN). This number is located on the property tax bill and can also be obtained from the County Assessor's Office. Indicate the APN for both the facility and the discharge point. Please specify any surface waters in the vicinity of the facility and the point of discharge. Enter the latitude and longitude of the entrance to the proposed/existing facility. Latitude and longitude information can be obtained from a U.S. Geological Survey quadrangle topographic map. Other maps may also contain this information.

4. REASON FOR FILING

If the facility has WDRs issued by the Regional Board, please provide the WDID and Order numbers, which are found at the top of the first page of the WDRs. If the facility has a waiver of WDRs issued by the Regional Board, please state the date of the letter and provide a copy.

Fruit and vegetable processors may require WDRs for Discharges of Storm Water Associated With Industrial Activities. If such a permit exists for this facility, please provide the number. If you have received a "No Exposure Certification" or "Notice of Termination" from the State Water Resources Control Board, please provide a copy. If you are unsure, contact the Regional Board at (805) 549-3147 for assistance.

5. PERMITS ACQUIRED

Usually construction and operation of the facility involves permits or entitlements from a local agency, such as a city or county. These permits or entitlements may include discretionary or ministerial permits such as conditional use permits, grading permits, and building permits. Documents and information should be available from the issuing agency, in most cases the city or county planning department. For each permit or entitlement, identify the issuing agency, the date of issuance, and provide a copy of associated documentation.

6. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Compliance with the California Environmental Quality Act (Public Resources Code Section 21000 et. seq) (CEQA) is required prior to enrollment under the General WDRs. The CEQA lead agency, in most cases your county planning department, is required to determine that your project is exempt from CEQA, or must prepare an environmental document (either an Environmental Impact Report, Mitigated Negative Declaration, or Negative Declaration). The CEQA lead agency may also rely on an environmental document previously prepared by another agency. Documents and information should be available from the CEQA lead agency.

Has an agency made a CEQA determination for the facility? If YES, give the name, date, and type of determination (This could be a Notice of Exemption or Notice of Determination). Enclose a copy of the Notice of Exemption or Notice of Determination and the Environmental Impact Report, Mitigated Negative Declaration, or Negative Declaration. If NO, fill in the expected type and date of completion. For the date of completion, list the date that the Notice of Exemption or Notice of Determination will be completed. If not known, write "Unknown".

7. PROCESS

Provide as much technical/descriptive information about your fruit and vegetable process and wastewater generation as you can. Please note any future projected production and wastewater treatment capacity.

8. TYPES OF DISCHARGE

Check all types of discharges that exist at your facility. Surface treatment systems that combine domestic and process wastewater are not eligible for coverage under the General WDRs, and will most likely require individual WDRs.

9. TREATMENT AND DISPOSAL PROCESS

Check the method to be used, and supply additional information. List and describe all chemicals added to the waste stream treatment process under Additional Information.

10. GROUNDWATER

Fruit and vegetable processing facilities that predate CEQA and local use permitting may not have readily available groundwater information. In those cases, Regional Board staff will work with you to determine what constitutes a characterization of your discharge. The quality and quantity of groundwater information for the application should be commensurate with the size of the facility and its potential to negatively impact groundwater quality. In many cases, information produced from your day-to-day operational experience and records will suffice. Reports by the system designer should provide sufficient information to evaluate your system. Regional Board staff will assist you in evaluating your situation.

Coverage under the General WDRs is based upon all wastewater treatment and disposal occurring on land under the control of the facility without discharges to surface waters. Therefore, it is important that you know the sources and volumes of wastewater generated in your facility to ensure that the treatment and disposal facilities are properly sized.

11. ADDITIONAL INFORMATION

Your application MUST include a COMPLETE characterization of the discharge. Regional Board Staff will notify you if your application is incomplete and will request that you submit additional specific information. New fruit and vegetable processing facilities that have completed local agency project review and CEQA compliance should have a good understanding of the makeup of their wastewater and the treatment and

disposal process. Existing information including engineering design reports, septic system design, (obtained from the files of the health department) and irrigation design reports should be duplicated and submitted wherever possible.

12. CERTIFICATION

Certification by the operator of the facility is required. The appropriate person must sign the application form. Acceptable signatures are:

a. For a corporation, a principal executive officer of at least the level of senior vice-president;
b. For a partnership or individual (sole proprietorship), a general partner or the proprietor;

13. SUBMITTAL

Please submit NOI to:

Regional Water Quality Control Board
Central Coast Region
895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL COAST REGION

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF THE GENERAL WASTE DISCHARGE REQUIREMENTS FOR DISCHARGES OF FRUIT AND VEGETABLE PROCESSING WASTE

1. FACILITY INFORMATION

Owner Name:				
Mailing Address:				
City/Locale:	County:	State:	Zip:	Telephone Number:
Operator Name (if different than above):				
Mailing Address:				
City/Locale:	County:	State:	Zip:	Telephone Number:
Contact Person:		Title:		Telephone Number:
Owner Type: (check one) Individual ☐ Corporation ☐ Partnership ☐ Other:				

2. FACILITY SITE INFORMATION

Facility Name:				
Physical Address:				
City/Locale:	County:	State:	Zip:	Telephone Number:

3. LOCATION OF FACILITY

Assessor's Parcel #:	Latitude:	Closest Surface Water: (e.g. Estrella River)
Township/Range/Section: T ____ R ____ S _____ B&M:	Longitude:	

4. REASON FOR FILING

☐ New Discharge or Facility	☐ Changes in Ownership/Operator
☐ Update of Waste Discharge Requirements WDID No WDR No:	☐ Expiration of Waiver Date of Waiver:
☐ Expansion	☐ Other

Is there an Industrial Stormwater Permit for this facility? ☐ Yes ☐ No If so, what is the number?
Have you received a "No Exposure Certification" or "Notice of Termination" for this facility ☐ Yes ☐ No
If yes, please provide a copy.

5. PERMITS ACQUIRED

Has an agency issued permits or other entitlements (e.g., conditional use permit, building permit, grading permit) for the facility? ☐ Yes ☐ No
For each permit or entitlement, list the type, issuing agency, and date of issuance:

6. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Has a CEQA determination been made by an agency? ☐ Yes ☐ No	Name of agency:
Type of Determination:	Date of Determination:

7. PROCESS

Tons of Fruit and Vegetables Processed per Year:	Product Produced Per Year:
Wastewater Flows: (Seasonal if applicable) Average: _____ Maximum: _____	Wastewater Flows: (Off Season, if applicable) Average: _____ Maximum: _____
Equipment and Floor Washing Method:	

8. TYPES OF DISCHARGE

Check All That Apply:

☐ Process Wastewater ☐ Domestic Wastewater (separate system)

☐ Stormwater ☐ Domestic Wastewater (combined system) Note: Combined systems may be ineligible for coverage under these General WDRs.

9. TREATMENT and DISPOSAL PROCESS (check all that apply)

☐ Solids Separation Method:	☐ pH Neutralization Method:
☐ Surface Impoundment Capacity: Total Volume_____ Flow (gpd) _____ ☐ Facultative ☐ Aerobic Aerators? Number ____ Horsepower_____	☐ Septic Tank/Leachfield Equipped w/ effluent filter? ☐ Yes ☐ No Leachline Length: Dual Leachfields? ☐ Yes ☐ No 100% Replacement Area? ☐ Yes ☐ No County Permit? ☐ Yes ☐ No Permit No:
☐ Constructed Wetland	
Is treated wastewater recycled? ☐ Yes ☐ No Use: ☐ Crop Irrigation Acres Irrigated: (attach map showing irrigated areas) ☐ Dust Abatement ☐ Fire Protection ☐ Other	
Method and Location of Solids Disposal:	
☐ Other Treatment and/or Disposal Methods:	

10. GROUNDWATER

Please denote whether the following information is available for your facility. If so, please provide such information to demonstrate that your facility will not adversely affect groundwater quality.

- ☐ Groundwater quality data?
- ☐ Soil borings?
- ☐ Percolation tests?
- ☐ Monitoring wells?
- ☐ Significant separation from groundwater?
- ☐ Other groundwater information?

11. ADDITIONAL INFORMATION

Attach additional sheets to explain any response that needs clarification. List attachments with titles and dates below:

_____
_____
_____
_____
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_____

12. CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction or 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 persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print Name: _____ Title: _____

Signature: _____ Date: _____