

ATTACHMENT A

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL VALLEY REGION

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF
GENERAL WASTE DISCHARGE REQUIREMENTS ORDER NO. R5-2007-XXXX
IN-SITU GROUNDWATER REMEDIATION AT SITES WITH VOLATILE ORGANIC
COMPOUNDS, NITROGEN COMPOUNDS, PERCHLORATE, PESTICIDES,
SEMI-VOLATILE COMPOUNDS AND/OR PETROLEUM HYDROCARBONS

1. RESPONSIBLE PARTY INFORMATION

Owner Name:				
Mailing Address:				
City/Locale:	County:	State:	Zip:	Telephone Number:
Operator Name (if different than above):				
Mailing Address:	County:	State:	Zip:	Telephone Number:
Contact Person:	Title:		Telephone Number:	
Owner Type: (check one) Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other:				

2. TREATMENT SITE INFORMATION

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

3. LOCATION OF FACILITY

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

4. REASON FOR FILING

<input type="checkbox"/> New Pilot Study <input type="checkbox"/> New Full-Scale Treatment <input type="checkbox"/> Update Plot Study <input type="checkbox"/> Update Full-Scale Treatment	<input type="checkbox"/> Changes in Ownership/Operator <input type="checkbox"/> Other
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5. LOCAL PERMITS

Has an agency issued permits or other entitlements (e.g., conditional use permit, building permit, hazardous materials storage permit, air permit, well permit) for the site? <input type="checkbox"/> Yes <input type="checkbox"/> No
For each permit or entitlement, list the type, issuing agency, and date of issuance:

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6. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Has a CEQA determination been made by an agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of agency:
Type of Determination:	Date of Determination:
If the CEQA determination was made after the date of adoption of this General WDR, then include a copy of the CEQA determination with this NOI.	

7. PROCESS

<input type="checkbox"/> Single-Injection Points <input type="checkbox"/> Continuous Injection <input type="checkbox"/> Recirculation System		
Amendments to be added:	Volumes of Amendments per Month:	Storage on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pollutants to be treated:	Rates of amendment additions:	Max rate of amendment addition:
Extraction and Injection Rates (give units) Average: _____ Maximum: _____		Treatment Methods and flows (give units): Average: _____ Maximum: _____

8. WASTES GENERATED

Check All That Apply:	
<input type="checkbox"/> Treatment Wastewater	<input type="checkbox"/> Domestic Wastewater (separate system)
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Solid waste - Type _____

9. AMENDMENT STORAGE

Describe the type(s) of storage vessels, including capacity of each, that will be used to store amendments:
How will liquid be stored and monitored to prevent spillage?

10. 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: _____