



# California Regional Water Quality Control Board



Linda S. Adams  
Secretary for  
Environmental Protection

Over 50 Years Serving San Diego, Orange, and Riverside Counties  
Recipient of the 2004 Environmental Award for Outstanding Achievement from USEPA

Arnold Schwarzenegger  
Governor

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[http:// www.waterboards.ca.gov/sandiego](http://www.waterboards.ca.gov/sandiego)

July 15, 2008

**CERTIFIED MAIL**  
7008 0150 0003 7457 7592

In reply refer to:  
**SWU: dquach**

Mr. Ivan Salzedo  
Valley Powder Coating & Sandblasting  
14372 Olde Highway 80  
El Cajon, CA 92021

Dear Mr. Salzedo:

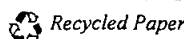
**SUBJECT: NOTICE OF NONCOMPLIANCE: ENROLLMENT IN THE INDUSTRIAL  
STORM WATER GENERAL PERMIT, ORDER NO. 97- 03 DWQ;  
PERMIT NO. CAS000001**

Regional Board staff has received information from staff of the County of San Diego's Department of Public Works Watershed Protection Program that based on a recent inspection of your facility on July 9, 2008, Valley Powder Coating & Sandblasting will require coverage under the State Water Resources Control Board's (State Board) General Industrial Storm Water Permit (Permit).

Regional Board and County of San Diego staff have determined that your Standard Industrial Code (SIC) for the operation at your facility is 3479, Coating, Engraving, and Allied Services, NEC. The SIC is a conditional classification for coverage under the Permit. However, your facility has outside exposure to storm water. Therefore, you must file a Notice of Intent (NOI) (enclosed) to obtain coverage under the Permit. To enroll for coverage under the Permit, follow the instructions in the enclosed package, and mail us a copy of the NOI that is to be sent to the State Board.

Failure to submit the NOI to the State Board within 30 days of receipt of this letter will subject you to possible enforcement action under Sections 13399.30 and 13399.33 of the California Water Code. The penalty for failure to file the NOI is not less than five thousand dollars per year (\$5,000) of noncompliance or fraction thereof.

*California Environmental Protection Agency*



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# State Water Resources Control Board



Alan C. Lloyd Ph.D.  
Secretary for  
Environmental  
Protection

Division of Water Quality  
1001 I Street • Sacramento, California 95814 • (916) 341-5538  
Mailing Address: P.O. Box 1977 • Sacramento, California • 95812-1977  
FAX (916) 341-5543 • Internet Address: <http://www.waterboards.ca.gov/stormwtr/index.html>

Arnold Schwarzenegger  
Governor

To: STORM WATER DISCHARGER  
SUBJECT: CHECKLIST FOR SUBMITTING A NOTICE OF INTENT

In order for the State Water Resources Control Board to expeditiously process your Notice of Intent (NOI), the following items must be submitted to either of the addresses indicated below:

1. \_\_\_\_\_ NOI (please keep a copy for your files) with all applicable sections completed and original signature of the facility operator;
2. \_\_\_\_\_ Check made out to the "State Water Resources Control Board" with the appropriate fee. The regular fee is \$830.00 (\$700 plus 18.5% surcharge).
3. \_\_\_\_\_ Site Map of the facility (see NOI instructions). DO NOT SEND BLUEPRINTS

U.S. Postal Service Address

Overnight Mailing Address

State Water Resources Control Board  
Division of Water Quality  
Attn: Storm Water Section  
P.O. Box 1977  
Sacramento, CA 95812-1977

State Water Resources Control Board  
Division Of Water Quality  
Attn: Storm Water, 15<sup>th</sup> Floor  
1001 I Street  
Sacramento, CA 95814

NOIs are processed in the order they are received. A NOI receipt letter will be mailed to the facility operator within approximately two weeks. Incomplete NOI submissions will be returned to the facility operator within the same timeframe and will specify the reason(s) for return. If you need a receipt letter by a specific date (for example, to provide to a local agency), we advise that you submit your NOI thirty (30) days prior to the date the receipt letter is needed.

Please do not call us to verify your NOI status. A copy of your NOI receipt letter will be available on our web page within twenty-four (24) hours of processing. Go to: <http://www.waterboards.ca.gov/stofmwtr/databases.html> to retrieve an electronic copy of your NOI receipt letter. If you have any questions regarding this matter, please contact us at (916) 341-5538.

## NOTICE OF INTENT (NOI) INSTRUCTIONS

TO COMPLY WITH STATE WATER RESOURCES CONTROL BOARD  
WATER QUALITY ORDER NO. 97-03-DWQ  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
GENERAL PERMIT NO. CAS000001

### Who Must Submit

The facility operator must submit an NOI for each industrial facility that is required by U.S. Environmental Protection Agency (U.S.EPA) regulations to obtain a storm water permit. The required industrial facilities are listed in Attachment 1 of the General Permit and are also listed in 40 Code of Federal Regulations Section 122.26(b)(14).

The facility operator is typically the owner of the business or operation where the industrial activities requiring a storm water permit occur. The facility operator is responsible for all permit related activities at the facility.

Where operations have discontinued and significant materials remain on site (such as at closed landfills), the landowner may be responsible for filing an NOI and complying with this General Permit. Landowners may also file an NOI for a facility if the landowner, rather than the facility operator, is responsible for compliance with this General Permit.

### How and Where to Apply

The completed NOI form, a site map, and appropriate fee must be mailed to the State Water Resources Control Board (State Water Board) at the following address:

State Water Resources Control Board  
Division of Water Quality  
P.O. Box 1977  
Sacramento, CA 95812-1977  
Attn: Storm Water Permitting Unit

Please Note: Do not send the original or copies of the NOI submittal to the Regional Water Quality Control Board (Regional Water Board). The original NOI will be forwarded to the Regional Water Board after processing.

Do not send a copy of your Storm Water Pollution Prevention Plan (SWPPP) with your NOI submittal. Your SWPPP is to be kept on site and made available for review upon request.

When to Apply

Facility operators of existing facilities must file an NOI in accordance with these instructions by March 30, 1992. Facility

operators of new facilities (those beginning operations after March 30, 1992) must file an NOI in accordance with these instructions at least 14 days prior to the beginning of operations.

Once the completed NOI, site map, and appropriate fee have been submitted to the State Water Board, your NOI will be processed and you will be issued a receipt letter with a Waste Discharge Identification (WDID) Number. Please refer to this number when you contact either the State or Regional Water Boards.

Fees

The total annual fee is \$830. Checks should be made payable to: SWRCB

Change of Information

If the information provided on the NOI or site map changes, you should report the changes to the State Water Board using an NOI form. Section I of the line-by-line instructions includes information regarding changes to the NOI.

Questions

If you have any questions completing the NOI, please call the appropriate Regional Water Board (Attachment 2) or the State Water Board at (916) 341-5538.

NOI LINE-BY-LINE INSTRUCTIONS

Please type or print your responses on the NOI. Please complete the NOI form in its entirety and sign the certification.

Section I--NOI STATUS

Check box "A" if this is a new NOI registration.

Check box "B" if you are reporting changes to the NOI (e.g., new contact person, phone number, mailing address). Include the facility WDID #. Highlight all the information that has been changed.

Please note that a change of information does not apply to a change of facility operator or a change in the location of the facility. These changes require a Notice of Termination (NOT) and submittal of a new NOI and annual fee. Contact the State Water Board or Regional Water Boards for more information on the NOT Form and instructions.

Regardless of whether you are submitting a new or revised NOI, you must complete the NOI in its entirety and the NOI must be signed.

Section II--Facility Operator Information

Part A: The facility operator is the legal entity that is responsible for all permit related compliance activities at the facility. In most cases, the facility operator is the owner of the business or operation where the industrial activity occurs. Give the legal name and the address of the person, firm, public organization, or any other entity that is responsible for complying with the General Permit.

Part B: Check the box that indicates the type of operation.

Section III--Facility Site Information

Part A: Enter the facility's official or legal name and provide the address. Facilities that do not have a street address must provide cross-streets or parcel numbers. Do not include a P.O. Box address in Part A.

Part B: Enter the mailing address of the facility if different than Part A. This address may be a P.O. Box.

The contact person should be the plant or site manager who is familiar with the facility and responsible for overseeing compliance of the General Permit requirements.

Part C: Enter the total size of the facility in either acres or square feet. Also include the percentage of the site that is impervious (areas that water cannot soak into the ground, such as concrete, asphalt, and rooftops).

Part D: Determine the Standard Industrial Classification (SIC) code which best identifies the industrial activity that is taking place at the facility. This information can be obtained by referring to the Standard Industrial Classification Manual prepared by the Federal Office of Management and Budget which is available at public libraries. The code you determine should identify the industrial activity that requires you to submit the NOI. (For example, if the business is high school education and the activity is school bus maintenance, the code you choose would be bus maintenance, not education.) Most facilities have only one code; however, additional spaces are provided for those facilities that have more than one activity.

Part E: Identify the title of the industrial activity that requires you to submit the NOI (e.g., the title of SIC Code 2421 is Sawmills and Planing Mills, General). If you cannot identify the title, provide a description of the regulated activity(s).

#### Section IV--Address for Correspondence

Correspondence relative to the permit will be mailed occasionally. Check the box which indicates where you would like such correspondence delivered. If you want correspondence sent to another contact person or address different than indicated in Section II or Section III then include the information on an extra sheet of paper.

#### Section V--Billing Address Information

To continue coverage under the General Permit, the annual fee must be paid. Use this section to indicate where the annual fee invoices should be mailed. Enter the billing address if different than the address given in Sections II or III.

#### Section VI--Receiving Water Information

Provide the name of the receiving water where storm water discharge flows from your facility. A description of each option is included below.

1. Directly to waters of the United States: Storm water discharges directly from the facility to a river, creek, lake, ocean, etc. Enter the name of the receiving water (e.g., Boulder Creek).
2. Indirectly to waters of the United States: Storm water discharges over adjacent properties or right-of-ways prior to discharging to waters of the United States. Enter the name of the closest receiving water (e.g., Clear Creek).

#### Section VII--Implementation of Permit Requirements

Parts A and B: Check the boxes that best describe the status of the Storm Water Pollution Prevention Plan (SWPPP) and the Monitoring Program.

Part C: Check yes or no to questions 1 through 4. If you answer no to any question, you need to assign a person to these tasks immediately.

As a permit holder you are required to have an SWPPP and Monitoring Program in place prior to the beginning of facility operations. Failure to do so is in direct violation of the General Permit. Do not send a copy of your SWPPP with your NOI submittal.

Please refer to Sections A and B of the General Permit for additional information regarding the SWPPP and Monitoring Program.

#### Section VIII--Site Map

Provide a "to scale" drawing of the facility and its immediate surroundings. Include as much detail about the site as possible. At a minimum, indicate buildings, material handling and storage areas, roads, names of adjacent streets, storm water discharge points, sample collection points, and a north arrow. whenever

possible limit the map to a standard size sheet of paper (8.5" x 11" or 11" x 17"). Do not send blueprints unless you are sending one page and it meets the size limits as defined above.

A location map may also be included, especially in cases where the facility is difficult to find, but are not to be submitted as a substitute for the site map. The location map can be created from local street maps and U.S. Geological Survey (USGS) quadrangle maps, etc..

A revised site map must be submitted whenever there is a significant change in the facility layout (e.g., new building, change in storage locations, boundary change, etc.).

#### Section IX--Certification

This section should be read by the facility operator. The certification provides assurances that the NOI and site map were completed by the facility operator in an accurate and complete fashion and with the knowledge that penalties exist for providing false information. It also requires the Responsible Party to certify that the provisions in the General Permit will be complied with.

The NOI must be signed by:

For a Corporation: a responsible corporate officer (or authorized individual).

For a Partnership or Sole Proprietorship: a general partner or the proprietor, respectively.

For a Municipality, State, or other non-Federal Public Agency: either a principal executive officer or ranking elected official.

For a Federal Agency: either the chief or senior executive officer of the agency.



## NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF THE  
GENERAL PERMIT TO DISCHARGE STORM WATER  
ASSOCIATED WITH INDUSTRIAL ACTIVITY (WQ ORDER No. 97-03-DWQ)  
(Excluding Construction Activities)

**SECTION I. NOI STATUS** (please check only one box)

A. <input type="checkbox"/> New Permittee	B. <input type="checkbox"/> Change of Information    WDID # <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
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**SECTION II. FACILITY OPERATOR INFORMATION** (See instructions)

A. NAME: <span style="border-bottom: 1px solid black; display: inline-block; width: 90%;"></span>		Phone: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
Mailing Address: <span style="border-bottom: 1px solid black; display: inline-block; width: 95%;"></span>		
City: <span style="border-bottom: 1px solid black; display: inline-block; width: 80%;"></span>	State: <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span>	Zip Code: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
Contact Person: <span style="border-bottom: 1px solid black; display: inline-block; width: 95%;"></span>		
B. OPERATOR TYPE: (check one)    1. <input type="checkbox"/> Private Individual    2. <input type="checkbox"/> Business    3. <input type="checkbox"/> Municipal    4. <input type="checkbox"/> State    5. <input type="checkbox"/> Federal    6. <input type="checkbox"/> Other		

**SECTION III. FACILITY SITE INFORMATION**

A. FACILITY NAME: <span style="border-bottom: 1px solid black; display: inline-block; width: 90%;"></span>		Phone: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
Facility Location: <span style="border-bottom: 1px solid black; display: inline-block; width: 95%;"></span>		County: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
City: <span style="border-bottom: 1px solid black; display: inline-block; width: 80%;"></span>	State: <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span>	Zip Code: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
B. MAILING ADDRESS: <span style="border-bottom: 1px solid black; display: inline-block; width: 95%;"></span>		
City: <span style="border-bottom: 1px solid black; display: inline-block; width: 80%;"></span>		State: <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span>
Contact Person: <span style="border-bottom: 1px solid black; display: inline-block; width: 95%;"></span>		Zip Code: <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>
C. FACILITY INFORMATION (check one) Total Size of Site:                      Acres                      Sq. Ft. <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>		Percent of Site Impervious (including rooftops) <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> %
D. SIC CODE(S) OF REGULATED ACTIVITY:                      E. REGULATED ACTIVITY (describe each SIC code):		
1. <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	<span style="border-bottom: 1px solid black; display: inline-block; width: 95%;"></span>	
2. <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	<span style="border-bottom: 1px solid black; display: inline-block; width: 95%;"></span>	
3. <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span>	<span style="border-bottom: 1px solid black; display: inline-block; width: 95%;"></span>	

FOR STATE USE ONLY:

**SECTION IV. ADDRESS FOR CORRESPONDENCE**

Facility Operator Mailing Address (Section II)       Facility Mailing Address (Section III, B.)       Both

**SECTION V. BILLING ADDRESS INFORMATION**

SEND BILL TO:     Facility Operator Mailing Address (Section II)     Facility Mailing Address (Section III, B.)     Other (enter information below)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 \_\_\_\_\_

Contact Person: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION VI. RECEIVING WATER INFORMATION**

Your facility's storm water discharges flow: (check one)     Directly    OR     Indirectly to waters of the United States.

Name of receiving water: \_\_\_\_\_  
 (river, lake, stream, ocean, etc.)

**SECTION VII. IMPLEMENTATION OF PERMIT REQUIREMENTS**

**A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (check one)**  
 A SWPPP has been prepared for this facility and is available for review.  
 A SWPPP will be prepared and ready for review by (enter date): \_\_\_\_/\_\_\_\_/\_\_\_\_.

**B. MONITORING PROGRAM (check one)**  
 A Monitoring Program has been prepared for this facility and is available for review.  
 A Monitoring Program will be prepared and ready for review by (enter date): \_\_\_\_/\_\_\_\_/\_\_\_\_.

**C. PERMIT COMPLIANCE RESPONSIBILITY**  
 Has a person been assigned responsibility for:

1. Inspecting the facility throughout the year to identify any potential pollution problems? .....	YES	NO
2. Collecting storm water samples and having them analyzed? .....	YES	NO
3. Preparing and submitting an annual report by July 1 of each year? .....	YES	NO
4. Eliminating discharges other than storm water (such as equipment or vehicle wash-water) into the storm drain? .....	YES	NO

**SECTION VIII. SITE MAP**

I HAVE ENCLOSED A SITE MAP    YES     A new NOI submitted without a site map will be rejected.

**SECTION IX. CERTIFICATION**

"I certify under penalty of law that this document and all attachments were prepared under my direction and 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. In addition, I certify that I have read the entire General Permit, including all attachments, and agree to comply with and be bound by all of the provisions, requirements, and prohibitions of the permit, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan will be complied with."

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

