

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN DIEGO REGION**

NOTICE OF INTENT

**ORDER NO. R9-2011- 0022
NPDES NO. CAG999002**

**GENERAL NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)
PERMIT FOR RESIDUAL FIREWORKS POLLUTANT WASTE DISCHARGES
TO WATERS OF THE UNITED STATES IN THE SAN DIEGO REGION FROM
THE PUBLIC DISPLAY OF FIREWORKS**

I. NOTICE OF INTENT STATUS

Mark only one Item:: ☐ New Application ☐ Change of Information:
WDID# _____

☐ Change of Discharger or Responsibility WDID# _____

II. STIPULATION OF APPLICABILITY

☐ _____ has reviewed the eligibility criteria of the subject Order as stated below and hereby certifies that the criteria is met.

Eligibility Criteria

Any person who proposes to discharge pollutant waste from the public display of fireworks to surface waters in the San Diego Region may submit a Notice of Intent (NOI) for coverage under this Order. When a fireworks event is hosted by one person but is operated or conducted by another person, it is the host's duty to submit an NOI and obtain coverage under the Order. The San Diego Water Board may require the joint submission of an NOI from both the host and the person operating the fireworks event on a case-by-case basis.

☐ _____ has reviewed the Order and hereby certifies that:

1. _____ understands the requirements of the Order; and
2. _____ will comply with all terms, conditions, and requirements of the Order.

III. DISCHARGER INFORMATION

Discharger Name:			
Mailing Address			
City	County	State	ZIP
Contact Person Name and Title			
Contact Person e-mail		Contact Person Phone	

IV. BILLING INFORMATION

<input type="checkbox"/> Same as Discharger Information (Enter information <u>only</u> if different from Section III above)			
Discharger Name:			
Mailing Address			
City	County	State	ZIP
Contact Person Name and Title			
Contact Person e-mail		Contact Person Phone	

V. FIREWORKS BEST MANAGEMENT PRACTICES PLAN

Has a Fireworks Best Management Practices Plan been prepared pursuant to the requirements of this Order? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If yes, check the box and attach a copy of the Fireworks Best Management Practices Plan to this form.

VI. APPLICATION FEE

Have you included payment of the filing fee (for first-time enrollees only) with this submittal? <input type="checkbox"/> Yes <input type="checkbox"/> No
The initial fee and annual fee are based upon the type of pollutants to be discharged or potentially discharged.
Make checks payable to “ State Water Resources Control Board ” and include “Fireworks General NPDES Order” in the check memo field.
Category 3 Lowest Threat to Water Quality Discharges that require minimal or no treatment systems to meet limits and pose no significant threat to the environment in accordance with California Code Of Regulations Title 23, Division 3, Chapter 9, Waste Discharge Reports And Requirements Article 1. Fees. (Fees amounts are subject to change. The fee for enrollment under this Order as of September 23, 2010 is \$1,200 plus \$252 surcharge = \$1,452)

VII. CERTIFICATION

I certify under penalty of law that the information provided in this application and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure 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 will be complied with.

Printed Name:

Signature*:

Date:

Title:

* The appropriate person must sign the application form. See Standard Provision V.B.1 Signatory and Certification Requirements. Acceptable signatures are:

1. for a corporation, a principal executive officer of at least the level of senior vice-president;
2. for a partnership or individual (sole proprietorship), a general partner or the proprietor;
3. for a governmental or public agency, either a principal executive officer or ranking elected/appointed official.

Submit the NOI and application fee to the following address:

CRWQCB – San Diego Region
9174 Sky Park Court, Suite 100
San Diego, CA 92123

Attn: Fireworks General NPDES Order
NOTICE OF INTENT

I. STATE USE ONLY

WDID:	Staff Initials:	Status: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Withdrawn <input type="checkbox"/> Pending Additional Information
Date NOI Received:	Check No.:	
Date NOI Processed:	Fee Amount Received: \$	
CIWQS Place No:	CIWQS Reg. Meas. No:	
Comments:		

Submit the NOI and application fee to the following address:

Regional Water Quality Control Board – San Diego
 9174 Sky Park Court, Suite 100
 San Diego, CA 92123

ATTN: General Permit for Public Displays of Fireworks
 Core Regulatory Unit
 NOTICE OF INTENT