

ATTACHMENT B – NOTICE OF INTENT (NOI)

NOTICE OF INTENT (NOI) to comply with the terms of the region-wide General National Pollutant Discharge Elimination System (NPDES) Permit authorizing discharges from dry docks to surface waters.

**General Permit No. CAG032012
 Order No. R2-2012-00xx**

FOR REGIONAL WATER BOARD USE ONLY

WDID: CIWQS Place No.:	Date NOI Received:	Date NOI Processed:
Case Manager’s Name:	Fee Received*: \$	Check No.:

* The annual fee will be based on the adopted fee schedule, available at <http://www.waterboards.ca.gov/fees/docs/adoptedfeeschedule.pdf>. The fee schedule is subject to change.

DISCHARGER TO PROVIDE THE FOLLOWING INFORMATION

I. OWNER/OPERATOR INFORMATION (Provide a separate form for each facility. If additional owners/operators are involved, provide the information in a supplemental letter.)

Facility/Agency Name		Owner/Operator Type (Check One) <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other, specify the type:	
Street Address			
City	State	Zip Code	Phone No.
Contact Person’s Name and Title		<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Owner/Operator	
Contact Person’s Email		Contact Person’s Phone No.	

Additional owner information attached

II. BILLING ADDRESS

<input type="checkbox"/> Owner/Operator (Enter information at right only if it is different from above) <input type="checkbox"/> Other (Enter information at right)	Name		
	Mailing Address		
	City	State	Zip Code

III. DISCHARGE INFORMATION

Describe the proposed discharges. List potential pollutants in the discharge. Describe or attach details of operations (e.g., floating or graving dry docks, number of vessels per year, maximum size of vessels). Attach additional sheets if needed.

Check types of discharges:

Integral Ballast Water.
 Indicate maximum volume per dry dock submersion: _____

Non-Contact Cooling Water.
 Indicate maximum flow: _____

Salt Water Fire Suppression Water.
 Indicate maximum flow: _____

Stormwater from Dry Dock Surfaces *After* Cleaning.

Other, please specify:

IV. DRY DOCK DIMENSIONS AND CAPACITIES

Dry dock No.	Discharge Point Nos.	Average Submerged/Immersed Depth (ft)	Width at Top (ft)	Length to Outer Sill (ft) or Caisson	Capacity (million gallons)
$n^{(1)}$	00n				

⁽¹⁾ n is the number designation of the dry dock.

V. PREVIOUS OR POTENTIAL DRY DOCK POLLUTANT DISCHARGES

	Minimum	Maximum	No. of Samples
Chromium			
Hexavalent chromium			
Copper			
Lead			
Nickel			
Zinc			
Tributyltin			
Polychlorinated biphenyls (PCBs)			

* Attach additional sheets as appropriate to fully describe the samples collected.

VI. RECEIVING WATER INFORMATION AND DISCHARGE POINTS

Receiving Water(s)*:...	
<i>Discharge points / coordinates</i>	
<u>Exposed deck or floor of dry dock <i>n</i>.</u>	
Discharge Point EFF-00 <i>n</i> :	Latitude: _____ Longitude: _____
<u>Sediment Sample near dry dock <i>n</i>.</u>	
Discharge Point SED-00 <i>n</i> A:	Latitude: _____ Longitude: _____
Discharge Point SED-00 <i>n</i> B:	Latitude: _____ Longitude: _____
Discharge Point SED-00 <i>n</i> C:	Latitude: _____ Longitude: _____
Discharge Point SED-00 <i>n</i> D:	Latitude: _____ Longitude: _____
<u>Background sediment sample.</u>	
Discharge Point SED-00(<i>N</i> +1):	Latitude: _____ Longitude: _____
<u>Receiving Water near Dry Dock Sample</u>	
Discharge Point RSW-00 <i>n</i> :	Latitude: _____ Longitude: _____
<u>Background Receiving Water</u>	
Discharge Point RSW-00(<i>N</i> +1):	Latitude: _____ Longitude: _____

* See Order Attachment E, page E-2. Attach additional sheets for additional receiving waters and discharge points.
n is the number designation of the dry dock.
N is the total number of dry docks at the facility. For example if there were two dry docks, then the location names for the sample stations would be SED-003 and RSW-003. For each facility, regardless of the number of dry docks, only one background sediment and one background receiving water station is required.

VII. LOCATION AND SITE MAPS

Attach a topographic map or maps of the area. Maps should clearly show the following:

1. The legal boundaries of the facility;
2. The location and identification number of each of the dry docks and their sampling locations.

VIII. BEST MANAGEMENT PRACTICES (BMPs) PLANS

Attach BMPs plans on separate sheets. The BMPs plans shall address all specific means of controlling the discharge of pollutants, including non-contact cooling water thermal waste, from the dry dock facility. The BMPs plans shall also include a schedule and procedures for plan review, plan implementation, and annual training.

IX. AUTHORIZATION OF REPRESENTATIVE

This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required NOI for coverage under the NPDES General Permit for discharges from the subject facility. The Company/Organization hereby agrees to comply with and be responsible for all the conditions specified in the General Permit.

Company/Organization Name: _____

Street Address: _____

City, State and Zip Code+4: _____

Authorized Contact Person and Title: _____

Phone No.: () _____

Fax No.: () _____

E-mail address: _____

A separate authorization statement is attached:

Yes _____ No _____

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direct 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 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 and the development and implementation of Pollution Prevention Practices, if required, will be complied with.

Signature _____ Date: _____

Printed Name and Title: _____

Company/Organization Name: _____

Phone No.: _____ Fax No.: _____

E-mail address: _____

XI. APPLICATION FEE AND MAILING INSTRUCTIONS

Submit this NOI form with attachments and a check made out to the “San Francisco Bay Regional Water Quality Control Board” with the appropriate fee (see <http://www.waterboards.ca.gov/fees/docs/adoptedfeeschedule.pdf>) to the following address:

San Francisco Bay Regional Water Quality Control Board
Attn: NPDES Wastewater Division
1515 Clay Street, Suite 1400
Oakland, CA 94612