



**CALIFORNIA REGIONAL WATER QUALITY CALIFORNIA REGIONAL WATER
QUALITY CONTROL BOARD – SANTA ANA REGION
NOTICE OF INTENT**



TO COMPLY WITH THE TERMS OF THE SAN BERNARDINO COUNTY MUNICIPAL STORMWATER PERMIT FOR
STORMWATER DISCHARGES ASSOCIATED WITH CONSTRUCTION ACTIVITIES

ORDER No. R8-2010-0036 (NPDES No. CAS618036)

MARK ONLY ONE ITEM	1. <input type="checkbox"/> New Construction / Reconstruction	2. <input type="checkbox"/> Change of Information for WDID# _____
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I. OWNER

Name		Contact Person	
Mailing Address		Title	
City	State	Zip	Phone () - Fax () - Email :

II. CONTRACTOR INFORMATION

Name		Contact Person	
Local Mailing Address		Title	
City	State	Zip	Phone () - Fax () - Email:

III. SITE INFORMATION

A. Project Title		Site Address	
City	State	Zip	Contact Person Phone () -
B. Construction commencement date: (Month / Day / Year)		C. Projected construction completion date: (Month / Day / Year)	

D. Type of Work: <input type="checkbox"/> Utility <input type="checkbox"/> Flood Control <input type="checkbox"/> Transportation <input type="checkbox"/> Other (Specify) Description of Work: _____	E. Total size of project/construction site: _____ Acres Total size of area to be disturbed: _____ Acres.
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IV. RECEIVING WATER INFORMATION

A. Does the storm water runoff from the construction site discharge to (Check all that apply): 1. <input type="checkbox"/> Indirectly to waters of the U.S. 2. <input type="checkbox"/> Storm drain system - Enter owner's name: _____ 3. <input type="checkbox"/> Directly to waters of U.S. (e.g. , river, lake, creek, stream, or to a pipe/channel that flows without inflow from other sources between site and water body etc.)
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V. IMPLEMENTATION OF NPDES PERMIT REQUIREMENTS

A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (mark one) <input type="checkbox"/> A SWPPP has been prepared for this facility and is available for review <input type="checkbox"/> A SWPPP will be prepared and ready for review by (date): ____/____/____ B. Date WQMP approved by local agency: ____/____/____ <input type="checkbox"/> Not Applicable.	C. MONITORING PROGRAM (MP) (mark one) <input type="checkbox"/> A MP has been prepared for this facility and is available for review <input type="checkbox"/> A MP will be prepared and ready for review by (date): ____/____/____
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VI. CERTIFICATIONS

"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 or imprisonment. In addition, I certify that the Provisions of Section No. XIV of Order No. R8-2009-0036, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with."

Printed Name: _____ Title: _____
 Signature: _____ Date: _____