



Implementation Workshop on the Statewide NPDES Permit for Drinking Water System Discharges To Surface Waters

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DWS NPDES Permit Enrollment

❑ Who is required to enroll

- Water Purveyors that are Community Drinking Water Systems (CDWS) with 1000 connections or more
- Wholesalers regardless of the number of connections

❑ Who would not be required to enroll

- Community Drinking Water System with less than 1000 connections.
- Transient, non-transient and non-community drinking water systems.
- CDWS that are also MS4 Permittees.
- CDWS that have an established MS4 local agreement and approved by their local Regional Board.
- CDWS whose discharges do not enter a water of the U.S.
- CDWS whose system-specific or water-body specific discharges require an individual Regional Board NPDES permit due to a TMDL or because the discharge falls outside the scope of the statewide permit.

Permit Authorized Discharges

□ Type of Discharges Authorized (sample list)

□ Planned

- Groundwater supply well flushing or pump to waste
- Groundwater well development, rehabilitation and testing
- Transmission system installation
- Distribution system storage tank or reservoir releases
- Distribution system dewatering, flushing, pressure testing
- Fire hydrant flushing, meter testing, automated water quality analyzers operations.
- Water Treatment plant operations (excluding backwash filter that discharges to a water of the U.S.)
- Discharges due to activities undertaken to comply with mandates of the Federal Drinking Water Act and Ca Health and Safety Code

□ Emergency and Unplanned

- Drinking water system failures, including repairs on transmission or distributions system failures
- Trench dewatering due to a system failure or emergency failure
- Operation errors and discharges due to catastrophic events.

DWS NPDES Permit Effluent Requirements

- ❑ Effluent Requirements/Limitations for discharges that enter a water of the U.S.
 - ❑ Establish Best Management Practices (BMPs) to:
 - Prevent aquatic toxicity of chlorine by dechlorination
 - Prevent erosion and hydromodification by erosion control and prevention measures
 - Minimize Sediment discharge and turbidity impacts through sediment, turbidity, and erosion controls
 - Prevent water quality impacts from groundwater supply well operations such as well development and rehabilitation by complying with a turbidity action level of 100 NTU or less in the discharge, and change or enhance BMPs when turbidity levels are greater than 100 NTU
 - Applicable to all planned discharges that enter a water of the U.S.
 - ❑ Comply with the following effluent limitations:
 - A **total chlorine** residual maximum of 0.019 mg/L (inland waters, enclosed bays and estuaries) or 0.008 mg/L (ocean) **with compliance assessed by a field meter monitoring result of <0.1 mg/L (non-detect) for total chlorine**
 - Only applicable to superchlorinated discharges, direct discharges, or discharges within 300 ft from a water of the U.S.

Compliance Determination for Chlorine Limits

- Total Chlorine Compliance

Result	Would be Reported	Compliance Determination Level	In Compliance
<0.10	<0.1	<0.1	Yes
0.10	0.1	<0.1	No
0.14	0.1	<0.1	No
0.06	<0.1	<0.1	Yes
<0.06	<0.1	<0.1	Yes
0.05	<0.1	<0.1	Yes
0.04	<0.1	<0.1	Yes

Permit Monitoring Requirements

□ Monitoring requirements.

□ Event effluent monitoring: (per event)

- Superchlorinated discharges (volume, chlorine, pH, and visual turbidity)
- High volume discharges (1ac-ft or larger) (volume, chlorine, visual turbidity)
- Well development /rehabilitation (volume, chlorine, and metered turbidity)

If discharge <20 min then one sample during first 10 min

If discharge between 20 to 60 min then one sample first 10 min and second sample during last 10 min.

If discharge >60 min then one sample first 10 min, second within 50 min and last one within last 10 min of discharge or close to end of discharge as feasible.

□ Representative effluent monitoring: (annual- chlorine, volume, visual turbidity)

- All other types of discharges that represent same general water source, same water treatment, and same type of implemented BMPs.
- Same frequency as event monitoring dependent on duration of discharge.

Permit Monitoring Requirements, continued

- Receiving water monitoring:
 - Visual monitoring (erosion, discoloration, suspended matter, aquatic life impact, visible films, sheens, potential nuisance conditions)
 - Only applicable when direct planned discharges do not comply with permit requirements. (not applicable for emergency discharges).

Notification and Reporting Requirements

- ❑ Notification of emergency or noncompliant discharges (**upon becoming aware of impacts to beneficial uses**)
 - Notify Regional Board within 24 hrs and in writing within 5 days
 - Notify Stormwater System Operator with 24 hrs.
- ❑ Pre-Notification of large planned discharges >1acre-ft:
 - Notify Regional Board and Stormwater System Operator 3 days prior to initiating discharge or retroactively within 24 hrs after the Discharger is informed to initiate a large volume discharge
- ❑ Reporting to State Water Board by March 1 of every year:
 - All non-compliant discharge monitoring information
 - A record of the number of direct discharges that are >50,000 gal for the year
 - An estimate of the total volume discharged to waters of the U.S. during the year.
 - An estimate of the total volume of discharged water that was put to a beneficial reuse instead of discharging to a water of the U.S.

NPDES Permit Application Checklist

- ❑ Notice of Intent form completed and signed for each CDWS
- ❑ Application fee payable to the SWRCB included
- ❑ Site information provided
 - Option of providing general location of the facilities **or** the boundaries of the service area(s)
 - Need only to show the named receiving waters and the major named downstream waters
 - For discharges within 300 feet of a water body, the Discharger is only expected to submit the representative distance of 300 feet on both sides of the named water bodies **or** indicate the entire service area is within 300 feet from a water body.
- ❑ TMDL Waterbody information completed and submitted
 - 2 samples' laboratory analysis for parameters listed in Table F-2 for each applicable TMDL waterbody representative of the discharges
 - The estimated minimum and maximum discharge volume per discharge event and estimated average annual discharge volume going to the TMDL waterbody.
 - Description of TMDL specific BMPs if any.

<u>Service Connections</u>	<u>Application Fee Only</u>	<u>Application & Annual Fee</u>
<u>15-999</u>	<u>\$100</u>	
<u>1,000-9,999</u>		<u>\$500</u>
<u>10,000+</u>		<u>\$2,062</u>
<u>Transmission Only</u>		<u>\$2,062</u>

Application Information

- Water Watch Website <https://sdwis.waterboards.ca.gov/PDWW/>

Links

[Water System F](#)

[Sample Schedule](#)

[Coliform Sample](#)

[Coliform Sample](#)

[Lead And Copp](#)

[Results](#)

[Non-Coliform S](#)

[Non-Coliform S](#)

[Analyte](#)

[Violations/Enfor](#)

[Site Visits](#)

[Milestones](#)

Return Links

[Water Systems](#)

[Water System S](#)

[County Map](#)

Glossary

Drinking Water Branch



Public Water Supply Systems Search Parameters

Water System No.

Water System Name

Principal County Served

All

Water System Type

All

Primary Source Water Type

All

Point of Contact Type

None

Sample Search Parameters

Sample Class

Click to select a value...

Sample Collection Date Range

(The Sample Search always produces results for the last 2 years, unless you provide a specific date range.)

2/20/2013

To

2/20/2015

Search For Water Systems

Search For Samples

Review Consumer Confidence Data

Clear

Glossary

Click Here for the County Map of CALIFORNIA

WELL 01	WL	A
WELL 02	WL	A
WELL 03	WL	A

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Notice of Intent (NOI) Example

- Sections 1, 2

ATTACHMENT B1 – NOTICE OF INTENT			
STATE WATER RESOURCES CONTROL BOARD			
TO APPLY FOR REGULATORY COVERAGE UNDER			
ORDER WQ 2014-0194-DWQ, NPDES NO. CAG140001			
FOR DRINKING WATER SYSTEM DISCHARGES TO WATERS OF THE U.S.			
1. DRINKING WATER SYSTEM OWNER			
Name: TAHOE KEYS WATER COMPANY		Number of Connections: 1563	
State Water Board Division of Drinking Water Drinking Water System No.: CA0910015			
(If Applicable – Conceptual Letter Approval – System No.: N/A)			
Mailing Address ### ALA WAI BOULEVARD			
City: SOUTH LAKE TAHOE	State: CA	ZIP: 96150	Phone: (530) ###-####
Contact Person: Greg Trischler (name found in Drinking Water Watch Database)			
Signature: ² Signature of designee			Date: mm/dd/yyyy
2. APPLICANT (IF DIFFERENT FROM SYSTEM OWNER)			
Name			
Mailing Address			
City	State	ZIP	Phone
Contact Person			
Signature: ² Signature of designee			Date: mm/dd/yyyy

NOI Example

- Sections 3, 4

3. → WATER SUPPLIERS (IF APPLICABLE)¶

Name TO INCLUDE ENTITY FROM WHOM WATER IS PURCHASED (e.g. MWD of So. Cal)α			
Mailing Address P.O. Box 54153α			
City Los Angelesα	State Caα	ZIP 90054α	Phone (213) ### ####α
Contact Person Jeffrey Kightlinger (name found in Drinking Water Watch Database)α			
Signature: ² Signature of designeeα		α	Date: mm/dd/yyyyα

4. → BILLING ADDRESS¶

Nameα			
Mailing Addressα			
Cityα	Stateα	ZIPα	Phoneα
Contact Personα			

If additional property owners are involved, provide the information in a supplementary letter.¶

² By signing this notice of intent, you are certifying under penalty of perjury that the information provided in this application and in any attachments is true and accurate to the best of your knowledge. By signing this Notice of Intent, you agree to closely monitor and stop the discharge if there is any violation of Order WQ 2014-0194-DWQ or impact to receiving water beneficial uses. ¶

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ATTACHMENT B1 and B2 -- NOTICE OF INTENT and NOTICE OF NON-APPLICABILITY

→

B-1¶

NOI Example

- Section 5

STATEWIDE GENERAL NPDES PERMIT FOR DRINKING WATER SYSTEM DISCHARGES¶
 ORDER WQ-2014-0194-DWQ¶
 NPDES NO. CAG140001¶

¶

5. → PLANNED DISCHARGE INFORMATION¶

Identify the type of facilities that will have drinking water system discharge (all that apply)α	
<input type="checkbox"/> → Intake and/or Transmission Facilitiesα	<input type="checkbox"/> → Distribution Systemsα
<input type="checkbox"/> → Storage Tanks and/or Reservoirsα	<input type="checkbox"/> → Supply Wellsα
<input type="checkbox"/> → Water Treatment Facilitiesα	<input type="checkbox"/> → Other (explain below)α
List and description of other discharges.¶Bullets (basic description)α	
Are the discharges existing discharges as of the adoption date of this Order)? <u>Yes or No</u> ¶ If not, identify the new discharges that are proposed to take place prior to the expiration date of this Order?¶(Do you have plans for expanding the Water System if so indicate what that consists of)¶ α	
List any additives to the drinking water not affiliated with drinking water treatment, their purpose, and quantity: (For example, algaecides, anticorrosion agents, etc.)¶ e.g., Diquat Dibromide e.g., Calcium Carbonate¶ Endothall Sodium Silicate¶ Copper-based Phosphatesα	

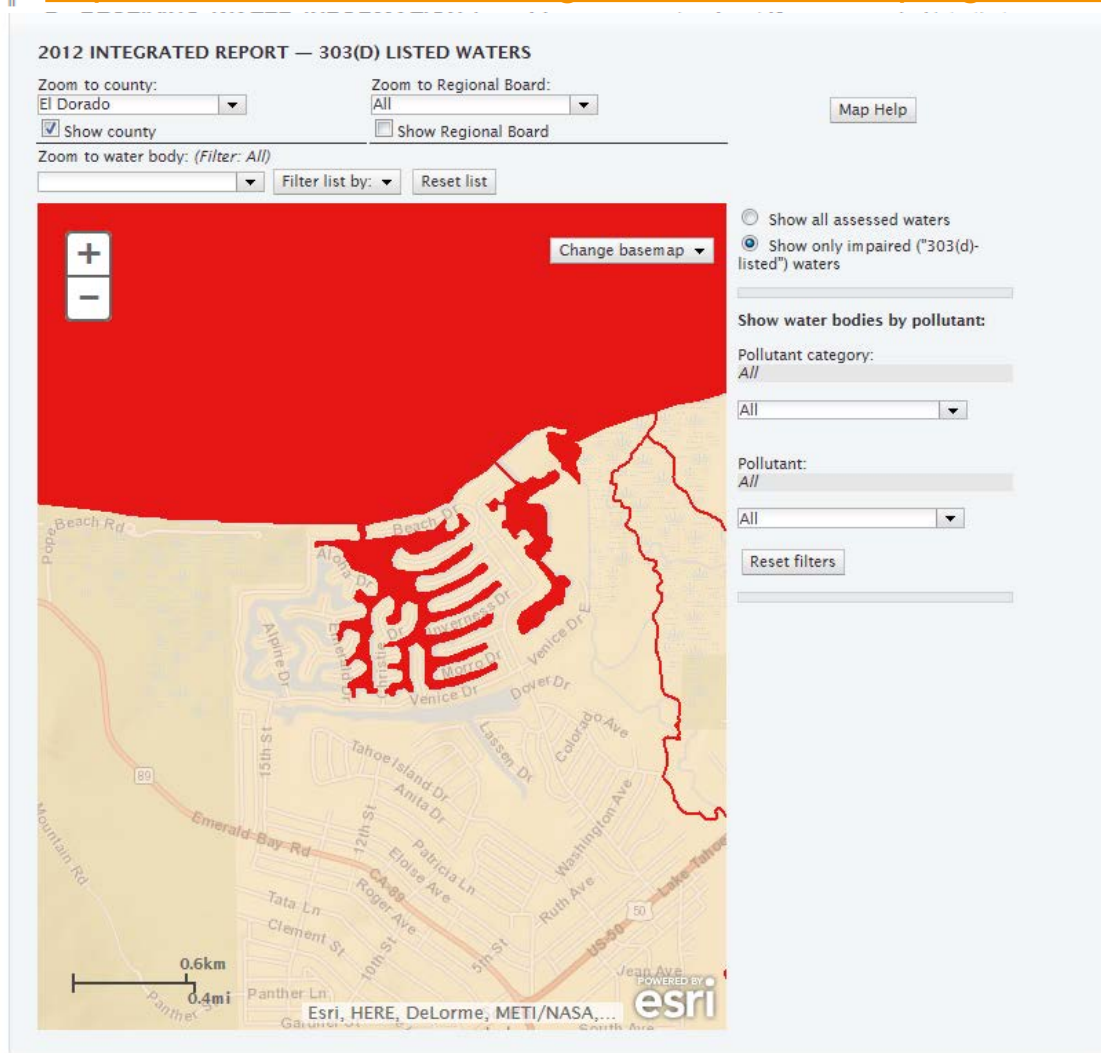
NOI Example

- Section 6

6. → MULTIPLE WATER USE OR BENEFICIAL USE OPTIONS¶		
Is using a portion of the discharge for irrigation, groundwater infiltration/recharge, or other use a viable option?α	<input checked="" type="checkbox"/> → Yes¶ α	<input type="checkbox"/> → No¶ α
Is land disposal of a portion of your discharge a viable option?α	<input checked="" type="checkbox"/> → Yesα	<input type="checkbox"/> → Noα
<p>Provide a brief description of the discharge (or portion thereof), that is collected and applied for irrigation or other beneficial reuse. If no multiple water use options of any portion of your discharge are viable, explain why (attach additional sheet as necessary). ¶</p> <p>Describe which discharges (e.g., distribution system discharges) that are collected for irrigation purposes and what irrigation uses (e.g., city parks, street medians)....OR¶</p> <p>Describe why it is not possible to have any of the water to be discharged, collected and put to a beneficial reuse (e.g., not equipped to collect large amounts of water, there are no existing infiltration ponds to store water....).α</p>		

NOI Example

- Section 7 http://www.waterboards.ca.gov/water_issues/programs/tmdl/integrated2012.shtml



NOI Example

- Section 8 and 9

STATEWIDE GENERAL NPDES PERMIT FOR DRINKING WATER SYSTEM DISCHARGES¶
ORDER WQ 2014-0194-DWQ¶
NPDES NO. CAG140001¶

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8. → BEST MANAGEMENT PRACTICES (CHECK ALL THAT APPLY)¶

■ → Best Management Practices (BMPs) are being implemented by trained personnel of the subject drinking water system(s) and an instruction copy of the BMPs are available to all personnel and available at the water purveyor's main office(s) upon State or Regional Water Board staff request.¶

Date that implementation of BMPs commenced for the above identified Drinking Water System:

mm/dd/yyyy¶

If not, provide date BMPs will be implemented and available. (Date must be within 6 months of the effective date of this Order.) mm/dd/yyyy¶

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9. → APPLICATION FEE¶

■ → Provide the appropriate applicable fees. Information on applicable fees can be found at <http://www.waterboards.ca.gov/resources/fees/>. Checks shall be made payable to the State Water Resources Control Board.¶

Check payable to the SWRCB in the amount of \$2,062 (based on # connections)¶

Page Break

NOI Example

- Section 8 and 9

STATEWIDE GENERAL NPDES PERMIT FOR DRINKING WATER SYSTEM DISCHARGES¶
ORDER WQ 2014-0194-DWQ¶
NPDES NO. CAG140001¶

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Page Break

NOI Example

- Certification/Signature

STATEWIDE GENERAL NPDES PERMIT FOR DRINKING WATER SYSTEM DISCHARGES¶
ORDER WQ 2014-0194-DWQ¶
NPDES NO. CAG140001¶

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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. ¶

¶

¶

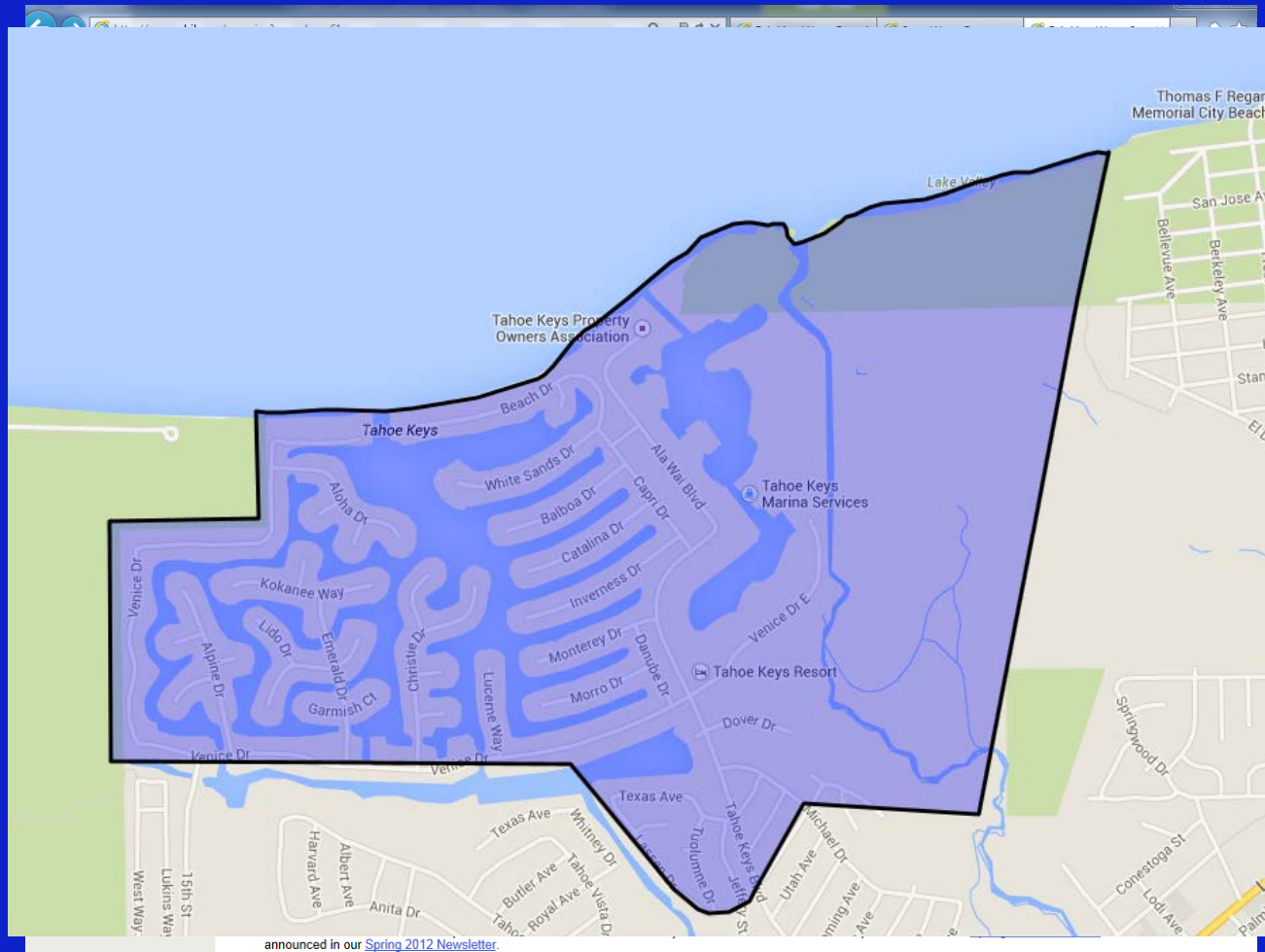
.....Signature of Applicant → → → → → → Date signed: mm/dd/yyyy¶

Signature → Date¶

▪Page Break.....

Mapping Requirements

- DWS Geographic Tool http://www.ehib.org/page.jsp?page_key=61



Notice of Non-Applicability

- ❑ Discharges from the drinking water system solely enter a water of the U.S. via a municipal separate storm sewer system (MS4) **and** there is a local agreement established with the MS4 Permittee **and approved** by the local Regional Water Board.
- ❑ The drinking water system is owned or operated by the MS4 Permittee and **all discharges** enter a water of the U.S. via the permitted MS4 system.
- ❑ The drinking water system is regulated under an existing individual Regional Water Board Permit due to threat to water quality **above the low-threat scope of the statewide permit**, or due to the need to **address TMDL-specific requirements**.
- ❑ The drinking water system **does not discharge to a water of the U.S. or a conveyance that drains to a water of the U.S.**



Questions?