

ATTACHMENT B - NOTICE OF INTENT (NOI)

FOR COVERAGE PURSUANT TO WATER QUALITY ORDER NO. 2009-0006-DWQ

**GENERAL PERMIT FOR
LANDSCAPE IRRIGATION USES OF MUNICIPAL RECYCLED WATER**

I. Distributor (Required)¹:

Agency / Organization / Name: CALAVERAS COUNTY WATER DISTRICT			
Facility, if any: LA CONTONIA WASTEWATER FACILITY			
Conveyance Role (Check all that apply): <input type="checkbox"/> Recycled Water Retailer <input checked="" type="checkbox"/> Recycled Water Supplier <input type="checkbox"/> Recycled Water Wholesaler		Distributor declares responsibility for administering program necessary to fulfill the requirements of this General Permit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Recycled Water Conveyance Role: supplies recycled water to pond at Golf Course which is directly connected to irrigation system			
Existing Water Reclamation Requirements (if any): R5-2002-0222		Do you request to rescind the identified existing WRRs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mailing Address: P.O. Box 846			
City: SAN ANDREAS	County: CALAVERAS	State: CA	Zip: 95249
Phone Number: (209) 754-3304		Fax Number: (209) 754-9620	
Contact Person: BILL PERLEY		E-Mail: bill@ccwd.org	

II. Producer (Required)¹:

Agency / Organization: CALAVERAS COUNTY WATER DISTRICT			
Facility: LA CONTONIA WASTEWATER FACILITY			
Producer declares responsibility for administering program necessary to fulfill the requirements of this General Permit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Order Number: R5-2002-0222	WDID: 5B051012001	Treatment: <input checked="" type="checkbox"/> Disinfected Tertiary ² <input type="checkbox"/> Advanced ³	
Existing Water Reclamation Requirements (if any):		Do you request to rescind the identified existing WRRs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mailing Address: P.O. Box 846			
City: SAN ANDREAS	County: CALAVERAS	State: CA	Zip: 95249
Phone Number: (209) 754-3304		Fax Number: (209) 754-9620	
Contact Person: BILL PERLEY		E-Mail: bill@ccwd.org	

¹ Attach multiple sheets if necessary; only one administrator of this General Permit is allowed per NOI.

² As defined in California Code of Regulations Title 22, sections 60301.230 and 60301.320

³ Achieves "disinfected tertiary" quality and includes additional treatment.

**ATTACHMENT B – NOTICE OF INTENT (NOI)
WATER QUALITY ORDER NO. 2009-006-DWQ**

III. Billing Address (Required):

Agency / Organization / Name: CALAVERAS County Water District			
Mailing Address: P.O. Box 846			
City: San Andreas	County: CALAVERAS	State: CA	Zip: 95249
Phone Number: (209) 754-3304		Fax Number: (209) 754-4620	
Contact Person: Bill Terrey		E-Mail: bill@ccwd.org	

IV. Salt and Nutrient Management Plans (required)

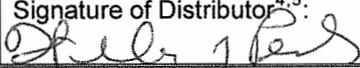
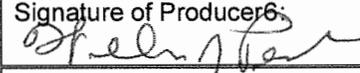
For projects where Salt and Nutrient Management Plan is in effect.
<p>Salt and Nutrient Management Plan, approved by a Regional Water Board?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No; check one of the two boxes below:</p> <p><input checked="" type="checkbox"/> Under development, estimated completion date: I am actively participating in this development effort. CCWD joined CVSRMS</p> <p><input type="checkbox"/> No organized effort to develop a Salt and Nutrient Management Plan for the basin exists at this time. I will actively participate in the development of a Salt and Nutrient Management Plan when the effort commences.</p>
For projects where Salt and Nutrient Management Plan is <u>not</u> in effect.
<p>Antidegradation analysis completed consistent with Recycled Water Policy Paragraph 9d.(2)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

V. Certification (Required):

<p><i>I hereby agree to meet and follow the requirements set forth in Water Quality Order No. 2009-0006-DWQ. I also agree to adhere to the Operation & Maintenance Plan, submitted herewith, and to ensure the proper use of recycled water for landscape applications. I also agree that, where an applicable Salt and Nutrient Management Plan is adopted by a Regional Water Board, I will ensure full compliance by all producers and distributors under this permit to any monitoring and reporting elements therein. Upon approval of coverage under the General Permit I will assume responsibility for administering an appropriate program necessary to fulfill the requirements of Water Quality Order No. 2009-0006-DWQ. I declare under the penalty of law that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment.</i></p>		
1.	Signature of Administrator: <i>William J. Percy</i>	Title: Dir. of Utilities & Eng
	Printed or Typed Name: William J. Percy	Date: 5/8/2012

**ATTACHMENT B – NOTICE OF INTENT (NOI)
WATER QUALITY ORDER NO. 2009-006-DWQ**

I hereby agree to meet and follow the requirements set forth in Water Quality Order No. 2009-0006-DWQ. I also agree to adhere to the Operation & Maintenance Plan, submitted herewith, and to ensure the proper use of recycled water for landscape applications. I declare under the penalty of law that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment.

I.	Signature of Distributor ^{4,5} : 	Title: Dir. of Utilities & Eng
	Printed or Typed Name: William J. Pinsky	Date: 5/8/2012
II.	Signature of Producer ⁶ : 	Title: Dir. of Utilities & Eng
	Printed or Typed Name: William J. Pinsky	Date: 5/8/2012

⁴ For additional distributors other than the Administrative Distributor.

⁵ Attach multiple sheets if necessary.

⁶ Attach multiple sheets if necessary.