

**ATTACHMENT G –NOTICE OF INTENT
CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL VALLEY REGION**

NOTICE OF INTENT

**TO COMPLY WITH THE TERMS OF
GENERAL ORDER NO. R5-2008-0081
FOR
DEWATERING AND OTHER LOW
THREAT DISCHARGES TO SURFACE WATERS**

A. CONTRACTOR/OPERATOR¹

Name			
Mailing Address			
City	State	ZIP	Phone
Contact Person			
<input type="checkbox"/> Contractor	<input type="checkbox"/> Operator	<input type="checkbox"/> Contractor/Operator	
Signature: ³			Date:

B. PROPERTY OWNER²

Name			
Mailing Address			
City	State	ZIP	Phone
Contact Person			
Signature: ³			Date:

C. WATER SUPPLIERS (IF APPLICABLE)

Name			
Mailing Address			
City	State	ZIP	Phone
Contact Person			
Signature: ³			Date:

D. BILLING ADDRESS

Name			
Mailing Address			
City	State	ZIP	Phone
Contact Person			

¹ If additional owners/operators are involved, provide the information in a supplementary letter.

² If additional property owners are involved, provide the information in a supplementary letter.

³ I hereby certify under penalty of perjury that the information provided in this application and in any attachments is true and accurate to the best of my knowledge. By signing this NOI, I agree to closely monitor and stop the discharge if there is any violation of the General Permit. The Regional Board will be immediately notified of any violation, of the General Permit

E. PROFESSIONAL ENGINEER

If a professional engineer has evaluated the existing or proposed discharge for compliance with this General Order, identify.			
Name			
Mailing Address			
City	State	ZIP	Phone
Signature	Certificate No.	Date	

F. DISCHARGE LOCATION¹

Street (including address, if any)
City/County
Nearest Cross Street(s)
Township/Range/Section T____, R____, Section____, MDB&M
Attach a map of at least 1:24000 (1" = 2000') showing the discharge site (e.g., USGS 7.5' topographic map). The map should also show the treatment system, discharge point and surface waters. Wells and residences within 1,500 feet shall be identified.

G. DISCHARGE INFORMATION

Identify type of discharge	
<input type="checkbox"/> Well Development Water	<input type="checkbox"/> Pipeline/Tank Pressure Testing
<input type="checkbox"/> Construction Dewatering	<input type="checkbox"/> Pipeline/Tank Flushing or Dewatering
<input type="checkbox"/> Pump/Well Testing	<input type="checkbox"/> Condensate
<input type="checkbox"/> Water Supply System	<input type="checkbox"/> Other
If other, please describe	
If additives are in the discharge, describe and quantify	
Start Date	Stop Date (estimate)
Discharge Rate (MGD)	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

H. EVALUATION OF RECLAMATION OPTIONS

Provide an evaluation of reclamation options and justification for selecting a surface water disposal alternative. If no alternative disposal options are viable, explain why (attach additional sheet as necessary). If alternative disposal options are feasible, contact the Regional Water Board. This Order does not apply if there is no discharge to surface waters.		
Is discharge to the local municipal wastewater treatment plant a viable option?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is land disposal a viable option?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is underground injection a viable option?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

¹ Water suppliers that have more than one existing or proposed discharge point are not required to complete this section. Dischargers other than water suppliers with more than one existing or proposed discharge point should provide the information in a supplementary letter.

I. TREATMENT SYSTEM

Identify type of treatment system	<input type="checkbox"/> None	<input type="checkbox"/> Pond	<input type="checkbox"/> Other
<input type="checkbox"/> Provide narrative and schematic descriptions of the existing or proposed treatment system and engineering blueprints signed by a Registered Engineer or Geologist. If there is no treatment system, describe why treatment is not necessary.			

J. RECEIVING WATER INFORMATION

Name of receiving waterbody
Name of major downstream waterbody

K. CATEGORICAL EXCEPTION FOR PRIORITY POLLUTANT CRITERIA/OBJECTIVES

Is the discharge necessary to implement control measures regarding drinking water conducted to fulfill statutory requirements under the federal Safe Drinking Water Act or the California Health and Safety Code?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, the Discharger shall submit the following for the approval of the Executive Officer:		
<input type="checkbox"/> A detailed description of the proposed action, including the proposed method of completing the action.		
<input type="checkbox"/> A time schedule.		
<input type="checkbox"/> A discharge and receiving water quality monitoring plan (before project initiation, during the project, and after project completion, with the appropriate quality and quality control procedures).		
<input type="checkbox"/> CEQA documentation.		
<input type="checkbox"/> Contingency plans.		
<input type="checkbox"/> Identification of alternate water supply (if needed).		
<input type="checkbox"/> Residual waste disposal plans.		

L. WASTEWATER SAMPLING

<input type="checkbox"/> Provide the results of analysis of the existing or proposed effluent for pollutants listed in Attachment B. Dischargers applying for a categorical exception for meeting the priority pollutant criteria/objectives as authorized by section 5.3 of the SIP are not required to perform wastewater sampling for the priority pollutants contained in Attachment B. Dischargers of low volume discharges seeking an exception to the sampling requirements contained in Attachment B must submit justification that the existing or proposed discharge will have no significant adverse impact on water quality.
<input type="checkbox"/> Provide the results of analysis of the existing or proposed effluent for pollutants listed in Attachment C (if applicable).
<input type="checkbox"/> Provide the results of analysis of the existing or proposed effluent and the upstream receiving water for hardness.
<input type="checkbox"/> Provide the results of analysis of the existing or proposed effluent for pollutants causing impairment under the current CWA 303(d) List if discharging or proposing to discharge to an impaired surface water. The list of impaired surface waters can be found under the CWA Section 303(d) list at the web site: http://www.waterboards.ca.gov/tmdl/303d_lists2006approved.html
<input type="checkbox"/> Provide the analytical data from the laboratory.

M. POLLUTION PREVENTION AND MONITORING AND REPORTING PLAN

<input type="checkbox"/> Water suppliers with more than one discharge point shall submit a Pollution Prevention and Monitoring and Reporting Plan which contains all of the elements identified in Attachment H.
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N. FEE REQUIREMENTS

<input type="checkbox"/> Provide the applicable fees. Information concerning the applicable fees can be found at http://www.waterboards.ca.gov/fees/ . Checks must be made payable to the State Water Resources Control Board.
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