Attachment L – Notice of Intent

For New Enrollees or Change of Information/Ownership

ORDER R5-2026-0043

NPDES No. CAS0085324

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

AND WASTE DISCHARGE REQUIREMENTS GENERAL PERMIT

FOR

DISCHARGES FROM MUNICIPAL SEPARATE STORM SEWER SYSTEMS

I. NOTICE OF INTENT STATUS (see Instructions)

Mark one item:

☐ A. New Permittee: _____

☐ B. Change of Information: WDID# _____

☐ C. Change of ownership or responsibility: _____

II. PERMITTEE CONTACT INFORMATION

A. Duly Authorized Representative (First and Last Name)			
B. Title of Duly Authorized Representative			
C. Mailing Address			
D. City	E. County	F. State	G. Zip
H. E-mail address		I. Phone (XXX-XXX-XXXX)	
J. Secondary Contact Person (First and Last Name)			
H. E-mail address		I. Phone (XXX-XXX-XXXX)	

III. BILLING CONTACT INFORMATION (Complete this Information ***only*** if different from Section II.)

A. Name (First and Last Name)			
B. Billing Address			
C. City	D. County	E. State	F. Zip
G. E-mail address		H. Phone (XXX-XXX-XXXX)	

IV. RECEIVING WATER INFORMATION

A. Name of Receiving water body(ies):_____

B. Name of major downstream water body(ies):_____

V. STORM WATER MANAGEMENT PLAN STATUS

Has a Storm Water Management Plan been prepared and is the MS4 operator and/or owner familiar with its contents?

Yes ☐ No ☐

If yes, date the Central Valley Water Board last approved the Storm Water Management Plan:

Date:_____

If not, when will it be prepared (date)?_____

VI. FEES

For new Permittees, has a payment of the filing fee been included with this submittal?

Yes ☐ No ☐ N/A ☐

Information concerning the applicable fees can be found at (http://www.waterboards.ca.gov/resources/fees/water_quality/). Checks must be made payable to the State Water Resources Control Board (see **Part V.B.2**).

VII. CERTIFICATION

This Certification must be signed by a duly authorized representative consistent with the requirements contained in 40 CFR 122.22(a)(3).

"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 ensure 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 for knowing violations. Additionally, I certify that the provisions of the General Permit, including developing and implementing a monitoring program, will be complied with."

A. Printed Name: _____

B. Signature: _____

C. Title: _____

Date: _____

VIII. FOR CENTRAL VALLEY WATER BOARD STAFF USE ONLY

WDID#	**Date NOI Received**	**Date NOI Processed**
Staff Initials	**Fee Amount Received**	**Check #**
	$	

INSTRUCTIONS FOR COMPLETING NOTICE OF INTENT

These instructions are intended to help you, the Permittee, to complete the Notice of Intent (NOI) form for the Region-wide MS4 Permit (General Permit). **Please type or print clearly when completing the NOI form**. For any field, if more space is needed, submit a supplemental letter with the NOI.
Send the completed and signed form along with the filing fee, if applicable, and supporting documentation to:

MS4 Program
Central Valley Regional Water Quality Control Board
11020 Sun Center, Suite 200
Rancho Cordova, 95670

Section I – Notice of Intent Status

Indicate whether this request is for the first-time coverage under this General Permit or a change of information for the discharge already covered under this General Permit. Permittees that are covered under previous MS4 permits issued by the Central Valley Water Board or State Water Board before the effective date of this General Permit should check the box for change of information. For a change of information or ownership and/or owner, please supply the eleven-digit Waste Discharge Identification (WDID) number for the discharge.

Section II – Permittee Contact Information

Complete this section with the following Permittee information:

a. Enter the First and Last Name of the Duly Authorized Representative.
b. Enter the title of the Duly Authorized Representative.
c. Enter the street number and street name where general correspondence should be mailed to. A post office box is acceptable.
d. Enter the city that applies to the mailing address given.
e. Enter the county that applies to the mailing address given.
f. Enter the state that applies to the mailing address given.
g. Enter the zip code that applies to the mailing address given.
h. Enter the email address of the Duly Authorized Representative.
i. Enter the daytime telephone number of the Duly Authorized Representative.
j. Enter the First and Last Name of a secondary contact person.
k. Enter the email address of the secondary contact person.
l. Enter the daytime telephone number (XXX-XXX-XXXX) of the secondary contact person.

Section III – Billing Contact Information

Complete this section ***only*** if different from Section II.

A. Enter the First and Last Name of the person responsible for billing.
B. Enter the street number and street name where billing correspondence should be mailed to. A post office box is acceptable.
C. Enter the city that applies to the billing address.
D. Enter the county that applies to the billing address.
E. Enter the state that applies to the billing address.
F. Enter the zip code that applies to the billing address.
G. Enter the e-mail address of the person responsible for billing.
H. Enter the daytime telephone number (XXX-XXX-XXXX) of the person responsible for billing.

Section IV – Receiving Water Information

List each receiving water body the MS4 discharges into, and all downstream water bodies for each receiving water.

Section V – Storm Water Management Plan Status

In this section, the Permittee should indicate whether or not a Storm Water Management Plan (SWMP) has been developed and that plan has been approved by the Central Valley Water Board.

Under this Order, the Permittee must prepare and submit a SWMP in accordance with the SWMP development timeframes described in **Part V.G.2**. The requirements for developing a Storm Water Management Plan are specified under **Part V. F.3.**

Section VI – Fees

The amount of Annual fee shall be based on the annual fee schedules specified in Title 23, California Code of Regulations, section 2200. Fee information can be found at (http://www.waterboards.ca.gov/resources/fees/water_quality/).

New Permittees should check the YES box if an annual fee payment has been included. Permittees covered by previous individual permits issued by the Central Valley Water Board or State Water Board will continue to be billed annually.

Section VII – Certification

A. Enter the First and Last Name of the Duly Authorized Representative.
B. Enter the signature for the Duly Authorized Representative.
C. Enter the title of the Duly Authorized Representative.
D. Enter the date the NOI was signed by the Duly Authorized Representative.