

ATTACHMENT C – NOTICE OF INTENT

NOTICE OF INTENT
 TO COMPLY WITH THE TERMS OF
 GENERAL ORDER R7-2024-0025
 FOR
 DISCHARGES OF LOW THREAT WASTEWATERS TO SURFACE WATERS

To obtain coverage under this Order, which also serves as a National Pollutant Discharge Elimination System (NPDES) Permit, the Discharger must submit a complete application, including the following requirements. Additional information may be requested by the Colorado River Basin Water Board for specific sites / projects.

I. REASON FOR FILING

New Discharge or New Facility <input type="checkbox"/>	NPDES Permit Reissuance/Renewal <input type="checkbox"/>	Change from Individual Permit to General Permit <input type="checkbox"/>
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II. EXISTING PERMITS/REQUIREMENTS (IF APPLICABLE):

List any active Board Orders or Permits adopted by this Colorado River Basin Water Board for this facility.			
1. Board Order No.	_____	_____	_____
2. NPDES Permit(s)	_____	_____	_____

III. PROJECT/FACILITY NAME AND SITE ADDRESS INFORMATION

Project/Facility Name			
Site Address			
City	State	Zip	Phone
Mailing Address			
City	State	Zip	Phone
1. Assessor's Parcel Numbers: Facility:	2. Latitude: Facility:	3. Longitude: Facility:	
Contact Person			

IV. CONTRACTOR/OPERATOR (If additional contractors/operators are involved, provide information in a supplemental letter)

Name					
Mailing Address					
City			State	Zip	Phone
Contact Person	Contractor <input type="checkbox"/>		Operator <input type="checkbox"/>		Contractor/Operator <input type="checkbox"/>
Owner Type (check one)	1. Individual <input type="checkbox"/>	2. Corporation <input type="checkbox"/>	3. Government Agency <input type="checkbox"/>	4. Partnership <input type="checkbox"/>	5. Other <input type="checkbox"/>

V. PROPERTY OWNER (If additional property owners are involved, provide information in a supplemental letter)

Name					
Mailing Address					
City			State	Zip	Phone
Contact Person					
Owner Type (check one)	1. Individual <input type="checkbox"/>	2. Corporation <input type="checkbox"/>	3. Government Agency <input type="checkbox"/>	4. Partnership <input type="checkbox"/>	5. Other <input type="checkbox"/>

VI. Address Where Legal Notice May Be Served:

Name					
Mailing Address					
City			State	Zip	Phone
Contact Person					

VII. BILLING ADDRESS (Where Annual Fee Invoices should be sent):

Name					
Mailing Address					
City			State	Zip	Phone
Contact Person					

VIII. DISCHARGE LOCATION (If more than one discharge is proposed, provide information in a supplemental letter):

Street (including address, if any):

City/County: <hr/>		
Nearest Cross Street(s): <hr/>		
Township/Range/Section T_____, R_____, Section_____, SBB&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.		
1. Assessor's Parcel Numbers Discharge Point:	2. Latitude Discharge Point:	3. Longitude Discharge Point:

IX. PROJECT DESCRIPTION AND TREATMENT PROCESS DESCRIPTION

Provide a description of the project and the discharge requiring coverage under this General Order. If additives are added to your process, briefly describe their composition if the information is available. If treatment is necessary prior to discharge, attach a schematic flow diagram and provide description of all treatment processes. In addition, include the proposed discharge rate in million gallons per day (MGD), the approximate project start date, and the projected discharge duration. (Attach additional sheets, if necessary)		
<hr/> <hr/>		
Start Date_____ Estimated Stop Date_____ Discharge or Design Flow Rate_____ MGD		
Is the discharge continuous or intermittent? _____		

X. RECEIVING WATER INFORMATION

1. Name of closest Receiving Water. <hr/>		
2. Receiving Water is tributary to (name major downstream water body): <hr/>		
Receiving Water Designation (check one)	1. Municipal Designated Receiving Water <input type="checkbox"/>	2. Non-Municipal Designated Receiving Water <input type="checkbox"/>

XI. POLLUTANTS/PARAMETERS LIKELY TO BE IN THE DISCHARGE

Please identify (mark all that apply). Discharger to submit report on analysis of constituents identified below:			
<input type="checkbox"/> Nitrates	<input type="checkbox"/> Color	<input type="checkbox"/> Suspended material	<input type="checkbox"/> Turbidity
<input type="checkbox"/> pH	<input type="checkbox"/> Oil and grease	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Metals
<input type="checkbox"/> Total Dissolved Solids			

<input type="checkbox"/> Other (e.g., E. Coli, nutrients, BOD, etc.) (please describe): _____ _____		
Priority Pollutant Monitoring – Required of ALL applicants:		
Have samples been collected:	<input type="checkbox"/> Yes (attach results)	<input type="checkbox"/> No
Do any priority pollutants results exceed the Water Quality Screening Criteria contained in General Order No. R7-2024-0025, Attachment B? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If your answer is yes, a facility-specific individual permit may be required from the Colorado River Basin Water Board rather than this General Order.		
Are additives in the discharge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify the additive and/or sample results: _____ _____		

XII. BMP OR CONTROL STRATEGY PLAN

<input type="checkbox"/> Do you have a BMP or Control Strategy Plan in place for your proposed discharge(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If yes, is the BMP Plan consistent with the general guidance contained in the U.S. EPA <i>Guidance Manual for Developing Best Management Practices</i> (BMPs) (EPA 833-B-93-004)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Check applicable item below.</i>
<input type="checkbox"/> If you exceeded a screening level in Attachment B for any parameter, you must submit a BMP or Control Strategy Plan with your completed NOI. The BMP Plan must be consistent with the general guidance contained in the U.S. EPA <i>Guidance Manual for Developing Best Management Practices</i> (BMPs) (EPA 833-B-93-004). <input type="checkbox"/> Check here if a BMP or Control Strategy Plan is included in the NOI package.
<input type="checkbox"/> If you did not exceed a screening level in Attachment B for any parameter, you must develop and implement a BMP Plan within 3 months of receiving the NOA and have it available for inspection by the Colorado River Basin Water Board. The BMP Plan must be consistent with the general guidance contained in the U.S. EPA <i>Guidance Manual for Developing Best Management Practices</i> (BMPs) (EPA 833-B-93-004).

XIII. ABILITY TO COMPLY

Do you believe the discharge may have acute or chronic toxicity, chemical, or organic constituents, bacteria, pesticides, oil and grease, radioactivity, salinity, or temperature that may adversely impact beneficial uses of the Receiving Water? <input type="checkbox"/> Yes <input type="checkbox"/> No
If your answer is yes, a facility-specific individual permit may be required from the Colorado River Basin Water Board rather than this General Order.

XIV. EVALUATION OF RECLAMATION OPTIONS

To obtain coverage under this Order, the Discharger is required to evaluate reclamation options.
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<input type="checkbox"/>	Provide proof that discharge to the local municipal wastewater treatment plant is not viable or explain why it is infeasible to connect to the wastewater treatment plant. The Discharger may submit any denial or restrictive flow letter from the wastewater treatment plant as proof that this is not a viable option.
<input type="checkbox"/>	Provide an explanation why land disposal is not a viable option.
<input type="checkbox"/>	Provide an explanation why underground injection is not a viable option.

XV. FEES

Low threat discharges regulated by this NPDES permit shall pay a fee in accordance with CALIFORNIA CODE OF REGULATIONS, TITLE 23. Division 3. Chapter 9. Waste Discharge Reports and Requirements, Article 1. (https://www.waterboards.ca.gov/resources/fees/water_quality/#wqfees) A check payable to the State Water Resources Control Board in the correct amount of the must be submitted for a New Discharge. (Please mark the appropriate box)	
<input type="checkbox"/> Check Enclosed with NOI	<input type="checkbox"/> Renewal – Annual Fee is Billed Automatically

XVI. CERTIFICATION

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.			
The Colorado River Basin Water Board will be immediately notified of any violation, or threatened violation, of this General Permit.			
Signature of Contractor/Operator		Signature of Property Owner	
Print or Type Name		Print or Type Name	
Title	Date	Title	Date

XVIII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below: <hr/> <hr/>
A representative of the Colorado River Basin Water Board will notify you within 30 days of receipt of your Notice of Intent. The notice will state if your discharge meets the criteria for this General Order, whether the Notice of Intent is complete or if additional information must be submitted to complete your application for this General Order, pursuant to division 7, section 13260 of the California Water Code.
The completion date of your application is normally the date when all required information, including the correct fee, is received by the Colorado River Basin Water Board.

FOR COLORADO RIVER BASIN WATER BOARD OFFICE USE ONLY

GENERAL WASTE DISCHARGE REQUIREMENTS
LOW THREAT DISCHARGES TO SURFACE WATERS

ORDER R7-2024-0025
NPDES NO. CAG997001

Date NOI Received:	Letter to Discharger Sent:	Fee Amount Received:	Check #:
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