



# California Regional Water Quality Control Board

## Colorado River Basin Region



**Winston H. Hickox**  
Secretary for  
Environmental  
Protection

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**Gray Davis**  
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### ATTACHMENT A

## NOTICE OF INTENT (NOI)

TO COMPLY WITH THE TERMS OF GENERAL WASTE DISCHARGE REQUIREMENTS FOR ON-SITE SUBSURFACE WASTEWATER DISPOSAL SYSTEMS FOR MOBILE HOMES AND RECREATIONAL PARKS AND OTHER SIMILAR FACILITIES - ORDER NO. 97-500

Mark Only One Item	1.	<input type="checkbox"/>	New Discharge of Existing Unregulated Discharge
	2.	<input type="checkbox"/>	Existing Regulated Discharge
	3.	<input type="checkbox"/>	Change of Ownership/Operator Information - WDID _____

### I. OWNER

A. Name			
Mailing Address			
City	State	Zip Code	Telephone
B. Contact Person		Title	

Additional Owners - if additional owners are involved, provide the information on a separate piece of paper

### II. OPERATOR

A. Name			
Mailing Address			
City	State	Zip Code	Telephone
B. Contact Person		Title	

Additional Owners - if additional operators are involved, provide the information on a separate piece of paper

### III. FACILITY INFORMATION

A. Name			Telephone		
Mailing Address of Facility			Street Address of Facility		
City	State	Zip Code	City	State	Zip Code

**California Environmental Protection Agency**



Recycled Paper

IV. BILLING ADDRESS

<p><b>SEND TO:</b></p> <p><input type="checkbox"/> <b>OWNER/OPERATOR</b> (ENTER INFORMATION AT RIGHT ONLY IF DIFFERENT FROM ABOVE)</p> <p><input type="checkbox"/> <b>OTHER</b> (ENTER INFORMATION AT RIGHT)</p>	Name		
	Mailing Address		
	City	State	Zip Code

V. DESCRIPTION OF DISCHARGE

Describe the existing discharge(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide the Following Information:

- 1) Daily Volume of Discharge: Maximum: \_\_\_\_\_ Average: \_\_\_\_\_ Minimum: \_\_\_\_\_
- 2) Depth to Groundwater: \_\_\_\_\_ Total Dissolved Solids of Groundwater: \_\_\_\_\_ mg/l
- 3) Supply Water Total Dissolved Solids: \_\_\_\_\_ mg/l
- 4) Distance to Nearest Water Well: \_\_\_\_\_
- 5) Facility Assessor's Parcel Number: \_\_\_\_\_
- 6) Number of Residential Units: \_\_\_\_\_ Mobile Home Spaces: \_\_\_\_\_ and/or RV Spaces: \_\_\_\_\_
- 7) California Environmental Quality Act (CEQA) Compliance:
  - State Clearing House SCH # \_\_\_\_\_
  - Environmental Impact Report # \_\_\_\_\_
  - Negative Declaration # \_\_\_\_\_
  - Lead Agency Name: \_\_\_\_\_
  - Adoption Date: \_\_\_\_\_

VI. CERTIFICATION

"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 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." In addition, I certify that the provisions of the permit, including the criteria for eligibility, will be complied with.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

VII. OTHER INFORMATION REQUIRED

8 1/2" x 11" maps up to a scale of 1:24000 are suggested unless the facility and disposal area are too large for such a scale to be practical, in which case, a scale of up to 1:144000 may be used. If a scale of 1:144000 is still impractical, a map larger than 8 1/2" x 11" may be used.

REGIONAL BOARD USE ONLY

WDID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Regional Board Office: <input type="text"/> <input type="text"/>	Date NOI Received:	Date NOI Processed:
		Fee Amount Received:	Check #:

## INSTRUCTIONS FOR COMPLETING THE NOTICE OF INTENT (NOI)

These instructions are intended to help you, the discharger, complete the NOI form for General Waste Discharge Requirements for On-Site Subsurface Wastewater Disposal Systems for Mobile Homes and Recreational Parks and Other Similar Facilities - Order No. 97-500.

At the top of the form, please mark whether this is the first time coverage under this General Permit? General WDR are being requested or if this is a change of information for a facility already covered under this General Permit/General WDR. If this is a change of information, please supply the eleven-digit WDID number for the facility.

### Section I - Owner

#### Section A.

1. **Name** - The name (first and last) of the owner of the facility. If the owner is a company, corporation, etc., then put the name of the company, corporation, etc., in this space. Please print clearly.
2. **Mailing Address** - The street number and street name where mail and correspondence should be sent. (P.O. Box is acceptable)
3. **City, State, and Zip Code** - The city, state, and zip code that apply to the mailing address given.
4. **Telephone** - Daytime telephone number of the owner given.

#### Section B.

1. **Contact Person** - Please list the name (first and last) of the contact person for the owner (agency, corporation, private business, etc.) listed above.
2. Please check the boxes to the right of "Contact Person" to indicate whether the name given in section "A." is the owner, operator, or both the owner and the operator.
3. **Additional Owners** - Please check the box if there is more than one owner. Provide the additional information in a supplementary letter addressed to the Colorado River Basin Regional Water Quality Control Board as part of this NOI.

### Section II - Operator

Please provide the requested information for the OPERATOR. Use the same instructions as for Section I.

**Section III - Facility Information**

1. **Name of Facility** - The name of the facility that is requesting coverage under this General Permit/General WDR.
2. **Mailing Address of Facility** - The street number and street name where the facility is located. (P.O. Box is not acceptable).
3. **City, State, and Zip Code** - The city, state, and zip code that apply to the facility address given.
4. **Telephone** - The telephone number of the facility.

**Section IV - Billing Address**

1. **Send To:** - Please check the appropriate box. Please enter the information to the right only if it is different than that in Section I. If the bill should be sent to someone else, please check the box titled "OTHER" and fill in the information on the right.
2. **Name** - The name of the person who will be responsible for the annual fee.
3. **Mailing Address** - The street number and street name where the bill should be sent. (P.O. Box is acceptable)
4. **City, State, and Zip Code** - The city, state, and zip code that apply to the mailing address given.

**Section V - Description of Discharge**

Please provide the requested information.

**Section VI - Certification**

1. **Printed Name** - Please letter your name legibly. This section should be filled out by the person responsible according to Section I.A, of Attachment A.
2. **Signature and Date** - Signature of name printed above, and the date signed.
3. **Title** - The professional title of the person signing the NOI.

**Section VII - Other Information Required**

Please provide the requested information.