

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL VALLEY REGION**

**NOTICE OF INTENT (NOI) TO COMPLY WITH SALT CONTROL PROGRAM
RESOLUTION R5-2018-0034**

You must complete this entire form. Please send the completed, signed form and all necessary attachments to the Central Valley Water Board by the date indicated on the Notice to Comply (NTC). Permittees that do not provide a NOI are subject to enforcement actions.

I. CONTACT INFORMATION

(if there are multiple facility, owner, and operator, please submit information as attachment)

A. Facility

Name:			Phone Number:
Address:			
City:	County:	State:	Zip Code:
Email Address:			
CIWQS Facility ID (can be found in the NTC):			

B. Owner

Name:			Phone Number:
Mailing Address:			
City:	County:	State:	Zip Code:
Email Address:			

C. Operator

Name:			Phone Number:
Mailing Address:			
City:	County:	State:	Zip Code:
Email Address:			

D. CV-SALTS ID(s) (can be found in the NTC)

II. COMPLIANCE PATHWAY

You must select from one of the two compliance pathways to comply with the Salt Control Program.

Pathway 1 - Conservative Salinity Permitting Approach (**PLEASE COMPLETE SECTIONS III.A.**)

Pathway 2 - Alternative Salinity Permitting Approach (**PLEASE COMPLETE SECTION III.B.**)

III. DOCUMENTATION TO SUPPORT COMPLIANCE PATHWAYS

A. Documentation needed to support selection of Conservative Salinity Permitting Approach (Pathway 1).

If you are an existing permittee, you must submit the following items by the date indicated on the Notice to Comply. If you are a new or expanding permittee, you must submit the following items with a Report of Waste Discharge. Attachments are to be submitted along with this NOI. Please refer to the [Salt NOI Guidance document](http://www.waterboards.ca.gov/cvsalts/forms_temps_guide/salt_guidance) (www.waterboards.ca.gov/cvsalts/forms_temps_guide/salt_guidance) for how to comply with the following requirements for Pathway 1.

You must submit a Salinity Characterization Report which is an assessment of how your discharge to groundwater or surface water will comply with the requirements of this permitting approach. The report includes all of the following:

1) Characterization of Discharge and Receiving Water using Electrical Conductivity (EC) (measured as uS/cm)

You must provide a characterization of discharge to surface water or groundwater. If your receiving water is surface water, you must characterize ambient water quality around discharge locations. And if your receiving water is groundwater, you must characterize quality of groundwater within your area of contribution to the underlying basin/sub-basin groundwater quality. Your characterization should include constituents analyzed, location of discharge or receiving monitoring sites/wells, and period of record for data analysis.

2) Evaluation of Applicable Beneficial Uses and Appropriate Numeric Threshold(s)

The applicable conservative numeric threshold(s), apply based on whether the Board's Basin Plan designated the groundwater or surface water that receives your discharge as supporting the Agricultural Supply beneficial use (AGR) and/or the Municipal or Domestic Supply beneficial use (MUN). Unless the Board's Basin Plans designated a site-specific numeric water quality objective, a permittee seeking to be regulated under Pathway 1 must meet the following thresholds:

AGR Beneficial Use - 700 uS/cm EC, as a monthly average

MUN Beneficial Use - 900 uS/cm EC, as an annual average

For surface water discharges, list S for surface water. List all receiving water(s) Water Body names and check the beneficial use(s) or site specific objective (SSO) that apply.

For groundwater discharges, list G for groundwater. List all DWR groundwater basin names and check the beneficial use(s) or (SSO) that apply to the underlying groundwater.

Receiving water information can be found in your permit.

Surface Water Body Name / Groundwater Basin Name	S or G?	AGR	MUN	SSO

3) Evaluation of Whether Discharge Results in Exceedances of Numeric Thresholds or Threatens to Cause Additional Degradation of Groundwater or Surface Water

You must both determine if your discharge will result in an exceedance of the MUN and/or AGR numeric thresholds in the receiving water and if your discharge will cause additional salinity degradation.

4) Assessment of Compliance

Using findings from sections above, you must determine your ability to comply with the requirements of Pathway 1. Compliance assessment must be based solely on existing treatment controls.

B. Documentation needed to support selection of Alternative Salinity Permitting Approach. (Pathway 2). Attachments are to be submitted along with this NOI.

Participation in the P&O Study requires you to meet the requirements of the lead entity including any minimum level of financial support. Needed level of participation as well as governance procedures and stakeholder participation elements will be established by the lead entity. The level of participation may vary based on salinity in the discharge, local conditions or other factors.

You must contact the lead entity, Central Valley Salinity Coalition (CVSC), through cvsalts.info (cvsalinity.org/public-info) or contacting the CVSC Executive Director, Daniel Cozad, at dcozad@cvsalinity.org to determine the annual fee required to participate in the P&O Study. Annual fees are set by CVSC and vary by permit type or industry category. For general fee breakdown, see the [P&O Fee Summary by Industry/Permit Type Tables](https://www.cvsalinity.org/images/P&O%20Fees.pdf) (<https://www.cvsalinity.org/images/P&O%20Fees.pdf>). Once you provide the appropriate level of financial support, CVSC will provide you with documentation to submit with the NOI.

IV. CERTIFICATION

I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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 possibility of fine and imprisonment.

Print Name:	Title:
Signature:	Date: