

ATTACHMENT "D"

LAHONTAN REGIONAL WATER QUALITY CONTROL BOARD

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF GENERAL ORDER NO. R6T-2003-0034
FOR
LIMITED THREAT DISCHARGES TO SURFACE WATERS

This Notice of Intent, together with the Best Management Practices Plan, is equivalent to a Report of Waste Discharge.

I. CONTRACTOR/OPERATOR -If additional owners/operators are involved, provide the information in a supplementary letter.

Name:			
Mailing Address:			
City:	State:	Zip:	Phone:
Contact Person:	Contractor_____ Operator_____ Contractor/Operator_____		

II. PROPERTY OWNER -If additional owners/operators are involved, provide the information in a supplementary letter.

Name:			
Mailing Address:			
City:	State:	Zip:	Phone:
Contact Person:			

III. WATER SUPPLIERS (If applicable)

Name:			
Mailing Address:			
City:	State:	Zip:	Phone:
Contact Person:			

IV. BILLING ADDRESS:

Name:			
Mailing Address:			
City:	State:	Zip:	Phone:
Contact Person:			

V. DISCHARGE LOCATION

-If more than one discharge is proposed, provide the information in a supplementary letter.

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 1:2400 (1" = 2000') showing the discharge site. (eg. USGS 7.5' topographical map.)

A map shall also be provided that shows the treatment system, discharge point and surface waters. Wells and residences within 1,500 feet of the discharge site shall also be identified.

VI. DISCHARGE INFORMATION

Please Identify type of discharge:	
<input type="checkbox"/> Diverted stream flow <input type="checkbox"/> Construction dewatering <input type="checkbox"/> Dredge spoils dewatering <input type="checkbox"/> Subterranean seepage dewatering <input type="checkbox"/> Well construction and pump testing of aquifer supplies <input type="checkbox"/> Geothermal well testing	<input type="checkbox"/> Hydrostatic testing, maintenance, repair, and disinfection of potable water supply pipelines, tanks, reservoirs, etc. <input type="checkbox"/> Water treatment plant backflushing, residuals, and wasting <input type="checkbox"/> Fire hydrant testing or flushing <input type="checkbox"/> Hydrostatic testing of new pipelines, tanks, & reservoirs used for purposes other than potable water supply
Start Date _____	Stop Date _____ (estimate) Discharge Rate _____ MGD.
Is the discharge short term, intermittent, or seasonal? _____	
Please provide a time schedule below.	

VII. LAND DISPOSAL/RECLAMATION ANALYSIS

Regional Board policies prefer that wastewater discharges be disposed to land or beneficially re-used if practical.

You must evaluate and fully consider this alternative prior to any discharge to surface water under this Order.

(See also, General Permit, Finding No. 8).

Describe land discharge options considered? Attach additional sheets if needed. Please list below any constraints that limit your ability to discharge to land. If land discharge is infeasible, state the basis for your determination.

<u>Land Discharge Option</u>	<u>Environmental Constraints</u>	<u>Financial Constraints</u>	<u>Area or Access Constraints</u>
Percolation trenches or basins	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Irrigation of landscaping	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Spray disposal	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Evaporation trenches or basins	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Subsurface infiltration	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Other similar disposal methods considered	_____	_____	_____
Describe below:	_____	_____	_____
_____	_____	_____	_____

Is land reclamation feasible? Yes _____ No _____

If no, explain below. If yes, you should contact the Regional Board. This Order does not apply if there is no discharge to surface waters.

VIII. TREATMENT SYSTEM

Please Identify: <input type="checkbox"/> None (describe why a treatment system is not necessary) <input type="checkbox"/> Pond/Retention <input type="checkbox"/> Other (please describe)
Provide a schematic drawing of the proposed treatment system and process, and describe pollutant removal mechanisms, and estimated effluent concentrations. Provide a residual waste disposal plan if residuals will occur.

IX. RECEIVING WATER INFORMATION

A. Name of closest receiving water:
B. Receiving water is tributary to (name major downstream water body):
C. Quality of receiving water (analyze for all constituents pertaining to the category of discharge listed in Finding No. 10 of the permit and as specified in the Monitoring and Reporting Program):
D. Estimated flow of stream or estimated volume of lake or pond:

X. PRIMARY POLLUTANTS/PARAMETERS LIKELY TO BE IN THE DISCHARGE

Please identify constituents of concern:	
<input type="checkbox"/> Settleable material	<input type="checkbox"/> Color
<input type="checkbox"/> Suspended material	<input type="checkbox"/> Turbidity
<input type="checkbox"/> PH	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Chlorine	<input type="checkbox"/> Construction material pollutants
<input type="checkbox"/> Total dissolved solids	<input type="checkbox"/> Metals
<input type="checkbox"/> Trace organic compounds	
Have samples been collected? <input type="checkbox"/> Yes (attach results) <input type="checkbox"/> No	
Are additives in the discharge? <input type="checkbox"/> Yes (describe and quantify) <input type="checkbox"/> No	
If yes, please specify the additive and/or sample results _____	

XI. 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 violate receiving water objectives of this permit or adversely impact beneficial uses of the receiving water? Yes No

If your answer is no, please provide an explanation of ability to comply considering the receiving water quality, discharge water quality, and the pollutant loading to the receiving water.

If your answer is yes, you must contact a Professional Engineer. A specific individual permit may be required from the Regional board rather than this General Order.

XII. PROFESSIONAL ENGINEER

If a Professional Engineer has helped you evaluate the proposed discharge for compliance with this General Order, please identify

Name:

Mailing Address:

City:

State:

Zip:

Phone:

Signature

Certificate No.

Date:

XIII. CHECKLIST FOR CATEGORICAL EXCEPTION FOR PRIORITY POLLUTANT CRITERIA / OBJECTIVES

If you are a public agency and have discharges that are short-term or seasonal, are carried out as control measures regarding drinking water, and are conducted to fulfill statutory requirements under the federal Safe Drinking Water Act or the California Health and Safety Code, you must complete all the items on the following checklist and submit them to the Regional Board for approval to obtain coverage under the categorical exception for priority pollutants criteria / objectives.

- Yes No Written justification for the necessity to implement control measures: relating to drinking water to meet the requirements of the federal Safe Drinking Water Act or the California Health and Safety Code; or for draining of water supply reservoirs, canals, and pipelines for maintenance; or for draining municipal storm water conveyances for cleaning or maintenance; or for draining water treatment facilities for cleaning or maintenance.
- Yes No A detailed description of the proposed action, including the proposed method of completing the action.
- Yes No A time schedule.
- Yes No A discharge and receiving water quality monitoring plan (before project initiation, during the project, and after project completion, with the appropriate quality assurance and quality control procedures).
- Yes No CEQA documentation.
- Yes No Contingency plans.
- Yes No Identification of alternate water supply (if needed).
- Yes No Residual waste disposal plans.
- Yes No Have you identified the qualified biologist that will evaluate the status of beneficial uses upon project completion. A post-project certification that receiving water beneficial uses have been restored is required. Please provide information below for the qualified biologist that will certify the status of beneficial uses.

Name:			
Mailing Address:			
City:	State:	Zip:	Phone:
Signature		Date:	

XIV. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency: _____	
Has a public agency determined that the proposed project is exempt from CEQA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.	
Basis for Exemption/Agency: _____	
Has a "Notice of Determination" been filed under CEQA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, enclose a copy of the CEQA document and expected date of completion.	
Expected CEQA Documents:	
<input type="checkbox"/> EIR <input type="checkbox"/> Negative Declaration	Expected CEQA Completion Date: _____

XV. BEST MANAGEMENT PRACTICES PLAN

Is the Best Management Practices Plan attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
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XVI. FEES

A check payable to the State Water Resources Control Board in the amount of \$1000.00 (or appropriate current fee) must be submitted to the Regional Board.

XVII. CERTIFICATION

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 comply with the monitoring and reporting program and stop the discharge if there is any violation, or threatened violation, of the General Permit.			
Signature of Contractor/Operator:		Signature of Property Owner:	
Print or Type Name:		Print or Type Name:	
Title:	Date:	Title:	Date: