



Linda S. Adams
Agency Secretary

State of California
California Regional Water Quality Control Board, Los Angeles Region



Arnold Schwarzenegger
Governor

NOTICE OF INTENT

TO COMPLY WITH GENERAL WASTE DISCHARGE REQUIREMENTS
AND
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

SECTION I. DISCHARGE STATUS

Check only one item.

A. New Discharge ☐

B. Material Change ☐

C. Existing Discharge ☐

CI # _____

SECTION II. OWNER/OPERATOR & FACILITY INFORMATION

A. OWNER

Name/Agency		Contact Person		
Mailing Address		Title of Contact Person		
City	County	State	ZIP	Phone

B. OPERATOR (If different from owner)

Name/Agency		Contact Person		
Mailing Address		Title of Contact Person		
City	County	State	ZIP	Phone

C. FACILITY

Name		Owner Type (check one) 1. ☐ City 2. ☐ County 3. ☐ State 4. ☐ Fed 5. ☐ Private		
Address		Contact email address		
City	County	State	ZIP	Phone

D. STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC) (4 digit code in order of priority)

1.)	(specify)	2.)	(specify)
3.)	(specify)	4.)	(specify)

Nature of Business (provide a brief description)

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SECTION III. APPLICABLE GENERAL PERMIT FOR DISCHARGE

Check only one item.

- ☐ Volatile Organic Compounds Contaminated Groundwater (Order No. R4-2007-0022), Include Supplemental Analysis
- ☐ Wastewaters from Investigation and/or Cleanup of Petroleum Fuel Pollution (Order No. R4-2007-0021), Include Supplemental Analysis
- ☐ Discharges of Groundwater from Potable Water Supply Wells (Order No. R4-2003-0108), Include Attachment A – Screening Levels
- ☐ Discharges of Groundwater from Construction and Project Dewatering (Order No. R4-2008-0032), Include Supplemental Analysis
- ☐ Discharge of Nonprocess Wastewater (Order No. R4-2004-0058), Include Supplemental Analysis
- ☐ Hydrostatic Test Water (Order No. R4-2004-0109), Include Attachment A – Screening Levels

SECTION IV. EXISTING REQUIREMENTS/PERMITS (Skip if not applicable)

List any active Orders or Permits adopted by this Regional Board for the facility.

A. Order No. _____

B. NPDES Permit(s) _____

SECTION V. OUTFALL AND RECEIVING WATER INFORMATION

List outfall and receiving waterbody (river; stream; channel; lake; ocean; etc.)

Outfall Number (list)	Latitude			Longitude			Receiving Water (Name)
	Deg	Min	Sec	Deg	Min	Sec	

SECTION VI. PROJECT DISCRITION AND TREATMENT PROCESS DESCRIPTION (if applicable)

Provide description of the project and the discharge requiring NPDES permit. If additives are added to your process, briefly describe their composition if the information is available. If treatment is necessary prior to discharge, attached a schematic flow diagram and provide description of all treatment processes. In addition, include the proposed maximum daily discharge volume in gallons per day (gpd), the approximate start-up date for the project and discharge, and the projected discharge duration. (attach additional sheets, if necessary)

Proposed Maximum Discharge Flow (gallons per day (gpd))	
Proposed discharge startup date	
Estimated discharge duration	

SECTION VII. DISCHARGE QUALITY INFORMATION

This NOI requires that you obtain and analyze representative influent wastewater sample for the pollutants listed on Attachment A.

Have you included a completed **Supplemental Pollutants Analysis/Measurements Form**? ☐ Yes ☐ No

OR:

Have you included a completed Attachment A – **Screening for Potential Pollutants of Concern in Potable Water**?

(Applies only to potable water related discharges.)

..... ☐ Yes ☐ No

If **No**, explain.

(Note: Include the analytical data from the laboratory with the screening forms)

SECTION VIII. OTHER REQUIRED INFORMATION

Provide a 7.5' USGS Quadrangle Map (Scale 1:24,000) showing the project location and identifying surface water to which you propose to discharge.

Fees: Have you included appropriate filing fee with this submittal? (Applicable to new enrollees only)

Make checks payable to the Water Resources Control Board

SECTION IX. CERTIFICATION AND SIGNATURE (see appendix on who is authorized to sign)

"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. In addition, I assure that the provisions of the permit will be complied with."

Printed Name of Person Signing

Date

Signature

Title

SECTION X. FORM SUBMITTAL

Send this completed Notice of Intent to:

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, LOS ANGELES REGION
320 W. 4th Street, Suite 200
Los Angeles, CA 90013

Assistance with this form may be obtained by contacting the Regional Board at:

Phone (213) 576-6600
Fax (213) 576-6660