

## Los Angeles Regional Water Quality Control Board

### 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 <input type="checkbox"/> | B. Material Change <input type="checkbox"/> | C. Existing Discharge <input type="checkbox"/> | CI # _____ |  |

#### SECTION II. OWNER/OPERATOR & FACILITY INFORMATION

|                                                                                             |           |                                                                                                                                                                                                     |           |                         |
|---------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <b>A. OWNER</b>                                                                             |           |                                                                                                                                                                                                     |           |                         |
| Name/Agency                                                                                 |           | Contact Person                                                                                                                                                                                      |           | Title of Contact Person |
| Mailing Address                                                                             |           | Email Address                                                                                                                                                                                       |           |                         |
| City                                                                                        | County    | State                                                                                                                                                                                               | ZIP       | Phone                   |
| <b>B. OPERATOR (If different from owner)</b>                                                |           |                                                                                                                                                                                                     |           |                         |
| Name/Agency                                                                                 |           | Contact Person                                                                                                                                                                                      |           | Title of Contact Person |
| Mailing Address                                                                             |           | Email Address                                                                                                                                                                                       |           |                         |
| City                                                                                        | County    | State                                                                                                                                                                                               | ZIP       | Phone                   |
| <b>C. FACILITY</b>                                                                          |           |                                                                                                                                                                                                     |           |                         |
| Name of Facility                                                                            |           | Owner Type (check one)<br>1. <input type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Fed 5. <input type="checkbox"/> Private |           |                         |
| Address                                                                                     |           | Contact email address                                                                                                                                                                               |           |                         |
| City                                                                                        | County    | State                                                                                                                                                                                               | ZIP       | Phone                   |
| <b>D. STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC) (4 digit code in order of priority)</b> |           |                                                                                                                                                                                                     |           |                         |
| 1.)                                                                                         | (specify) | 2.)                                                                                                                                                                                                 | (specify) |                         |
| <b>Nature of Business (provide a brief description)</b>                                     |           |                                                                                                                                                                                                     |           |                         |
|                                                                                             |           |                                                                                                                                                                                                     |           |                         |

#### SECTION III. APPLICABLE GENERAL PERMIT FOR DISCHARGE (Check only one item)

|                          |                                                                                                                                   |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Volatile Organic Compounds Contaminated Groundwater (Order No. R4-2013-0043), Include Supplemental Analysis                       |
| <input type="checkbox"/> | Wastewaters from Investigation and/or Cleanup of Petroleum Fuel Pollution (Order No. R4-2013-0042), Include Supplemental Analysis |
| <input type="checkbox"/> | Discharges of Groundwater from Potable Water Supply Wells (Order No. R4-2003-0108), Include Attachment A – Screening Levels       |
| <input type="checkbox"/> | Discharges of Groundwater from Construction and Project Dewatering (Order No. R4-2013-XXX), Include Supplemental Analysis         |
| <input type="checkbox"/> | Discharge of Nonprocess Wastewater (Order No. R4-2009-0047), Include Supplemental Analysis                                        |
| <input type="checkbox"/> | Hydrostatic Test Water (Order No. R4-2009-0068), Include Attachment A – Screening Levels                                          |

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

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

A. Order No. \_\_\_\_\_

B. NPDES Permit(s) \_\_\_\_\_

**SECTION V. OUTFALL AND RECEIVING WATER INFORMATION**

| Outfall Number | Latitude |      |      | Longitude |      |      | Receiving Waterbody<br>(River, Stream, Channel, Lake, Coastal, etc.) |
|----------------|----------|------|------|-----------|------|------|----------------------------------------------------------------------|
|                | Deg.     | Min. | Sec. | Deg.      | Min. | Sec. |                                                                      |
|                |          |      |      |           |      |      |                                                                      |
|                |          |      |      |           |      |      |                                                                      |
|                |          |      |      |           |      |      |                                                                      |
|                |          |      |      |           |      |      |                                                                      |

**SECTION VI. PROJECT INFORMATION** (attach additional sheets, if necessary)**1). Description of project and discharge****2). Description of treatment process (Attach diagram showing the treatment process, if applicable)****3). Summary of feasibility study on conservation, reuse, and/or alternative disposal methods of the wastewater****4). Description of additive's composition****5). Proposed Maximum Discharge Flow****6). Proposed discharge startup date****7). 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 the [Attachment A](#) for discharges from Potable Water Supply Wells (Order No. R4-2003-0108) and Hydrostatic Test (Order No. R4-2009-0068), and [Attachment E](#) for discharges from all other sources.

*For Discharges from Potable Water Supply Wells and Hydrostatic Test:*

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

*For Discharges from all other sources:*

Have you included a completed **Supplemental Pollutants Analysis/Measurements Form?**  
(Complete the Quantitation Level column and attach laboratory analytical data) ..... ☐ Yes ☐ No

If **No**, explain:

## 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. 4<sup>th</sup> Street, Suite 200  
Los Angeles, CA 90013  
**Attention: General Permit Unit**

Assistance with this form may be obtained by contacting the Regional Water Board at:  
Phone (213) 576-6600  
Fax (213) 576-6660

