

North Coast Regional Water Quality Control Board

NOTICE OF INTENT (NOI)
To Comply With the Terms of
Order No. R1-2014-0046

CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS
for
DISCHARGES OF WINE, BEVERAGE AND FOOD PROCESSOR WASTE TO LAND

1. FACILITY OWNER (PERMITTEE) INFORMATION

Additional information attached.

Owner Name:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax:	Email:
Contact Person:		
Title:		
Owner Type (Check One): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other:		

2. FACILITY SITE AND CONTACT INFORMATION

Additional information attached.

Facility Name:		
Facility Street Address:		
Facility Mailing Address:		
City:	State:	Zip:
Contact Person:	Title:	
Phone Number:	Fax:	Email:

FOR REGIONAL WATER BOARD USE:		
WDID:	Date Received:	Date Reviewed:
Case Staff:	Fee Received(\$):	Check No.:

3. LOCATION OF FACILITY Additional information attached.

County:	Assessor's Parcel No.	Closest Surface Water (e.g. Dry Creek, Russian River)
Latitude:	Longitude:	Site Map Enclosed? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No

4. BILLING ADDRESS: Additional information attached

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

5. REASON FOR FILING Additional information attached

<input type="checkbox"/> New Discharge or Facility	<input type="checkbox"/> Change of Ownership/Operator
<input type="checkbox"/> Facility Expansion or other Modification	<input type="checkbox"/> Change of Facility Name
<input type="checkbox"/> Change in Design or Operation of Treatment or Disposal System	
<input type="checkbox"/> Update of Waste Discharge Requirements (WDRs)	<input type="checkbox"/> Change of Discharge Location
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Request from Regional Water Board

6. TYPES OF DISCHARGE (Check all that apply) Additional information attached

<input type="checkbox"/> Process wastewater	<input type="checkbox"/> Domestic Wastewater (separate system)
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Combined Domestic and Process Wastewater

7. INDUSTRIAL STORM WATER PERMIT COVERAGE Additional information attached

For facilities currently regulated under the statewide Industrial Storm Water Permit, identify the following:

WDID No.:	Stormwater Program NOI Date:
Has a "No Exposure Certification" been issued for this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date:
Has a "Notice of Termination" been issued for this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date:

8. EXISTING PERMITS - OTHER AGENCIES

Additional information attached

Identify the following for all permits issued by other agencies for the facility and/or the facility wastewater system (e.g. conditional use permit, building permit, grading permit):

Permit Type or Subject	Permit Agency	Permit Number	Date of Issue
1.			
2.			
3.			

9. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Additional information attached.

Compliance with CEQA is required prior to enrollment under this Order.

Has a CEQA determination been made by a public agency for the subject facility and/or wastewater system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, identify the following and attach a copy of the completed CEQA document(s):		
Agency:	Determination:	Determination Date:
If no, identify the following, and submit copy of completed CEQA document upon completion.		
CEQA Lead Agency :	Expected Document:	Expected Completion Date:

10. FACILITY TYPE AND PRODUCTION CAPACITY

Additional information attached

Type of Processing facility:
<input type="checkbox"/> Winery <input type="checkbox"/> Brewery <input type="checkbox"/> Cider House <input type="checkbox"/> Distillery <input type="checkbox"/> Olive Oil <input type="checkbox"/> Cannery <input type="checkbox"/> Fruit or Vegetable Processing <input type="checkbox"/> Cut & Wrap Meat Packaging <input type="checkbox"/> Dairy product <input type="checkbox"/> Other beverage _____ <input type="checkbox"/> Other food _____
Primary Processing Season: (include start and end dates)
Annual Processing Volume of Produce or Commodity: (e.g. grapes, malt, olives, milk) Weight (tons): _____ or Volume (gallons): _____
Annual Production Volume: Cases of Wine: _____ Gallons of other Liquid: (e.g. beer, olive oil, etc.) _____ Pounds of Product: (e.g. meat, cheese, potatoes, etc.) _____

11 WASTEWATER FLOWS and DESIGN FLOWS

Additional information attached

	Average Daily Flow (gallons per day)	Maximum Daily Flow (gallons per day)
Wastewater Flow, Peak Production Period		
Wastewater Flow, Non-Peak Production Period		
Treatment System Design Flow		
Disposal System Design Flow		

12. TREATMENT, DISPOSAL and/or REUSE

Check all that apply.

Additional information attached

Initial Treatment	<input type="checkbox"/> Solids Separation Method:		<input type="checkbox"/> pH Neutralization Method:	
	<input type="checkbox"/> Septic Tank Tank Volume (gallons): _____ Detention Time (days): _____ County Permit? Yes <input type="checkbox"/> No <input type="checkbox"/>		Equipped with Effluent Filter? Yes <input type="checkbox"/> No <input type="checkbox"/> Equipped with Septic Tank Riser? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Treatment/Storage	<input type="checkbox"/> Pond Total Volume (gallons): _____ Detention Time (days): _____ Number of Ponds: _____		<input type="checkbox"/> Facultative <input type="checkbox"/> Aerobic with Aerators Yes <input type="checkbox"/> No <input type="checkbox"/> number or aerators: _____ Pond Lining? Yes <input type="checkbox"/> No <input type="checkbox"/> Type of liner: _____	
	<input type="checkbox"/> Constructed Wetland		Detention Time: _____	
	<input type="checkbox"/> Aboveground Disposal Use:		<input type="checkbox"/> Irrigation <input type="checkbox"/> Frost Protection	
	Disposal Area Size (acres): _____		Irrigation Method: Drip <input type="checkbox"/> Overhead <input type="checkbox"/>	

Disposal	Treated Wastewater	<input type="checkbox"/> Subsurface Disposal: Type: <input type="checkbox"/> Conventional Leachfield; <input type="checkbox"/> Special Design System; <input type="checkbox"/> Subsurface Drip; <input type="checkbox"/> Other _____ Inspection Ports: Yes <input type="checkbox"/> No <input type="checkbox"/> 100% Replacement Area: Yes <input type="checkbox"/> No <input type="checkbox"/> Total Leachline Length: _____ Depth of trench: _____ Depth to groundwater (feet below ground surface): _____
	Method and Location of Processing Solids Disposal:	
<input type="checkbox"/> Other Treatment and/or Disposal Methods:		

13 GROUNDWATER PROTECTION

Additional information attached

Check all that apply:

Water Balance Engineering Plans Soil Borings Significant Separation to Groundwater
 Percolation Test Monitoring Wells Other: _____

Explain how above cited information demonstrates protection:

14. LOCATION MAP

Provide a map or accurately scaled and labeled drawing showing the location of the discharge facility in the context of the general vicinity.

15. FACILITY SITE PLAN OR MAP

Provide a map or accurately scaled and labeled drawing showing a plan view of the facility showing all relevant site features and locations of the process wastewater system, including pipelines, storage structures, and discharge location(s). Also include on the map the location of the residual solids storage area, on-site wells, on-site drainage courses and nearby surface waters.

16. FLOW DIAGRAM

Attach a flow chart or schematic diagram showing the process wastewater system components and the path of process wastewater flow throughout the system, from source water to final disposal.

17. SIGNATURE and CERTIFICATION

“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 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.”

Signature: _____

Date: _____

Printed Name: _____

Title: _____