

NOTICE OF INTENT
TO COMPLY WITH CONDITIONAL WAIVER OF WASTE DISCHARGE
REQUIREMENTS FOR LOW THREAT ISCHARGES IN THE NORTH COAST REGION

I. PROPERTY/FACILITY INFORMATION

Property/Facility Name:			
Property/Facility Contact:			
Property/Facility Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	
Assessor Parcel Number(s):			

II. PROPERTY/FACILITY OWNER INFORMATION

Property/Facility Owner Name:			
Property/Facility Owner Mailing Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	

III. PROPERTY/FACILITY OPERATOR INFORMATION

Property/Facility Operator Name:			
Mailing Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	

IV. DISCHARGE CATEGORIES Check (☒) for type

- Test pumping of fresh water wells.
- Flushing of domestic water lines and tanks.
- Hydrostatic test lines.
- Air-conditioner, non-contact cooling and elevated temperature water.
- Minor dredging and fill operations.
- Confined animal wastes.
- Storm water.

- Non-commercial, one-time sand and gravel operations and processing.
- Swimming pool water.
- Food processing wastes spread on land.
- Agricultural commodity wastes on land.
- Industrial wastes utilized for soil amendments.
- Flow-through seawater systems and aquacultural operations.
- Recycled wastewater for soil compaction or dust control, and other construction purposes.
- Lake or reservoir drainage projects.
- Low-volume, non-contaminated wastewaters generated by the installation and purging of monitoring wells during groundwater contaminations investigations.
- Incineration of soils contaminated with petroleum hydrocarbons.
- Pumped/drained water from storage tank excavations.
- Soil stabilizing agents.
- Maintenance activities on transportation structures.
- Existing onsite wastewater treatment systems with shallow effluent dispersal systems
- Existing Onsite Wastewater Treatment Systems from Small Wine, Beverage, and Food Processing Facilities with Combined Domestic Wastewater and Process Wastewater Treatment and Disposal Systems.
- Flood Managed Aquifer Recharge.

V. DESCRIPTION OF DISCHARGE

Describe the discharge (i.e., source(s) of discharge, pollutants of concern, period and frequency, etc.). Use additional pages as needed. Provide a map of the property/facility if necessary.

VI. DESCRIPTION OF MANAGEMENT MEASURES/BEST MANAGEMENT PRACTICES

Describe what management measures (MMs) and best management practices (BMPs) will be implemented to minimize or eliminate the discharge of pollutants to waters of the State. Use additional pages as needed. Provide a map of the property/facility showing locations of MMs/BMPs if necessary.

VII. ADDITIONAL INFORMATION

Please provide additional information, as needed or required, about the discharge and/or how the discharger intends to comply with the waiver conditions of the waiver. Use additional pages as needed.

VIII. CERTIFICATION

“I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.”

Signature (Owner or Authorized Representative)

Date

Print Name

Title

Telephone Number

Email