

## **ATTACHMENT D**

### **CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD LOS ANGELES REGION**

#### **NOTICE OF INTENT (NOI) -- GENERAL INSTRUCTIONS FOR NON-IRRIGATION GENERAL WATER REUSE ORDER NO. R4-2009-0049**

#### **Who May Apply**

This Order is intended to serve as a regional-wide general permit for non-irrigation recycled water uses for publicly owned wastewater agencies that recycle wastewater. It is intended to replace applicable individual reuse Orders and applies to the following:

- A. Producers of secondary and tertiary recycled water that meets Title 22 criteria and is reused for a direct beneficial use or a controlled use that would not otherwise occur.
- B. Distributors of recycled water receive wastewater from a municipal facility, further treats it to meet Title 22 criteria for its intended use(s) and distributes it to users. In some cases, a written agreement (i.e. Joint Powers Agreement) between a Producer and a Distributor may be used in lieu of issuing this Order to the Distributor.

Producers that have received an individual Order and previously submitted information equivalent to that required in the Water Reuse Program Report below, may submit a letter as a Notice of Intent without duplicating the material.

#### **Where to Apply**

The NOI should be mailed to the Regional Water Quality Control Board at the following address:

Regional Water Quality Control Board  
Los Angeles Region  
320 4th Street Suite 200, Los Angeles, CA 90013  
Attn: Section Chief of Watershed Regulatory Section

A copy of the NOI shall also be mailed to the California Department of Public Health at the following address:

California Department of Public Health  
Recycled Water Unit  
1180 Eugenia Place, Suite 200  
Carpinteria , CA 93013

### **When to Apply**

An applicant should file the NOI 60 days prior to project start.

### **What to File**

The NOI shall include a Water Reuse Program technical report, containing the following as a minimum:

### **SECTION I - FACILITY/WASTE TREATMENT INFORMATION**

Description of existing and/or proposed treatment, storage and transmission facilities for water reuse (much of this may be from current Orders/reports, but should be updated). This should include the type and level of wastewater treatment for reuse applications and estimated seasonal flows of recycled water.

### **SECTION II - REUSE APPLICATIONS**

Describe the types of applications recycled water will be used for. This should include:

- A. Agency owned/controlled uses (e.g. acreage/locations)
- B. Contracted User Applications
  - 1. List of Users receiving or proposing to receive recycled water (including a list of uses of recycled water for each user);
  - 2. The estimated amount of recycled water flows to each User; and,
  - 3. Descriptions/maps of designated use areas.

### **SECTION III - DESCRIPTION OF WATER REUSE PERMIT PROGRAM**

The Agency's water reuse program should be fully described as follows:

- A. Copy of agency's authority and proposed rules and/or regulations;

- B. Design and implementation of program;
- C. Cross connection testing responsibilities and procedures;
- D. Self-monitoring program;
- E. User Inspection Program;
- F. O&M program;
- G. Compliance program;
- H. Employee (user) Training; and,
- I. Emergency procedures & notification

#### **SECTION IV - ADDITIONAL SITE SPECIFIC CONDITIONS**

If existing Orders have additional site specific conditions and/or restrictions not covered in the General Order, they should be described here.

#### **SECTION V - REUSE PROGRAM ADMINISTRATION**

Describe organization and responsibilities of pertinent personnel involved in the water reuse program. Provide the name(s), title(s) and phone number(s) of contact person(s) who are charged with operation/oversight of the water reuse program.

**GENERAL WATER REUSE FOR NON-IRRIGATION USES  
NOTICE OF INTENT (NOI) – FORM**

**I. Use Area/Location Information (Required):**

Facility:		
Street (Including address if any):		
Nearest Cross Street(s):		
County:	Total Application Area (Acres):	Anticipated Avg. Annual Volume (Ac-ft):
Type of Reuse (Check all that apply): <input type="checkbox"/> Industrial boiler feed <input type="checkbox"/> Nonstructural fire fighting <input type="checkbox"/> Backfill consolidation around nonpotable piping <input type="checkbox"/> Soil compaction <input type="checkbox"/> Mixing concrete <input type="checkbox"/> Dust control on roads and streets <input type="checkbox"/> Cleaning roads, sidewalks, and outdoor work areas <input checked="" type="checkbox"/> Sewer flushing <input type="checkbox"/> Industrial process water that will not come into contact with workers <input checked="" type="checkbox"/> Industrial or commercial cooling or air conditioning not involving cooling tower, evaporative condenser, or spraying that creates a mist <input checked="" type="checkbox"/> Other uses of Title 22 disinfected secondary-23 as approved by CDPH (please specify): _____		
Township/Range/Section:      T _____, R _____, Section _____, _____ B&M		
Latitude/Longitude (From Center):      ___ Deg. ___ Min. ___ Sec N. ___ Deg. ___ Min. ___ Sec. W		
Method of data collection: _____.		
Assessor Parcel Number: _____ (attach extra sheets if needed)		
Attach a map (e.g., USGS 7.5" topographic map) showing the proposed application site. The map should also show run-on/runoff controls, storage areas, nearby surface waters, wells, and the application areas including setback and buffer zones.		

**II. Use Area Property Owner (User) (Required):**

Agency / Organization:			
Existing Water Reclamation Requirements (if any):		Do you request to rescind the identified existing WRRs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:			
City:	County:	State:	Zip:
Phone Number:		Fax Number:	
Contact Person:	Title:	E-Mail:	

**III. On-Site Recycled Water Use Supervisor (Required):**

Agency / Organization / Name:			
Mailing Address:			
City:	County:	State:	Zip:
Phone Number:		Fax Number:	
Contact Person:	E-Mail:		

IV. Billing Address (Required):

Agency / Organization / Name:			
Mailing Address:			
City:	County:	State:	Zip:
Phone Number:		Fax Number:	
Contact Person:		E-Mail:	

V. Producer (Required):

Agency / Organization:			
Facility:			
General Order Number:	WDID:	Treatment:	
		<input type="checkbox"/> Disinfected Secondary <sup>1</sup>	
Mailing Address:			
City:	County:	State:	Zip:
Phone Number:		Fax Number:	
Contact Person:		E-Mail:	

VI. Distributor (Required):

Agency / Organization / Name:			
Facility, if any:			
Mailing Address:			
City:	County:	State:	Zip:
Phone Number:		Fax Number:	
Contact Person:		E-Mail:	

VII. Certification

*I hereby agree to meet and follow the requirements set forth in General Water Reuse Order No. R4-2009-0049 for non-irrigation uses. I also agree to adhere to the Operation & Maintenance Plan, submitted herewith, and to ensure the proper use of recycled water for all applications. I declare under the penalty of law that I have personally examined and am familiar with the information submitted in this document, 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 a fine and imprisonment.*

<sup>1</sup> As defined in California Code of Regulations Title 22, sections 60301.230 and 60301.320

