

## California Regional Water Quality Control Board



Los Angeles Region

Linda S. Adams Agency Secretary

320 W. 4th Street, Suite 200, Los Angeles, California 90013
Phone (213) 576-6600 FAX (213) 576-6640 - Internet Address: http://www.waterboards.ca.gov/losangeles

Arnold Schwarzenegger
Governor

## NOTICE OF INTENT

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

SECTION I.	DISCHARGE	E STATUS		•			
Check only one it	em.						
A. New Discharg	e 🗆	B. Material Change	C. Existing	Discharge	CI#		
SECTION II.	OWNER/O	PERATOR & FACILITY	INFORMAT	ION			
A. OWNER	<u> </u>	s. St. St.					
Agency Name			Contact Perso	n			
·	× .						
Mailing Address			Title of Contac	et Person			
City		County	State	ZIP	Phone		
B. OPERAT	OR (If differe	nt from owner)					
Agency Name			Contact Person				
•				. ^			
Mailing Address			Title of Contac	t Person			
,				•			
City		County	State	ZIP	Phone		
C. FACILITY							
Facility Name				Owner Type (che 1.  ☐City 2. ☐ C	eck one) ounty 3.☐ State 4. ☐Fed 5. ☐Private		
Facility Address	,		Contact email	address			
O:t-				_ ~up	1.5		
City		County	State	ZIP	Phone		
D. STANDAR	RD INDUSTR	IAL CLASSIFICATION C	ODE (SIC)	4 digit code in orde	er of priority)		
1.)	(specify)		2.)	(specify)			
3.)	(specify)	·	4.)	(specify)			
Nature of Bu	S <b>iness</b> (provide a	a brief description of your primary	business)				
•		· .			,		
				•			
		•					
			•		İ		

		LICABL	E GEN	ERAL	PERMIT	FOR I	DISCHARGE	
Check only one ite								
1					•		R4-2007-0022), Include Supplemental Analysis	
				· ·			llution (Order No. R4-2007-0021), Include Supplemental Analysis	
☐ Discharges	from Pot	table Wate	r Distributi	on and W	ater Suppl	y Systems	ns (Order No. R4-2003-0108), Include Attachment A – Screening	J
	of Groun	idwater fro	m Constru	iction and	Project De	ewatering	g (Order No. R4-2008-0032), Include Supplemental Analysis	
☐ Discharge of	of Nonpro	cess Was	tewater (O	rder No. I	R4-2004-0	058), Inclu	lude Supplemental Analysis	
☐ Hydrostatic	Test Wa	ter (Order	No. R4-20	04-0109)	, Include A	ttachment	nt A – Screening Levels	
			_					
							(Skip if not applicable)	
List any activ	e Orde	ers or Pe	ermits a	dopted	by this	Region	nal Board for the facility.	
A. Order No.								
B. NPDES Permit	t(s)							
SECTION V.	OUT		ND DE	· >=!\/INI	C WAT	ED INE	EORMATION	
List outfall an								<del></del>
Outfall Number	1000	Latitude		, (11401; 01	Longitude		Receiving Water (Name)	
(list)	Deg	Min	Sec	Deg	Min	Sec	-	
	<del>                                     </del>							
	-				1			
						<del> </del>		
	· ·						<del> </del>	
*** For <b>Potable W</b> completed in the N	ater Dist	tribution S during NC	ystems D I filing, un	<b>lischarge</b> less the in	only, the	discharge is known	ne outfall and receiving water information are not required to be a already.	
SECTION VI.	PRO	JECT D	ESCRI	PTION	AND T	REATM	MENT PROCESS DESCRIPTION (if applicable)	
Provide description composition if the description of all	n of the informatreatmen	project an tion is ava t processe	d the disc ailable. If es. In ad	charge red treatment dition, inc	quiring NP nt is necestude the	DES pern ssary prio proposed	mit. If additives are added to your process, briefly describe to to discharge, attached a schematic flow diagram and provided maximum daily discharge volume in gallons per day (gpd), scharge duration. (attach additional sheets, if necessary)	vide
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		<b>V</b>					•	
Proposed Maxi		_		allons pe	er day (gp	d)) 		
Proposed disch	_	•	te					
Estimated disc	harge d	uration						
<u> </u>				•				<u>_</u>

SECTION VII. DISCHARGE QUALITY INFORMATION		
This NOI requires that you obtain and analyze representa	ative influent wastewater sample for	or the
pollutants listed on Attachment A.		,
Have you included a completed Supplemental Pollutants Analysis/Measure	ments Form? Y	es 🗌 No
OR:		•
Have you included a completed Attachment A – Screening for Potential Pollu (Applies only to potable water related discharges.)	utants of Concern in Potable Water?	∕es □ 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) or a similar map of a si	uitable size and scale which shows the project	t location and
identifies surface water(s) to which you propose to discharge.		
Fees: Have you included appropriate filing fee with this submittal? (Applicable Make checks payable to the State Water Resources Control Board		
make checks payable to the otate Water Resources Control Board		X
		•
SECTION IV CERTIFICATION AND SIGNATURE (co.	annondiv on who is sutherized	to siem\
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 p	prepared under my direction or supervision in	accordance with a
"I certify under penalty of law that this document and all attachments were p system designed to assure that qualified personnel properly gather and evaluation or persons who manage the system, or those persons directly responsible for a	orepared under my direction or supervision in ate the information submitted. Based on my in gathering the information, the information subr	n accordance with a nquiry of the person mitted is, to the best
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