

ATTACHMENT E – NOTICE OF INTENT

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL VALLEY REGION**

NOTICE OF INTENT

**TO COMPLY WITH THE TERMS OF
GENERAL ORDER NO. R5-2014-0161
FOR
COLD WATER CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY
DISCHARGES TO SURFACE WATERS**

A. OWNER INFORMATION

Name:			
Mailing Address:			
City:	State:	ZIP:	
Contact Person:			
Phone No:	Fax No:	E-Mail:	
Signature:			Date:

B. OPERATOR *(If different from owner)*

Name:			
Mailing Address:			
City:	State:	ZIP:	
Contact Person:			
Phone No:	Fax No:	E-Mail:	
Signature:			Date:

C. PROPERTY OWNER

Name:			
Mailing Address:			
City:	State:	ZIP:	
Contact Person:			
Phone No:	Fax No:	E-Mail:	
Signature:			Date:

D. BILLING ADDRESS

Name:			
Mailing Address:			
City:	State:	ZIP:	
Phone No:	Fax No:	E-Mail:	
Contact Person			

E. FACILITY INFORMATION

Facility Name:	Phone :
Mailing Address:	
Location address:	County:
Discharge Rate (MGD):	Receiving Water:
Latitude:	Longitude:
Active Orders or Permits adopted by the Central Valley Water Board. Include effective dates:	
<i>Attach a map at least 1:24000 (1" = 2000') showing the location of the discharge (e.g., USGS 7.5" topographic map). The map should show the facility location, discharge point(s) and surface waters.</i>	

F. OPERATIONS AND PRODUCTION INFORMATION

Is the production system best described as a <i>flow through</i> , a <i>recirculating</i> , or a <i>pond system</i> ?
Number and type (concrete raceways, earthen ponds, etc.) of rearing units: Total area of rearing units:
Number and type of treatment units (full-flow settling basins, off-line settling basins, quiescent zones, etc.)
Does the facility operate year-round? If not, project the number of operating days on a monthly basis throughout the calendar year.
<i>Attach a flow diagram of the production operations, wastewater collection and treatment, and location of monitoring locations.</i>

In the table below, list the species grown or held at your facility and estimate the annual production of each in gross harvestable weight (if fish are released rather than harvested, production is the estimated weight at the time of release) for the 5-year term of the permit, based on historical operations, planned changes, and/or design capacity.

Species	Year One	Year Two	Year Three	Year Four	Year Five

G. WASTEWATER CHARACTERIZATION

For each discharge point to surface waters, describe the facility process from which water is discharged through each discharge point.

Wastewater Discharges	
Discharge Point	Description of source, frequency, duration & volume of discharge
001	
002	
003	
004	

List outfall and receiving water body (river; stream; channel; lake; etc.)							
Discharge Point Number (list)	LLatitude			LLongitude			Receiving Water (Name)
	Deg	Min	Sec	Deg	Min	Sec	

H. FEED USE

Describe your facility's use of feed. This may be a range expected over the next 5 years.

Feed Type	Maximum Monthly Feed Use (lbs)	Average Annual Feed Use (lbs)

I. AQUACULTURE DRUGS AND CHEMICALS

List all projected use of chemicals and therapeutic drugs, including cleaners and disinfectants, feed additives or other ingested drugs, immersion or injected treatments. (Use an attachment if necessary.)

Drug or Chemical	Maximum Daily Amount Used	Method of Application	Maximum Amount in Effluent

J. INTAKE WATER CREDITS

1. Does your facility's intake water exceed applicable numeric water quality criteria?
 Yes **No**

2. If **Yes**, will you be applying for an intake water credit? **Yes** **No**

3. If **Yes**, is the primary source of water for your facility operation the same as the water body that receives your facility's effluent discharge? **Yes** **No**

If **"No"**, you do not need to complete the remainder of this section as your facility is not eligible for an intake water credit.

If **"Yes"**, continue to question J.4 below.

4. a. If you answered **"Yes"** to question J.3., does your facility use multiple water supplies?
 Yes **No**

CERTIFICATION AND SIGNATURE

"I hereby certify under penalty of perjury that the information provided in this application and in any attachments is true and accurate to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. By signing this NOI, I agree to comply with the provisions of the General Permit. The Central Valley Water Board will be immediately notified of any violation of the General Permit"

_____ Printed Name of Person Signing _____ Date

_____ Signature

_____ Title