

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION
ORDER NO. R9-2024-0001
(ATTACHMENT A)**



**NOTICE OF INTENT
TO COMPLY WITH THE CONDITIONAL WAIVERS OF WASTE DISCHARGE
REQUIREMENTS FOR LOW THREAT DISCHARGES IN THE SAN DIEGO 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):		Hydrologic Area/Subarea:	

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. CONDITIONAL WAIVER FOR NOTICE OF INTENT

Mark (☒) the waiver proposed for the discharge:

<input type="checkbox"/> Waiver No. 1 - Discharges from on-site graywater disposal systems <input type="checkbox"/> Waiver No. 2 - "Low" threat" discharges to land <input type="checkbox"/> Waiver No. 3 - Discharges of winery waste to lined evaporation ponds wineries <input type="checkbox"/> Waiver No. 4 - Discharges from Silvicultural Operations <input type="checkbox"/> Waiver No. 5 - Discharges from animal operations <input type="checkbox"/> Waiver No. 6 - Discharges from aquatic animal production facilities <input type="checkbox"/> Waiver No. 7 - Discharges of slurries to land <input type="checkbox"/> Waiver No. 8 - Discharges/disposal of solid wastes to land <input type="checkbox"/> Waiver No. 9 - Aerially discharged wastes over land <input type="checkbox"/> Waiver No. 10 - Discharges of emergency/disaster related wastes
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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

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION
ORDER NO. R9-2024-0001
(ATTACHMENT B)**



**WAIVER 8: INERT WASTE CERTIFICATION
[PART 1 – ENROLLMENT]**

I. INERT WASTE SOIL GENERATOR INFORMATION

Generator Name:			
Generator Contact and Title:			
Generator Mailing Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	

II. INERT WASTE SOIL EXPORT SITE INFORMATION

Export Site Property Owner Name:			
Export Site Address:			
City:	County:	State:	Zip:
Local Oversight Program Case No.:			
San Diego Water Board File No.:			

III. EXPORTED INERT WASTE SOIL INFORMATION *(Use additional pages as needed.)*

Date(s) Inert Waste Soil Exported:
Quantities of Inert Waste Soil Exported: (in cubic yards for each date of export)
<input type="checkbox"/> Mark the box (☒) if the inert waste soil was temporarily stockpiled prior to export. If the box is marked, please provide a copy of the Temporary Waste Pile Certification.
Provide a map of the export site showing the location of the nearby surface water bodies and/or water wells, excavation(s), stockpile(s), samples collected for characterization. Include approximate extent and depths of excavation(s), extent and height of stockpile(s), and depth of samples collected.

IV. DESCRIPTION OF EXPORT SITE BEST MANAGEMENT PRACTICES

Describe what management measures (MMs) and best management practices (BMPs) were implemented at the export site 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.

V. INERT WASTE SOIL CHARACTERIZATION

Name of Certified Analytical Laboratory:		
Certified Analytical Laboratory Contact:		
Certified Analytical Laboratory Address:		
City:	County:	State: Zip:
Telephone:	Fax:	Email:
Number of samples collected for characterization:		
<input type="checkbox"/> Mark the box (☒) to confirm that no samples collected to characterize waste soil as inert contained detectable concentrations of constituents other than Calif. Code title 22 metals.		
Title 22 Metals Contaminant of Concern	EPA Approved Analytical Method	90% UCL Concentration (mg/kg)*

Use additional pages if there are additional contaminants of concern. Attach copy of laboratory analytical report.

* If molybdenum, silver, and/or zinc exceed the Tier 2 SSLs, then the waiver does not apply and a Report of Waste Discharge (ROWD) must be submitted to the San Diego Water Board.

VI. ENROLLMENT FOR REUSE OF TIER 1 or TIER 2 INERT WASTE SOIL

Mark the box (☒) next to the tier that the inert waste soil has been characterized, as supported with data provided in section VI.

<input type="checkbox"/> Tier 1 (Complete section X) Management of Tier 1 inert waste soils	<input type="checkbox"/> Tier 2 (Complete sections VII - X) Management of Tier 2 inert waste soils
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VII. TIER 2 INERT WASTE SOIL IMPORT SITE INFORMATION

Import Site Property Owner Name:			
Import Site Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	
Assessor Parcel Number(s):		Hydrologic Area/Subarea:	
Provide a map of the import site showing the location of the nearby surface water bodies and/or water wells, and approximate depth to groundwater.			

VIII. DESCRIPTION OF IMPORT SITE BEST MANAGEMENT PRACTICES

Describe what management measures (MMs) and best management practices (BMPs) were implemented at the import site 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.

IX. PROPERTY OWNER ACKNOWLEDGMENT

Mark all the boxes () to acknowledge that the applicable Tier 2 inert waste soil waiver conditions have been or will be met:

- Import site is designated for commercial or industrial land use.
- Inert waste soil placed at least 5 feet above highest historically known or anticipated level of groundwater.
- Soil that separates inert waste soil from groundwater has clay content greater than 5 percent and/or in situ permeability of less than 10⁻⁵ cm/sec.
- Inert waste soil placed at least 100 feet from the nearest surface water body.
- Inert waste soil is protected against 100-year peak storm flows as defined by the county flood control agency.
- Inert waste soil covered by either: 1) engineered materials (e.g. used as road base, fill beneath buildings, bridge abutments), or 2) not less than 2 feet of non-contaminated, clean fill. The cover has a permeability of no more than 10⁻⁵ cm/sec.
- Placement of a cover on the inert waste soils completed within 30 days of discharging the final load of inert waste soils at the import site.

“I acknowledge the receipt or planned receipt of the waste soil described in sections V and VI and that the soil will be managed pursuant to the restrictions set forth in Solid Waste Waiver”

Signature (Owner or Authorized Representative)

Date

Print Name

Title

X. GENERATOR AND CONSULTANT 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.”

Print Name (Generator)

Print Name (Consultant)

Signature (Generator)

Signature (Consultant)

Title (Generator)

Title and Professional Registration No.
(Consultant)

Date

Date

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION
ORDER NO. R9-2024-0001
(ATTACHMENT B)**



**WAIVER 8: INERT WASTE CERTIFICATION
[PART 2 – TERMINATION]**

I. FINAL WASTE DISPOSAL INFORMATION

Final Disposition of Waste:	<input type="checkbox"/> Off-site/Landfill Disposal	<input type="checkbox"/> On-site Reuse/Disposal
	<input type="checkbox"/> Off-site Reuse/Disposal	<input type="checkbox"/> Other: _____
Property Owner/Discharger Name:		
Property Owner/Discharger Contact and Title:		
Property Owner/Discharger Mailing Address:		
City:	County:	State: Zip:
Telephone:	Fax:	Email:
Assessor Parcel Number(s):		Hydrologic Area/Subarea:
Date(s) Waste Disposed:		
Quantity of Waste Disposed (in cubic yards for each disposal date):		
Disposal Location(s) (for each disposal date):		

II. FINAL DISPOSAL 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

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION
ORDER NO. R9-2024-0001
(ATTACHMENT C)
WAIVER 8: TEMPORARY WASTE PILE CERTIFICATION
[PART 1 – GENERAL INFORMATION]



I. TEMPORARY WASTE PILE GENERATOR INFORMATION

Generator Name:			
Generator Contact and Title:			
Generator Mailing Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	

II. WASTE INFORMATION

Local Oversight Program Case No.:							
San Diego Water Board File No.:							
Waste Type: (check all that apply)	<input type="checkbox"/> Gasoline						
	<input type="checkbox"/> Diesel						
	<input type="checkbox"/> Other Petroleum Hydrocarbons						
	<input type="checkbox"/> Other Impacted Dredged Spoils						
	<input type="checkbox"/> Other:						
Contaminant Concentrations (<i>Use additional pages as needed</i>):							
Mean		Mean+80%CL		Mean		Mean+80%CL	
Mean		Mean+80%CL		Mean		Mean+80%CL	
Mean		Mean+80%CL		Mean		Mean+80%CL	
Waste Pile Quantity (yd ³):							
Description of Containment Method:							

III. TEMPORARY WASTE PILE GENERATOR INFORMATION

Site Property Owner Name:			
Site Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	
Assessor Parcel Number(s):		Hydrologic Area/Subarea:	

IV. PROPERTY OWNER ACKNOWLEDGMENT

“I hereby acknowledge receipt of the waste soil described in section II of this Temporary Waste Pile Certification, and that I have reviewed any associated reports. By signing this form, I acknowledge that the Generator of this waste has certified that all Solid Waste Waiver conditions applicable to the temporary waste piles have been met.”

Signature (Owner or Authorized Representative)

Date

Print Name

Title

V. GENERATOR CERTIFICATION

“I hereby certify that the information provided regarding soil characterization is a complete and accurate representation of the subject soil, and that the soil is not hazardous waste as defined by California Code of Regulations Title 22 and by the U.S. Environmental Protection Agency (Code of Federal Regulations Title 40), and that all Solid Waste Waiver conditions applicable to the temporary waste piles have been met.”

Generator Signature

Date

Print Name

Title

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION
ORDER NO. R9-2024-0001
(ATTACHMENT C)**



**WAIVER 8: TEMPORARY WASTE PILE CERTIFICATION
[PART 2 – FINAL DISPOSAL INFORMATION]**

I. TEMPORARY WASTE PILE GENERATOR INFORMATION

Final Disposition of Waste:			
<input type="checkbox"/> Off-site/Landfill Disposal	<input type="checkbox"/> On-site Reuse/Disposal		
<input type="checkbox"/> Off-site Reuse/Disposal	<input type="checkbox"/> Other:		
Property Owner/Discharger Name:			
Property Owner/Discharger Contact and Title:			
Property Owner/Discharger Mailing Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	
Assessor Parcel Number(s):		Hydrologic Area/Subarea:	
Date(s) Waste Disposed:			
Quantity of Waste Disposed: (in cubic yards for each disposal date)			
Disposal Location(s): (for each disposal date)			

II. FINAL DISPOSAL 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

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION
ORDER NO. R9-2024-0001
(ATTACHMENT D)**



**WAIVER 10:
NOTICE OF TERMINATION**

I. PROPERTY/FACILITY INFORMATION

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

II. PROPERTY/FACILITY OWNER INFORMATION

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

III. DISCHARGE AND DREDGE INFORMATION

Date(s) of Discharge and Dredge Activities:				
Did any activities occur within wetlands?				
Did any activities create an impoundment? (If "yes," describe how adverse effects to aquatic system were minimized)				
Quantity of Discharge: (Indicate in acres and linear feet the extent affected and identify the effects as permanent and/or temporary for discharge.)				
	Permanent Effects		Temporary Effects	
Wetlands:	Linear feet:	Acres:	Linear feet:	Acres:
Non-wetland waters:	Linear feet:	Acres:	Linear feet:	Acres:
Quantity of Dredging (cubic yards): Provide a description of the types of materials dredged and disposal location:				

IV. COMPENSATORY MITIGATION INFORMATION

Were Temporary Fills Restored?
 If “no,” please describe rationale:

Was Compensatory Mitigation Provided?
 If “no,” please describe rationale:

If “yes,” attach (1) a map clearly identifying the mitigation location areas, and (2) contact information for the owner/operator of the mitigation area property.

Also indicate below in acres and linear feet the total quantity of each water body that was created, restored, or enhance, for purposes of providing compensatory mitigation. Use additional pages if necessary.

	Created (acres/linear feet)	Restored (acres/linear feet)	Enhanced (acres/linear feet)
Wetland			
Non-Wetland			

V. COMPENSATORY MITIGATION INFORMATION

“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