

## California Regional Water Quality Control Board

### San Diego Region

Over 50 Years Serving San Diego, Orange, and Riverside Counties
Recipient of the 2004 Environmental Award for Outstanding Achievement from USEPA



9174 Sky Park Court, Suite 100, San Diego, California 92123-4353 (858) 467-2952 • Fax (858) 571-6972 http:// www.waterboards.ca.gov/sandiego

May 29, 2008

**CERTIFIED MAIL** 

7007 3020 0001 0040 7317

In reply refer to: **SWU: dquach** 

Mr. Daniel J. Massie Director Maxima Products 9266 Abraham Way Santee, CA 92071

Dear Mr. Massie:

SUBJECT: NOTICE OF NONCOMPLIANCE: ENROLLMENT IN THE INDUSTRIAL

STORM WATER GENERAL PERMIT, ORDER NO. 97-03 DWQ;

PERMIT NO. CAS000001

On August 31, 2006, the California Regional Water Quality Control Board, San Diego Region (Regional Board) received a Notice of Non-Applicability (NONA) from your company. Upon review of the NONA by staff of the Regional Board, it has been determined that your facility may require coverage under the State Water Resources Control Board's (State Board) General Industrial Storm Water Permit (Permit).

The Standard Industrial Code (SIC) listed on the NONA for your industrial operation is 2992, Lubricating Oils and Greases. This SIC is a mandatory classification for coverage under the Permit. If this SIC represents your industrial operation, you must file a Notice of Intent (NOI) (enclosed) to obtain coverage under the Permit. To enroll for coverage under the Permit, follow the instructions in the enclosed package, and mail us a copy of the NOI that is to be sent to the State Board. If the SIC does not represent your industrial operation, you must resubmit the NONA with the correct SIC.

Failure to submit the NOI or corrected NONA to the State Board within 30 days of receipt of this letter will subject you to possible enforcement action under Sections 13399.30 and 13399.33 of the California Water Code. The penalty for failure to file the NOI is not less than five thousand dollars per year (\$5,000) of noncompliance or fraction thereof.

Mr. Daniel J. Massie Maxima Products Enrollment in Storm Water Program

A copy of the Permit can be downloaded at the following website: www.waterboards.ca.gov/industrial.html

The heading portion of this letter includes a Regional Board code number noted after "In reply refer to:" In order to assist us in the processing of your correspondence please include this code number in the heading or subject line portion of all correspondence and reports to the Regional Board pertaining to this matter

If you have any questions, please telephone Dat Quach at (858) 467-2978, or email at dquach@waterboards.ca.gov

Respectfully,

DAVID BARKER Supervising Engineer

Enclosure: NOI Form with Instructions

cc: Ms. Helen M. Perry (w/o enclosure) Storm Water Program Manager

City of Santee

DB: dq:dpp



## State Water Resources Control Board



Alan C. Lloyd Ph D.
Secretary for
Environmental
Protection

### Division of Water Quality

1001 I Street • Sacramento, California 95814 • (916) 341-5538

Mailing Address: P.O. Box 1977 • Sacramento, California • 95812-1977

FAX (916) 341-5543 • Internet Address: http://www.waterboards.ca.gov/stormwtr/index.html

To:	STORM WATER DISCHARC	JEK			
SUBJECT:	CHECKLIST FOR SUBMITTING A NOTICE OF INTENT				
		ol Board to expeditiously process your Notice of mitted to either of the addresses indicated below:			
1	NOI (please keep a copy for your files) with all applicable sections completed and original signature of the facility operator;				
2	<u>Check</u> made out to the "State Water Resources Control Board" with the appropriate fee. The regular fee is \$830.00 (\$700 plus 18.5% surcharge).				
3.	Site Map of the facility (see NOI instructions). DO NOT SEND BLUEPRINTS				
U.S. Postal S	ervice Address	Overnight Mailing Address			
State Water P	Resources Control Board	State Water Resources Control Board			
Division of Water Quality		Division Of Water Quality			
Attn: Storm Water Section		Attn: Storm Water, 15 <sup>th</sup> Floor			
P.O. Box 1977		1001 I Street			
Sacramento, CA 95812-1977		Sacramento, CA 95814			

NOIs are processed in the order they are received. A NOI receipt letter will be mailed to the facility operator within approximately two weeks. Incomplete NOI submittals will be returned to the facility operator within the same timeframe and will specify the reason(s) for return. If you need a receipt letter by a specific date (for example, to provide to a local agency), we advise that you submit your NOI thirty (30) days prior to the date the receipt letter is needed.

Please do not call us to verify your NOI status. A copy of your NOI receipt letter will be available on our web page within twenty-four (24) hours of processing. Go to: <a href="http://www.waterboards.ca.gov/stormwtr/databases.html">http://www.waterboards.ca.gov/stormwtr/databases.html</a> to retrieve an electronic copy of your NOI receipt letter. If you have any questions regarding this matter, please contact us at (916) 341-5538.

# NOTICE OF INTENT (NOI) INSTRUCTIONS

TO COMPLY WITH STATE WATER RESOURCES CONTROL BOARD
WATER QUALITY ORDER NO. 97-03-DWQ
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
GENERAL PERMIT NO. CASO00001

### Who Must Submit

The facility operator must submit an NOI for each industrial facility that is required by U.S. Environmental Protection Agency (U.S.EPA) regulations to obtain a storm water permit. The required industrial facilities are listed in Attachment 1 of the General Permit and are also listed in 40 Code of Federal Regulations Section 122.26(b)(14).

The facility operator is typically the owner of the business or operation where the industrial activities requiring a storm water permit occur. The facility operator is responsible for all permit related activities at the facility.

Where operations have discontinued and significant materials remain on site (such as at closed landfills), the landowner may be responsible for filing an NOI and complying with this General Permit. Landowners may also file an NOI for a facility if the landowner, rather than the facility operator, is responsible for compliance with this General Permit.

### How and Where to Apply

The completed NOI form, a site map, and appropriate fee must be mailed to the State Water Resources Control Board (State Water Board) at the following address:

State Water Resources Control Board Division of Water Quality P.O. Box 1977 Sacramento, CA 95812-1977 Attn: Storm Water Permitting Unit

Please Note: Do not send the original or copies of the NOI submittal to the Regional Water Quality Control Board (Regional Water Board). The original NOI will be forwarded to the Regional Water Board after processing.

Do not send a copy of your Storm Water Pollution Prevention Plan (SWPPP) with your NOI submittal. Your SWPPP is to be kept on site and made available for review upon request.

Section II -- Facility Operator Information

Part A:

The facility operator is the legal entity that is responsible for all permit related compliance activities at the facility. In most cases, the facility operator is the owner of the business or operation where the industrial activity occurs. Give the legal name and the address of the person, firm, public organization, or any other entity that is responsible for complying with the General Permit.

Part B:

Check the box that indicates the type of operation.

Section III -- Facility Site Information

Part A:

Enter the facility's official or legal name and provide the address. Facilities that do not have a street address must provide cross-streets or parcel numbers. Do not include a P.O. Box address in Part A.

Part B:

Enter the mailing address of the facility if different than Part A. This address may be a P.O. Box.

The contact person should be the plant or site manager who is familiar with the facility and responsible for overseeing compliance of the General Permit requirements.

Part C:

Enter the total size of the facility in either acres or square feet. Also include the percentage of the site that is impervious (areas that water cannot soak into the ground, such as concrete, asphalt, and rooftops).

Part D:

Determine the Standard Industrial Classification (SIC) code which best identifies the industrial activity that is taking place at the facility. This information can be obtained by referring to the Standard Industrial Classification Manual prepared by the Federal Office of Management and Budget which is available at public libraries. The code you determine should identify the industrial activity that requires you to submit the NOI. (For example, if the business is high school education and the activity is school bus maintenance, the code you choose would be bus maintenance, not education.) Most facilities have only one code; however, additional spaces are provided for those facilities that have more than one activity.

Part E:

Identify the title of the industrial activity that requires you to submit the NOI (e.g., the title of SIC Code 2421 is Sawmills and Planing Mills, General). If you cannot identify the title, provide a description of the regulated activity(s).

possible limit the map to a standard size sheet of paper  $\times$  11" or 11" x 17"). Do not send blueprints unless you are sending one page and it meets the size limits as defined above.

A location map may also be included, especially in cases where the facility is difficult to find, but are <u>not to be submitted as a substitute for the site map</u>. The location map can be created from local street maps and U.S. Geological Survey (USGS) quadrangle maps, etc.

A revised site map must be submitted whenever there is a significant change in the facility layout (e.g., new building, change in storage locations, boundary change, etc.).

Section IX--Certification

This section should be read by the facility operator. The certification provides assurances that the NOI and site map were completed by the facility operator in an accurate and complete fashion and with the knowledge that penalties exist for providing false information. It also requires the Responsible Party to certify that the provisions in the General Permit will be complied with.

The NOI must be signed by:

For a Corporation: a responsible corporate officer (or authorized individual).

For a Partnership or Sole Proprietorship: a general partner or the proprietor, respectively.

For a Municipality, State, or other non-Federal Public Agency: either a principal executive officer or ranking elected official.

For a Federal Agency: either the chief or senior executive officer of the agency.

#### State of California State Water Resources Control Board

## NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF THE
GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH INDUSTRIAL ACTIVITY (WQ ORDER No. 97-03-DWQ)
(Excluding Construction Activities)

SECTION I. NOI STATUS (please check or	nly one box)			
A. [ ] New Permittee B. [ ] Chan	ge of Information WDID # I I I I I I			
SECTION II. FACILITY OPERATOR IN	FORMATION (See instructions)			
A. NAME:	<u> </u>		Phone:	
Mailing Address:				
City:	<u>[                                    </u>	State:	Zip Code:	
Contact Person:	!			
B. OPERATOR TYPE: (check one) 1.[ ] Private Individual 2	2.[ ]Business 3.( ]Municipal 4.[ ]State 5.[ ]	Federal	6.[ ]Other	
SECTION III. FACILITY SITE INFORMA	ATION			
A. FACILITY NAME	<u> </u>		Phone:	
Facility Location:			County:	
City:		State: CJA	Zip Code:	
B. MAILING ADDRESS:				
City:		State:	Zip Code:	
Contact Person:				
C. FACILITY INFORMATION (check) Total Size of Site: Acres	one) . Sq. Ft. [ ]	Percent	of Site Impervious (including rooftops)	
D. SIC CODE(S) OF REGULATED ACTIVITY:	E. REGULATED ACTIVITY (describe each Sh	C code):		
1. [_1_1_]		1 1 1 1		
2 [				
3. 1 1 1 1	11111111111111111	1 1 1	1 1 1 1	
			FOR STATE USE ONLY:	

SECTION IV. ADDRESS FOR CORRESPONDENCE					
Facility Operator Mailing Address (Section II)					
SECTION V. BILLING ADDRESS INFORMATION					
SEND BILL TO: [ ]Facility Operator Mailing Address (Section II) [ ]Facility Mailing Address (Section III, B.) [ ]Other (enter information below)					
Name: Phone:					
Mailing Address:					
City:         State:         Zip Code:           1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Contact Person;					
SECTION VI. RECEIVING WATER INFORMATION					
Your facility's storm water discharges flow: (check one) [ ] Directly OR [ ] Indirectly to waters of the United States.					
Name of receiving water:					
SECTION VII. IMPLEMENTATION OF PERMIT REQUIREMENTS					
A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (check one)  [ ] A SWPPP has been prepared for this facility and is available for review.  [ ] A SWPPP will be prepared and ready for review by (enter date):/					
B. MONITORING PROGRAM (check one)  [ ] A Monitoring Program has been prepared for this facility and is available for review.  [ ] A Monitoring Program will be prepared and ready for review by (enter date):/					
C. PERMIT COMPLIANCE RESPONSIBILITY  Has a person been assigned responsibility for:  1. Inspecting the facility throughout the year to identify any potential pollution problems?  2. Collecting storm water samples and having them analyzed?  3. Preparing and submitting an annual report by July 1 of each year?  4. Eliminating discharges other than storm water (such as equipment or vehicle wash-water) into the storm drain?  YES NO					
SECTION VIII. SITE MAP					
I HAVE ENCLOSED A SITE MAP YES[ ] A new NOI submitted without a site map will be rejected.					
SECTION IX, CERTIFICATION					
"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that I have read the entire General Permit, including all attachments, and agree to comply with and be bound by all of the provisions, requirements, and prohibitions of the permit, including the development and implementation of a Storm Water Pollution Pervention Plan and a Monitoring Program Plan will be complied with."					
Printed Name:					
Signature: Date					
Title:					

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  X
<ul> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by ( Printed Name)  C. Date of Deliver
Article Addressed to:	D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
Mr. Duniel Marie	
Maxima Products	
9266 Abraham Way	Service Type     Certified Mall
Jantec, CA 92071	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7 7007 302	0 0001 0040 7317
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-154

	U.S. Postal Service TIM CERTIFIED MAIL TIM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	(ed)
THE STATE OF THE S	For delivery information visit our website at www.usps.come	To the state of th
	Postage \$ 25 9 Certified Fee 2 (25 Postmark	
TOOO!	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	
	Total Postage & Fees \$ 5, 39	լ
	Sent To Maxima Products  Street, Apt. No.; or PO Box No. 9266 Abraham Way  City, State, ZIP+4 Spytra, A 92071	7
100 M	City, State, ZIP+4  Spots, A 92071  PS Form 3800. August 2006  See Reverse for Instructions	structions