

ATTACHMENT B – NOTICE OF INTENT

I. NOTICE OF INTENT STATUS

Mark only one item:

- New Application (first-time enrollee)
- New Application (existing Discharger under R9-2011-0022): WDID# _____
- Change of Information: WDID# _____
- Change of Discharger or Responsibility: WDID# _____

II. STIPULATION OF APPLICABILITY

_____ (Discharger Name) has reviewed the eligibility criteria of the subject Order as stated below and hereby certifies that the criteria is met.

Eligibility Criteria

Any person who proposes to discharge pollutants from the public display of fireworks to surface waters in the San Diego Region may submit a Notice of Intent (NOI) for coverage under this Order. When a fireworks event is hosted by one person but is operated or conducted by another person, it is the host's duty to submit an NOI and obtain coverage under the Order. The San Diego Water Board may require the joint submission of an NOI from both the host and the person operating the fireworks event on a case-by-case basis. The Discharger must submit a request for an amended Notice of Applicability (NOA) when a fireworks event is proposed at new location.

_____ (Discharger Name) has reviewed the Order and hereby certifies that:

1. _____ (Discharger Name) understands the requirements of the Order; and
2. _____ (Discharger Name) will comply with all terms, conditions, and requirements of the Order.
3. _____ (Discharger Name) understands its duty pursuant to section 7.1.2.2 of this Order to comply with all applicable federal, state, and local laws, regulations or ordinances and to obtain authorization from applicable regulatory agencies prior to the commencement of discharge.
4. _____ (Discharger Name) understands that the Visual Monitoring Report, Post-Fireworks Display Log, and Display of Fireworks Post-Event Report Form are due to the San Diego Water Board thirty (30) days following the end of the month in which a public display of fireworks event occurred and that it must be submitted with the Annual Report.

3. Is the fireworks display event at a location where firework pollutants may enter an Area of Special Biological Significance (ASBS)?

Yes No

If yes, provide the name the ASBS and the distance from the fireworks event location.

4. Is the water body above listed as impaired by Clean Water Act section 303(d) for any fireworks constituents?

Yes No

If yes, provide the distance from the fireworks event location to the impaired segments of the water body.

5. Is the water body above a drinking water reservoir?

Yes No

6. Expected number of firework display event(s) per year and the expected date of each firework display event (attach additional sheets if needed):

7. Estimated duration of each firework display event:

8. Expected fireworks net explosive weight per fireworks display event (provide a range and average if the fireworks display events will vary in size):

VI. FIREWORKS BEST MANAGEMENT PRACTICES PLAN

Has a Fireworks Best Management Practices Plan been prepared pursuant to the requirements listed in section 5.2.1 of this Order? Yes No

If yes, attach a copy of the Fireworks Best Management Practices Plan to this form.

VII. APPLICATION FEE

Have you included payment of the filing fee (for first-time enrollees only) with this submittal?

Yes No N/A (existing Discharger)

The initial fee and annual fee are based upon the type of pollutants to be discharged or potentially discharged.

Make checks payable to “**State Water Resources Control Board**” and include “Fireworks General NPDES Permit” in the check memo field.

Category 3 Lowest Threat to Water Quality

Discharges that require minimal or no treatment systems to meet limits and pose no significant threat to the environment in accordance with California State Water Resources Control Board’s (State Water Board’s) California Code of Regulations Title 23, Division 3, Chapter 9 fee schedule. Information on fees can be found on the State Water Board’s Water Quality Fees webpage under NPDES Permit Fees (https://www.waterboards.ca.gov/resources/fees/water_quality/#npdes).

VIII. CERTIFICATION – (Must be signed by the legally responsible official described in section 5.2 of Attachment D of this Order)

I certify under penalty of law that the information provided in this application and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure 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 directly responsible for gathering the information, the information submitted is true, accurate, and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the provisions of the permit, including the criteria for eligibility will be complied with.

Printed Name and Title:

Signature:

Date:

INSTRUCTIONS FOR COMPLETING THE NOTICE OF INTENT

These instructions are intended to help you, the Discharger, complete the Notice of Intent (NOI) form for this Order. **Please type or print clearly when completing the NOI form.** For any field, if more space is needed, submit supporting documentation with the NOI.

Send the completed and signed form along with the filing fee and supporting documentation to the California Regional Water Quality Control Board, San Diego Region (San Diego Water Board) (see Section VIII below).

Section I – Notice of Intent Status

Indicate whether this request is for the first-time coverage under this Order, for an existing Discharger under Order No. R9-2011-0022, a change of information for the discharge already covered under this Order, or change of Discharger or responsibility. If available, please provide the eleven-digit Waste Discharge Identification (WDID) number for an existing discharger under Order No. R9-2011-0022, change of information, or change of discharger or responsibility.

Section II – Stipulation of Applicability

The Discharger must review the eligibility criteria for enrollment under the Order and certify that the Discharger meets the qualifications for enrollment. The Discharger must acknowledge that they have reviewed, understand, and will comply with the terms, conditions, and requirements of the Order. Fill in all of the “Discharger Name” blanks and check the appropriate boxes to certify that the Discharger understands and accepts these stipulations.

Section III – Discharger Information

1. Enter the name of the Discharger.
2. Enter the mailing address, including street number and street name, where correspondence should be sent (P.O. Box is acceptable).
3. Enter the city that applies to the mailing address given.
4. Enter the county that applies to the mailing address given.
5. Enter the state that applies to the mailing address given.
6. Enter the zip code that applies to the mailing address given.
7. Enter the name (first and last) and title of the contact person.
8. Enter the email address of the contact person.
9. Enter the daytime telephone number of the contact person.

Section IV – Billing Address

Check the box if the Billing Information is the same as the Discharger Information. Enter other information only if it is different from section III above.

1. Enter the name (first and last) of the person who will be responsible for the billing.
2. Enter the billing address, including street number and street name, where the billing should be sent (P.O. Box is acceptable).
3. Enter the city that applies to the billing address.
4. Enter the county that applies to the billing address.
5. Enter the state that applies to the billing address.
6. Enter the zip code that applies to the billing address.
7. Enter the name and title of the person responsible for billing.
8. Enter the email address of the person responsible for billing.
9. Enter the daytime telephone number of the person responsible for billing.

Section V – Public Fireworks Display Event Details

1. Provide the GPS coordinates of the fireworks display location. The latitude and longitude must be provided using decimal degrees to five decimal places.
2. Provide the name(s) of the water body nearest to the fireworks display event location and attach a map of the fireworks event location showing the location of the waterbody in relation to the fireworks firing range.
3. Indicate whether the fireworks display event is at a location where fireworks pollutants may enter an Area of Special Biological Significance (ASBS). If yes, estimate the distance from the fireworks display event location to the ASBS.
4. Indicate whether the firework pollutants may enter a Clean Water Act section 303(d) listed water body that is impaired for one or more fireworks constituents. For an updated list of impaired water bodies please visit the [State Water Board's Integrated Report Cycles – Clean Water Act Sections 303\(d\) and 305\(b\) Website](#).
5. Indicate whether the receiving water body is a drinking water reservoir.
6. Provide the expected number of public fireworks display events per year and the expected dates of these events.
7. Provide the estimated duration of each firework display event.
8. Provide the expected total net explosive weight of fireworks per fireworks display event. If the net explosive weight varies among firework display events, provide a range and average of net explosive weight.

Section VI – Fireworks Best Management Practices Plan

The Discharger must prepare and complete a Fireworks Best Management Practices Plan (FBMPP). The minimum contents of the FBMPP are specified in section 5.2.1 of the Order. The Discharger must ensure that the operator(s) and all other appropriate personnel are familiar with the FBMPP contents before conducting a public display of fireworks covered under this Order.

Section VII – Application Fee

The annual fee shall be based on Category 3 discharge specified in the fee schedule. Information on fees can be found on the California State Water Resources Control Board's (State Water Board's) [Water Quality Fees webpage](#) under NPDES Permit Fees

(https://www.waterboards.ca.gov/resources/fees/water_quality/#npdes). Check the YES box if you have included payment of the annual fee. Check the NO box if you have not included this payment.

NOTE: The Discharger will be billed annually and payment is required to enroll and continue coverage. The State Water Resources Control Board (State Water Board) may modify the fee at any time.

Section VIII– Certification

1. Print the name of the appropriate official. For a municipality, State, federal, or other public agency, this would be a principal executive officer, ranking elected official, or duly authorized representative. The principal executive officer of a federal agency includes the chief executive officer of the agency or the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of United States Environmental Protection Agency (USEPA)).
2. The person whose name is printed above must sign and date the NOI.
3. Enter the title of the person signing the NOI.

Submit the NOI and application fee to the following address:

San Diego Water Board
2375 Northside Drive, Suite 100
San Diego, CA 92108

Attn: Fireworks General NPDES Permit
Source Control Regulation Unit
NOTICE OF INTENT

The San Diego Water Board has implemented an Electronic Content Management system to reduce paper use. Please convert all submissions with attachments to a searchable Portable Document Format (PDF) and submit the NOI and associated attachments by email to SanDiego@waterboards.ca.gov, with the subject line titled "Notice of Intent – Fireworks General NPDES Permit.