

ATTACHMENT B – NOTICE OF INTENT FORM

This NOTICE OF INTENT form shall be completed and submitted to apply for authorization or reauthorization to discharge under the Groundwater General Permit, NPDES Permit CAG912002.

1. DISCHARGER INFORMATION AND CERTIFICATION

The following certification shall be signed in accordance with Attachment D section 5.2. The Discharger hereby agrees to comply with and be responsible for all conditions specified in NPDES Permit CAG912002.

I certify under penalty of law that this document and all attachments were prepared under my direction or 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 for knowing violations. (40 C.F.R. § 122.22(d).)			
Signature:		Date:	
Printed Name:		Title:	
Discharger Name:		Email Address:	
Mailing Address:		Phone Number:	
Discharger Type:	<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> New Discharger <input type="checkbox"/> Former Discharger	
Duly Authorized Representative (DAR): The following individual (or any individual occupying the position listed below) may act as the Discharger’s duly authorized representative and may sign and certify submittals in accordance with Attachment D section 5.2.3. The individual shall be responsible for the overall operation of the regulated facility or activity or an individual position having overall responsibility for environmental matters for the Discharger.			
DAR Name:		Title:	
DAR Affiliation:		Email Address:	
Discharge Location Address (for fixed location):		Facility Name (for fixed location):	

2. BILLING INFORMATION

Billing Name:			
Mailing Address:			
Contact Name:		Phone Number:	
Email Address:			

3. DISCHARGE INFORMATION

Discharge Location Type:	<input type="checkbox"/> Single <input type="checkbox"/> Multiple		
Receiving Water Name(s):			
Latitude ^[1]		Longitude ^[1]	

1. For a single discharge location, submit latitude and longitude coordinates in decimal degrees with 5 figures to the right of the decimal point.

4. BEST MANAGEMENT PRACTICES PLAN

Attach a Best Management Practices Plan (BMPs Plan) as described in Provision 6.3 of the Order.

5. APPLICATION FEE AND MAILING INSTRUCTIONS

Submit application fee by check payable to “State Water Resources Control Board” to this address:

San Francisco Bay Regional Water Quality Control Board
 Attn: NPDES Wastewater Division
 1515 Clay Street, Suite 1400
 Oakland, CA 94612

For the current fee, see the current Water Quality Fee Schedule at https://www.waterboards.ca.gov/resources/fees/water_quality/. Discharges covered by this permit are “Category 3” discharges for purposes of California Code of Regulations Title 23, Division 3, Chapter 9, subchapter 1, § 2200(b)(10).

Submit this form (with signature and attachments) via email to R2NPDES.GeneralPermits@waterboards.ca.gov or as otherwise indicated by the corresponding permit at www.waterboards.ca.gov/sanfranciscobay/water_issues/programs/general_permits.shtml.