ATTACHMENT B – NOtice of INtent (NOI) Application Form

**Complete and submit this NOI to receive Authorization or Reauthorization to Discharge or Reuse of Extracted Brackish Groundwater, Reverse Osmosis Concentrate Resulting from Treated Brackish Groundwater, and Extracted Groundwater from Structural Dewatering Requiring Treatment under the requirements of NPDES Permit No. CAG912004 (Groundwater General Permit)**

I certify under penalty of law that this document and all attachments are prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the design engineer whose signature and engineering license number is documented in this notice, 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print) Signature and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Organization Address

**This Application is for the Groundwater Treatment Facility located at:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This NOI form and all required attachments shall be submitted to Farhad Azimzadeh by e-mail at** **fazimzadeh@waterboards.ca.gov****.** If electronic submittal is not possible, applicants may submit the NOI package to the following address: California Regional Water Quality Control Board, San Francisco Bay Region, located at 1515 Clay Street, Suite 1400, Oakland, California 94612. **Please include a check for $1,943, or current fee amount, payable to the State Water Resources Control Board.**

**Table B-1. Mark only one as applicable**

|  |  |  |
| --- | --- | --- |
| **1** | **This is a new discharge.** |  |
| **2** | **This discharge is currently authorized under this Order (No. R2-2012-0060)**, which requires authorized dischargers who need to continue discharging after **August 9, 2017**, to file a completed NOI form no later than **February 10, 2017**. |  |
| **3** | **This discharge is** **currently authorized under this Order,** and this Form is submitted for the **modification** of the current Authorization to Discharge. |  |
| **4** | **This discharge is** **currently authorized under this Order,** and this Form is submitted to report change of the Professional Engineer responsible for the groundwater treatment system (the new Professional Engineer shall affix his/her signature and engineering license number to a new certification report attached to this Form). |  |

**Table B-2. Mark only one discharge category as applicable**

|  |  |  |
| --- | --- | --- |
| **Category 1** | Aquifer reclamation program well discharges. |  |
| **Category 2** | RO concentrate from aquifer reclamation program well discharges. |  |
| **Category 3** | Structural dewatering discharges greater than 10,000 gallons per day and requiring treatment. Treatment is required where a physical, biological, or chemical treatment process is necessary in order for the structural dewatering discharge to comply with the prohibitions and limitations of this order. |  |

**Table B-3. Mark or provide information as applicable**

|  |  |  |
| --- | --- | --- |
| **1** | I have contacted the local sanitary sewer agency serving the above address and determined that discharging to the local sanitary sewer system is not a feasible option. |  |
| **2** | I have contacted the local agencies having jurisdiction over the use of the storm drain system or watercourse and informed them about this proposed discharge. |  |
| **3** | Approximately, what percentage of the total effluent is reused or will be reused? | % |

**Table B-4. Facility and Professional Engineer(s) information**

|  |  |  |
| --- | --- | --- |
| **1** | Facility NameDischarger Name Discharger’s Contact Person Name, Address, Phone number, and Email Address |  |
| **2** | Authorized Person to Sign & Submit Reports |  |
| **3** | Billing Information Contact Person Name, Address, Phone number, and Email Address |  |
| **4** | Design Professional Engineer’s Name, California License Number, Address,Phone Number, and Email Address  |  |
| **5** | Operation and Maintenance (O&M) Professional Engineer’s Name, California License Number, Address, Phone Number, and Email AddressA copy of the PE certification approving the O&M manual including a copy of O&M manual table of contents must be attached to this application |  |
| **6** | Professional Engineer has designed the capacity of groundwater treatment system in gallons per minute (gpm) for: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_gpm |
| **7** | Professional Engineer recommends operating the groundwater treatment system with a flow not exceeding: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ gpm |
| **8** | Professional Engineer certification report including flow schematics showing every components of the treatment system is attached to this application (the Professional Engineer shall affix his/her signature and engineering license number to this certification report). |  |
| **9** | In case of using rental equipment in the treatment system, the Professional Engineer shall extend the certification in line 8 above to cover any rental equipment. |  |
| **10** | WatershedRefer to the State of California Watershed Browser located online at [www.conservation.ca.gov/dlrp/watershedportal/Watershed Browser/Pages/WatershedBrowser.aspx](http://www.conservation.ca.gov/dlrp/watershedportal/Watershed%20Browser/Pages/WatershedBrowser.aspx) or the Guide to San Francisco Bay Area Creeks located online at <http://museumca.org/creeks/index.html>.  |  |
| **11** | Aerial Map Please list the complete path of the Discharge and highlight the complete Discharge path in an attached aerial map (e.g., the discharge would travel about quarter of a mile inside a storm drain system before reaching a river (provide the name of the river), and then would travel two miles in the creek before reaching the Bay). |  |
| **12** | **Beneficial Uses of Receiving Water(s)**Is this Discharge to freshwater bodies with municipal and domestic supply, agricultural water supply, and/or freshwater replenishment beneficial uses? If yes, please list the beneficial uses (for a list of beneficial uses, please refer to the Chapter 2 of the Water Quality Control Plan (Basin Plan) for the San Francisco Bay Basin athttp://www.waterboards.ca.gov/sanfranciscobay/basin\_planning.shtml#basinplan**.** |  |
| **13** | Brief Project Description and Tentative Completion Date (if applicable) |  |
| **14** | **Modified NOI -** I understand that for any significant changes, I need to submit a modified NOI. Examples of significant changes are changing the treatment system or responsible Professional Engineer, an increase in discharge flow rates, or a change in discharge location.  |  |
| **15** | **Expiration Date -** I understand this authorization letter expires on August 9, 2017, the expiration date of Order No. R2-2012-0060 and if I need to continue discharging after that date, I must file an NOI application no later than February 10, 2017. |  |

**Table B-5. Treatment System Description**

|  | **Unit** | **Number** | **Further Description (size, capacity, location and function) If Applicable**  |
| --- | --- | --- | --- |
| 1 | Extraction Well(s) |  |  |
| 2 | Extraction Wells with Dedicated Treatment Unit(s) |  |  |
| 3 | Dedicated Treatment Unit(s) |  |  |
| 4 | Settling Tank(s) in series |  |  |
| 5 | Settling Tank(s) in parallel |  |  |
| 6 | Oil/Water Separator(s) |  |  |
| 7 | Filter(s) |  |  |
| 8 | Air Strippers with Air Filters |  |  |
| 9 | Air Strippers without Air Filters |  |  |
| 10 | Oxygenation Treatment Unit(s) |  |  |
| 11 | Advanced Treatment Unit(s) |  |  |
| 12 | Liquid-phase Granular Activated Carbon (GAC) Vessel(s) in Series |  |  |
| 13 | GAC Vessel(s) in Parallel |  |  |
| 14 | De-chlorination Unit (applies to Dischargers that chlorinate their well water) |  |  |
| 15 | Effluent reuse infrastructure (If so, provide additional detail) |  |  |
| 16 | Effluent land discharge infrastructure (If so, provide additional detail) |  |  |
| 17 | Energy Dissipater System  |  |  |
| 18 | Other Treatment Systems  |  |  |
| 19 | Other BMPs (e.g., range of the RO facility blending ratio) |  |  |
| 20 | Bay-edge Groundwater Dewatering for Landfills - dischargers shall provide full description that the Groundwater Dewatering facility is completely separate from the landfill leachate collection system.  |  |  |

**Table B-6. Discharge location information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Discharge Point Location** | **Discharge Point Latitude** | **Discharge Point Longitude** | **Receiving Water** |
| Influent Monitoring Point(s) | \_\_\_\_\_\_° \_\_\_\_\_\_’ \_\_\_\_\_\_” | \_\_\_\_\_\_° \_\_\_\_\_\_’ \_\_\_\_\_\_” |  |
| Effluent Monitoring Point(s) | \_\_\_\_\_\_° \_\_\_\_\_\_’ \_\_\_\_\_\_” | \_\_\_\_\_\_° \_\_\_\_\_\_’ \_\_\_\_\_\_” |  |
| Storm-Drain Location (if applicable): | \_\_\_\_\_\_° \_\_\_\_\_\_’ \_\_\_\_\_\_” | \_\_\_\_\_\_° \_\_\_\_\_\_’ \_\_\_\_\_\_” | Storm-Drain |
| Outfall Location: | \_\_\_\_\_\_° \_\_\_\_\_\_’ \_\_\_\_\_\_” | \_\_\_\_\_\_° \_\_\_\_\_\_’ \_\_\_\_\_\_” |  |
| Upstream Receiving Water Monitoring Location (RSW-001U) |  |  | At a point 50 feet upstream from the point of discharge into the receiving water, or if access is limited, at the first point upstream which is accessible.  |
| Downstream Receiving Water Monitoring Location (RSW-001D) |  |  | At a point 50 feet downstream from the point of discharge into the receiving water, or if access is limited, at the first point downstream which is accessible. |

**Table B-7. List of pollutants (For new and existing discharges. For existing discharges, complete one table for influent and one for effluent.)**

**🞏 New Discharge, or Effluent for Existing Discharge**

| **Monitoring data since effective date of the initial discharge authorization letter or estimated from groundwater monitoring data for new discharges** | **Pollutant 1** | **Pollutant 2** | **Pollutant 3** | **Add Columns and/or tables as needed (all detected pollutants with effluent limitations and all triggered pollutants exceeding the triggers shall be listed in this table)** |
| --- | --- | --- | --- | --- |
| Number of Samples |  |  |  |  |
| Maximum Concentration |  |  |  |  |
| Average Concentration (average of detected pollutants only) |  |  |  |  |
| Number of times the effluent limitation was exceeded  |  |  |  |  |
| Median Concentration |  |  |  |  |
| Minimum Concentration |  |  |  |  |
| Number of Non-Detects |  |  |  |  |
| Lowest Reporting Limit |  |  |  |  |
| Highest Reporting Limit |  |  |  |  |
| Number of Samples with Lowest Reporting Limit |  |  |  |  |
| Most recent sample Date, Method Number  |  |  |  |  |

Note: The Regional Water Board may modify this form at any time to reflect any new fees and other needed improvements as applicable.

**🞏 Influent for Existing Discharge**

| **Monitoring data since effective date of the initial discharge authorization letter or estimated from groundwater monitoring data for new discharges** | **Pollutant 1** | **Pollutant 2** | **Pollutant 3** | **Add Columns and/or tables as needed (all detected pollutants with effluent limitations and all triggered pollutants exceeding the triggers shall be listed in this table)** |
| --- | --- | --- | --- | --- |
| Number of Samples |  |  |  |  |
| Maximum Concentration |  |  |  |  |
| Average Concentration (average of detected pollutants only) |  |  |  |  |
| Number of times the effluent limitation was exceeded  |  |  |  |  |
| Median Concentration |  |  |  |  |
| Minimum Concentration |  |  |  |  |
| Number of Non-Detects |  |  |  |  |
| Lowest Reporting Limit |  |  |  |  |
| Highest Reporting Limit |  |  |  |  |
| Number of Samples with Lowest Reporting Limit |  |  |  |  |
| Most recent sample Date, Method Number  |  |  |  |  |

Note: The Regional Water Board may modify this form at any time to reflect any new fees and other needed improvements as applicable.