

**ATTACHMENT C – NOTICE OF INTENT &  
INSTRUCTIONS FOR COMPLETING THE NOTICE OF INTENT**



**Los Angeles Regional Water Quality Control Board**

**NOTICE OF INTENT**

TO COMPLY WITH GENERAL WASTE DISCHARGE REQUIREMENTS  
AND  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT

Check only one item.

A. New Discharge  B. Material Change  C. Existing Discharge  CI # \_\_\_\_\_

**SECTION II. OWNER/OPERATOR & FACILITY INFORMATION**

<b>A. OWNER</b>				
Name/Agency		Contact Person		Title of Contact Person
Mailing Address		Email Address		
City	County	State	ZIP	Phone
<b>B. OPERATOR (If different from owner)</b>				
Name/Agency		Contact Person		Title of Contact Person
Mailing Address		Email Address		
City	County	State	ZIP	Phone
<b>C. FACILITY</b>				
Name of Facility		Owner Type (check one) 1. <input type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Fed 5. <input type="checkbox"/> Private		
Address		Contact email address		
City	County	State	ZIP	Phone
<b>D. STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC) (4 digit code in order of priority)</b>				
1.)	(specify)	2.)	(specify)	
<b>Nature of Business (provide a brief description)</b>				

**SECTION III. APPLICABLE GENERAL PERMIT FOR DISCHARGE (Check only one item)**

- Volatile Organic Compounds Contaminated Groundwater (Order No. R4-2018-0087), Include Supplemental Analysis
- Wastewaters from Investigation and/or Cleanup of Petroleum Fuel Pollution (Order No. R4-2018-0086), Include Supplemental Analysis
- Discharges of Groundwater from Construction and Project Dewatering (Order No. R4-2018-0125), Include Supplemental Analysis
- Discharge of Nonprocess Wastewater (Order No. R4-2014-0060), Include Supplemental Analysis
- Hydrostatic Test Water (Order No. R4-2009-0068), Include Attachment A – Screening Levels
- Discharges of Groundwater from San Gabriel Valley Groundwater Basin (Order No. R4-2014-0141)

**SECTION IV. EXISTING REQUIREMENTS/PERMITS (Skip if not applicable)**

List any active Orders or Permits adopted by this Regional Water Board for the facility.			
A. Order No.			
B. NPDES Permit(s)			

**SECTION V. OUTFALL AND RECEIVING WATER INFORMATION**

Outfall Number	Latitude			Longitude			Receiving Waterbody (River, Stream, Channel, Lake, Coastal, etc.)
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	

**SECTION VI. PROJECT INFORMATION (attach additional sheets, if necessary)**

<b>1). Description of project and discharge</b>	
<b>2). Description of treatment process (Attach diagram showing the treatment process, if applicable)</b>	

<b>3). Summary of feasibility study on conservation, reuse, and/or alternative disposal methods of the wastewater. Where full or partial reuse is not possible, provide reasons why reuse cannot be achieved.</b>	
<b>4). Description of additive's composition</b>	
<b>5). Proposed Maximum Discharge Flow</b>	
<b>6). Proposed discharge startup date</b>	
<b>7). Estimated discharge duration</b>	

**SECTION VII. DISCHARGE QUALITY INFORMATION**

This NOI requires that you obtain and analyze representative influent wastewater sample for the pollutants listed on [Attachment E](#).

*For Discharges Hydrostatic Test:*

Have you included a completed Attachment A – **Screening for Potential Pollutants of Concern in Potable Water?**  
 (Applies only to potable water related discharges.)  Yes  No

*For Discharges from all other sources:*

Have you included a completed **Supplemental Pollutants Analysis/Measurements Form?**  
 (Complete the Quantitation Level column and attach laboratory analytical data) .....  Yes  No

If **No**, explain:

**SECTION VIII. OTHER REQUIRED INFORMATION**

Provide a 7.5' USGS Quadrangle Map (Scale 1:24,000) showing the project location and identifying surface water to which you propose to discharge.

**Fees:** Have you included appropriate filing fee with this submittal? (Applicable to new enrollees only)  
 Make checks payable to the Water Resources Control Board

**SECTION IX. CERTIFICATION AND SIGNATURE (see appendix on who is authorized to sign)**

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.

\_\_\_\_\_  
Printed Name of Person Signing

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**SECTION X. FORM SUBMITTAL**

Send this completed Notice of Intent to:

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, LOS ANGELES REGION  
320 W. 4<sup>th</sup> Street, Suite 200  
Los Angeles, CA 90013

**Attention: General Permit Unit**

Assistance with this form may be obtained by contacting the Regional Water Board at:

Phone (213) 576-6600  
Fax (213) 576-6660

## INSTRUCTIONS

### FOR COMPLETING THE NOTICE OF INTENT FOR THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) GENERAL PERMITS FOR DISCHARGE OF WASTEWATERS TO SURFACE WATERS

These instructions are intended to help you, the Discharger, complete the Notice of Intent (NOI) form for general permits. Please type or print clearly when completing the NOI form and the vicinity map(s).

One NOI should be submitted by each owner/operator to cover all proposed discharges within the boundaries of this Regional Water Board.

#### **Section I. Discharge Status**

Please check appropriate box indicating whether this application is for new discharge, material change, or existing discharge. If it is an existing discharge, indicate four digit CI #.

#### **Section II. Facility/Discharge Information**

##### **A. Section II.A. Owner**

**Name/Agency** – The name (first and last) of the owner/operator of the facility. If the owner/operator is a company, corporation, etc., please put the name of the company, corporation, etc., in this space.

**Contact Person** – Please list the name (first and last) of the contact person for the owner/operator (agency, corporation, private business, etc.) listed above.

**Mailing Address** – The street number and street name where mail and correspondence should be sent (P.O. Box is acceptable).

**E-mail Address** – Please list the e-mail address of the contact person for the owner (agency, corporation, private business, etc.) listed above.

**City, County, State, Zip Code** – The city, county, state, Zip code that apply to the mailing address given.

**Title of Contact Person** – The official company title of the contact person.

**Phone** – The daytime telephone number of the contact person.

##### **B. Section II.B. Operator (if different from owner)**

**Name/Agency** – The name (first and last) of the owner/operator of the facility. If the owner/operator is a company, corporation, etc., please put the name of the company, corporation, etc., in this space.

**Contact Person** – Please list the name (first and last) of the contact person for the owner/operator (agency, corporation, private business, etc.) listed above.

**Mailing Address** – The street number and street name where mail and correspondence should be sent (P.O. Box is acceptable).

**E-mail Address** – Please list the e-mail address of the contact person for the owner or operator (agency, corporation, private business, etc.) listed above.

**City, County, State, Zip Code** – The city, county, state, Zip code that apply to the mailing address given.

**Title of Contact Person** – The official company title of the contact person.

**Phone** – The daytime telephone number of the contact person

##### **C. Section II.C. Facility**

**Name** – The name (first and last) of the person responsible for this facility.

**Address** – The street number and street name where the facility or actual discharge is located. Check the most appropriate ownership, City, County, State, Federal or Private.

**E-mail Address** – Please list the e-mail address of the contact person for the owner/operator (agency, corporation, private business, etc.) listed above.

**City, County, State, Zip Code** – The city, county, state, Zip code that apply to the facility address.

**Phone** – The daytime telephone number of the person responsible for this facility.

#### **Section II.D. Standard Industrial Classification (SIC)** (4 digit code in order of priority)

List, in descending order of significance, the 4—digit standard industrial classification (SIC) codes which best describe your facility in terms of the principal products or services you produce or provide. Also, specify each classification in words. These classification may differ from the SIC codes describing the operations generating discharge, air emissions, or hazardous wastes.

SIC code numbers are descriptions which may be found in the “Standard Industrial Classification Manual” prepared by the Executive Office of the President, Office of Management and Budget, which is available from the Government Printing Office, Washington, D. C.. Use current edition of the manual. If you have any question concerning the appropriate SIC code for your facility the NPDES Permitting Units of the Regional Water Quality Control Board.

#### **Section III. Type of Discharge**

Check the appropriate box indicating the type of discharge for this facility. Check only one box.

#### **Section IV. Existing Requirements/Permits**

If this facility has no existing permits or orders, skip this section. If the facility has any existing permits or orders, list it in the appropriate space provided.

#### **Section V. Outfall and Receiving Water Information**

If the facility discharges into a storm drain, indicate the immediate receiving waterbody (listed in the Basin Plan) where the discharge drains into.

#### **Section VI. Project Information**

Provide summary description of the project. Also describe the general characteristic of the discharge. If required, indicate the treatment process that would be needed to bring the discharge into compliance. Demonstrate that options of discharging to the sanitary sewer, conservation, reuse, and infiltration have been considered and found infeasible or that potential reuse is feasible. If additives are used in the project and/or treatment, briefly describe their compositions and provide corresponding Material Safety Data Sheet (MSDS) Form. Provide estimate of maximum discharge flow rate, proposed discharge startup date, and estimated discharge duration.

#### **Section VII. Discharge Quality**

This NOI requires that you obtain and analyze for the pollutants listed on the *Supplemental Pollutants Analysis/Measurements* or, *Attachment E – Screening Levels for Potential Pollutants of Concern in Potable Water (applies to potable water related discharges only)*. Check the YES box if analytical result is attached. If not, provide reasons why it was not included. Note that processing of your NOI application may be delayed until this required information is provided.

#### **Section VIII. Other Required Information**

Attach to this application a topographic map (7.5' USGS Quadrangle Map, Scale 1:24,000) of the area. The map must show the outline of the facility.

**Section IX. Certification and Signature**

**Printed Name of Person Signing** – Please type or print legibly. This section should be filled out by the responsible person as defined by 40 CFR section 122.22.

**Signature and Date** – Signature of name printed above and the date signed.

**Title** – The professional title of the person signing the NOI.

Required signatories per 40 CFR section 122.22

1. For a corporation  
By responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (I) A president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy-or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental laws and regulations; the manager can assure that the necessary systems are established or action taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
2. For a partnership or sole proprietorship  
By a general partner or the proprietor, respectively; or
3. For a municipality, State, Federal or public agency  
By either a principal executive officer or ranking elected official. For the purposes of this section, a principal executive officer of a Federal agency includes: (I) The chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operation of a principal geographic unit of the agency.