

**Attachment B**  
**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD**  
**CENTRAL COAST REGION**

**NOTICE OF INTENT**

TO COMPLY WITH THE GENERAL WASTE DISCHARGE REQUIREMENTS FOR DISCHARGES OF WINERY WASTE

1. REASON FOR FILING

<input type="checkbox"/> New Discharge or Facility	<input type="checkbox"/> Update of Waste Discharge Requirements WDR No: _____
<input type="checkbox"/> Facility Modification	
<input type="checkbox"/> Waiver Expiration (Expiring Waiver Date: _____)	
<input type="checkbox"/> Changes in Ownership/Operator	
<input type="checkbox"/> Other: _____	

2. GENERAL INFORMATION

Facility	Name:		
	Physical Address:		
	Assessor's Parcel #:	Latitude:	Longitude:
	Closest Surface Water : (e.g., Estrella River)		
Owner	Name:		
	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other:		
	Contact Name:	Title:	
	Mail Address:		
	Telephone:	e-mail Address:	
Operator	Name:		
	Contact Name:	Title:	
	Mail Address:		
	Telephone:	e-mail Address:	

3. TYPES OF DISCHARGE

Check All That Apply:	
<input type="checkbox"/> Winery Process Wastewater	<input type="checkbox"/> Domestic Wastewater (separate system)
<input type="checkbox"/> Stormwater	<input type="checkbox"/> Domestic Wastewater (combined system) Note:
<input type="checkbox"/> Irrigation Water from Commercial Vineyard	Combined systems may be ineligible for coverage under these General WDRs

4. CEQA – Provide a copy of CEQA Notice of Exemption/Determination. Compliance with the California Environmental Quality Act (Public Resources Code Section 21000 et. seq) (CEQA) is required prior to enrollment under the General WDRs. The CEQA lead agency, in most cases your County planning department, must determine that your winery project is exempt from CEQA or prepare an environmental document (Environmental Impact Report, Mitigated Negative Declaration, or Negative Declaration). The CEQA lead agency may also rely on an environmental document previously prepared by another agency. If exemption/determination has not been completed, provide the expected type and date of completion.

5. RECEIVING WATERS – Attach a detailed description of depth to groundwater, distance to nearest water supply well, and distance to nearest surface water (stormwater conveyance feature, creek bed, stream, river, etc.) for all disposal and re-use areas. Also, if available, please provide receiving water quality data and means to assure that receiving water will be unaffected by the discharge.

6. PROCESSES AND PRODUCTION

<b>Processes Used On-Site</b> (check all that apply) <input type="checkbox"/> Destemming <input type="checkbox"/> Crushing <input type="checkbox"/> Primary fermentation <input type="checkbox"/> Pressing <input type="checkbox"/> Secondary fermentation <input type="checkbox"/> Bulk Aging <input type="checkbox"/> Blending <input type="checkbox"/> Bottling <input type="checkbox"/> Other:	<b>Annual Production</b>		<b>Wastewater Production</b> (gallons per day)			
		Red	White		Peak Daily	30-day Average
	Tons Crushed			Crush		
	Cases Produced			Non-Crush		

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7. TREATMENT, DISPOSAL AND/OR REUSE – Attach a detailed description of processes and practices for treatment, disposal, and/or reuse of solid and liquid waste streams. Include engineering design information and map showing irrigated areas if recycling water. List and describe all chemicals added to the waste stream treatment process.

(check all that apply)

Initial Treatment	<input type="checkbox"/> Solids Separation Method:		<input type="checkbox"/> pH Neutralization Method:		
Treatment/Storage	<input type="checkbox"/> Septic Tank	Tank Volume (gal): _____ Detention Time (day): _____	Equipped w/ effluent filter? <input type="checkbox"/> Yes <input type="checkbox"/> No	County Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No Permit No: _____	
	<input type="checkbox"/> Pond	Total Volume (gal): _____ Detention Time (day): _____ Number of Ponds: _____	<input type="checkbox"/> Facultative <input type="checkbox"/> Aerobic Aerators? <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____ Horsepower _____	Pond Lining? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	
	<input type="checkbox"/> Constructed Wetland	Detention Time (day): _____			
Disposal	Treated Wastewater	<input type="checkbox"/> Land Disposal	Disposal Area Size (acres): _____	Use: <input type="checkbox"/> Vineyard Irrigation Protection <input type="checkbox"/> Frost	<input type="checkbox"/> Vineyard Dust Abatement <input type="checkbox"/> Fire Protection <input type="checkbox"/> Other
		<input type="checkbox"/> Subsurface Disposal	<input type="checkbox"/> Leachfield? Leachline Length: _____ Dual Leachfields? <input type="checkbox"/> Yes <input type="checkbox"/> No	100% Replacement Area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Method and Location of Solids (e.g. pomace, lees, water softener brine) Disposal:				
<input type="checkbox"/> Other Treatment and/or Disposal Methods:					

8. CERTIFICATION – Certification is required by one of the following:  
 a) For a corporation, a principal executive officer of at least the level of senior vice-president;  
 b) For a partnership or individual (sole proprietorship), a general partner or the proprietor.

"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. I also acknowledge I have reviewed the General Waste Discharge Requirements for Winery Waste and agree to comply with the terms and conditions set forth therein."

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

9. SUBMITTAL – Mail NOI to:

Regional Water Quality Control Board  
Central Coast Region  
895 Aerovista Place, Suite 101  
San Luis Obispo, CA 93401