

**STATE WATER RESOURCES CONTROL BOARD
ORDER WQ 2020-0004-DWQ
GENERAL WASTE DISCHARGE REQUIREMENTS for DISASTER-RELATED WASTES**

ATTACHMENT C – NOTICE OF INTENT

**State Water Resources Control Board
Order No. 2020-0004-DWQ**

TO COMPLY WITH GENERAL WASTE DISCHARGE REQUIREMENTS FOR
DISASTER-RELATED WASTES

**I. PROPERTY / FACILITY
INFORMATION**

Property/Facility Name:
Neal Road Recycling and Waste Facility

Property/Facility Contact:
Craig Cissell

Property/Facility Address:
1023 Neal Road

City: Paradise

County: Butte

State: CA

Zip: 95969

Telephone: 530 879-2350

Fax:

Email: ccissell@buttecounty.net

Assessor Parcel Number(s):

**II. PROPERTY / FACILITY OWNER
INFORMATION**

Property/Facility Owner Name:
Butte County Public Works

Owner Mailing Address:
7 County Center Drive

City: Oroville

County: Butte

State: CA

Zip: 95965

Telephone: 530 879-2350

Fax:

Email: ccissell@buttecounty.net

**III. PROPERTY / FACILITY OPERATOR
INFORMATION**

Property/Facility Operator Name:
Butte County Public Works

Operator Mailing Address:
7 County Center Drive

City: Oroville

County: Butte

State: CA

Zip: 95965

Telephone: 530 879-2350

Fax:

Email: ccissell@buttecounty.net

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IV. DESCRIPTION OF DISCHARGE

Describe the discharge (i.e., source(s) of discharge, pollutants of concern, period and frequency, etc.). Use additional pages as needed. Provide a map of the property / facility.

Neal Road Recycling and Waste Facility (NRRWF) will be receiving material from a recent avian Influenza detection in Butte County. The material will include birds, bedding, dirt, and residue from the ranch. Wastes will be delivered in trailers double lined with plastic and sealed like a burrito. The material will be placed into a pre-dug hole at the working face of Module 5B, and buried immediately upon delivery. This is expected to be a one day event.

V. CERTIFICATION

**TO COMPLY WITH GENERAL WASTE DISCHARGE REQUIREMENTS
FOR DISASTER-RELATED WASTES**

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DocuSigned by:
Craig Cissell

Signature (Owner or Authorized Representative)

8/22/2022 | 9:34 AM PDT

Date

Craig Cissell

Print Name

Deputy Director

Title