

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SAN DIEGO REGION
ORDER NO. R9-2024-0001
(ATTACHMENT A)**



**NOTICE OF INTENT
TO COMPLY WITH THE CONDITIONAL WAIVERS OF WASTE DISCHARGE
REQUIREMENTS FOR LOW THREAT DISCHARGES IN THE SAN DIEGO REGION**

I. PROPERTY/FACILITY INFORMATION

Property/Facility Name:			
Property/Facility Contact:			
Property/Facility Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	
Assessor Parcel Number(s):		Hydrologic Area/Subarea:	

II. PROPERTY/FACILITY OWNER INFORMATION

Property/Facility Owner Name:			
Property/Facility Owner Mailing Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	

III. PROPERTY/FACILITY OPERATOR INFORMATION

Property/Facility Operator Name:			
Mailing Address:			
City:	County:	State:	Zip:
Telephone:	Fax:	Email:	

IV. CONDITIONAL WAIVER FOR NOTICE OF INTENT

Mark (☒) the waiver proposed for the discharge:

<input type="checkbox"/> Waiver No. 1 - Discharges from on-site graywater disposal systems <input type="checkbox"/> Waiver No. 2 - "Low" threat" discharges to land <input type="checkbox"/> Waiver No. 3 - Discharges of winery waste to lined evaporation ponds wineries <input type="checkbox"/> Waiver No. 4 - Discharges from Silvicultural Operations <input type="checkbox"/> Waiver No. 5 - Discharges from animal operations <input type="checkbox"/> Waiver No. 6 - Discharges from aquatic animal production facilities <input type="checkbox"/> Waiver No. 7 - Discharges of slurries to land <input type="checkbox"/> Waiver No. 8 - Discharges/disposal of solid wastes to land <input type="checkbox"/> Waiver No. 9 - Aerially discharged wastes over land <input type="checkbox"/> Waiver No. 10 - Discharges of emergency/disaster related wastes
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V. 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 if necessary.

VI. DESCRIPTION OF MANAGEMENT MEASURES/BEST MANAGEMENT PRACTICES

Describe what management measures (MMs) and best management practices (BMPs) will be implemented to minimize or eliminate the discharge of pollutants to waters of the State. Use additional pages as needed. Provide a map of the property/facility showing locations of MMs/BMPs if necessary.

VII. ADDITIONAL INFORMATION

Please provide additional information, as needed or required, about the discharge and/or how the discharger intends to comply with the waiver conditions of the waiver. Use additional pages as needed.

VIII. CERTIFICATION

“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.”

Signature (Owner or Authorized Representative)

Date

Print Name

Title

Telephone Number

Email