

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL VALLEY REGION**

**NOTICE OF INTENT TO COMPLY WITH NITRATE CONTROL PROGRAM
RESOLUTION R5-2018-0034**

You must complete this entire form. Please send the completed, signed form and all necessary attachments to the Central Valley Water Board by the dates indicated on the Notice to Comply (NTC) letter. Permittees that do not provide a Notice of Intent (NOI) are subject to enforcement actions.

I. CONTACT INFORMATION

(Please submit information as an attachment if there are multiple facilities, owners, and operators.)

A. Facility

Name:			Phone Number:
Physical Address:			
City:	County:	State:	Zip Code:
Email Address:			
CIWQS Facility ID (can be found in the NTC letter. For new permittees, please contact permitting staff):			

B. Owner

Name:			Phone Number:
Mailing Address:			
City:	County:	State:	Zip Code:
Email Address:			

C. Operator

Name:			Phone Number:
Mailing Address:			
City:	County:	State:	Zip Code:
Email Address:			

D. CV-SALTS ID(s) (can be found in the NTC letter. For new permittees, please contact permitting staff)

II. COMPLIANCE PATHWAY

You must select from one of the two compliance pathways to comply with the Nitrate Control Program. *Please note - Permittees that are identified as an Initial Participant in a Management Zone's Preliminary Management Zone Proposal shall be assumed to be electing Pathway B for complying with the Nitrate Control Program, unless they otherwise notify the Central Valley Water Board of their intent to withdraw from Pathway B.*

Pathway A - Individual Permitting Approach (**PLEASE COMPLETE SECTIONS III.A.)**

Pathway B - Management Zone Permitting Approach (**PLEASE COMPLETE SECTION III.B.)**

III. DOCUMENTATION TO SUPPORT COMPLIANCE PATHWAYS

A. Documentation needed to support selection of Individual Permitting Approach (Pathway A).

If you are an existing permittee, you must submit the following items by the date indicated on the Notice to Comply letter. If you are a new or expanding permittee, you must submit the following items with a Report of Waste Discharge. Attachments are to be submitted along with this NOI. Please refer to the [Nitrate NOI guidance document](http://www.waterboards.ca.gov/cvsalts/forms_temps_guide/nitrate_guidance.pdf) (www.waterboards.ca.gov/cvsalts/forms_temps_guide/nitrate_guidance.pdf) for how to comply with the following requirements for Pathway A. Please send all required documents to the Central Valley Water Board at cvsalts@waterboards.ca.gov.

1) Assess Water Quality Conditions in the Shallow Zone

You must estimate the impact of nitrate in your discharge(s) on groundwater in the Shallow Zone over a 20-year planning horizon. The Shallow Zone is defined as the vertical extent of the aquifer representing the shallowest 10% of the domestic water supply wells in a given area. Use of an equivalent alternative to this definition of the Shallow Zone must first be approved by the Central Valley Water Board's Executive Officer.

When evaluating such impacts, you should be looking to determine the impact of your nitrate discharge(s) on average nitrate concentrations in the Shallow Zone.

You may conduct such assessments by using simple mass balance calculations that assume 20 years of nitrate loading as it reaches the water table, and by using readily available information. Alternatively, you may collect data and information, to model your nitrate discharge impacts on groundwater in the applicable Shallow Zone. You are not required to develop expensive, high resolution models. However, you have the option to conduct a more sophisticated analysis should you desire. Further, you are encouraged to use existing assessments that may already exist.

2) Determine if Nitrate is Causing Any Public Water Supply Well or Domestic Well to Exceed Nitrate Drinking Water Standard

You must conduct a survey of the area where the discharge(s) occurs to identify if there are public water supply or domestic wells that have nitrate levels in exceedance of the drinking water standard, and determine if your discharge(s) are the cause of the nitrate exceedance in drinking water well in question.

If it is determined that your discharge(s) will cause exceedance in nitrate levels, you will be required to develop an Early Action Plan (**PLEASE COMPLETE SECTION III.A.3**)

3) Develop Early Action Plan (If Applicable)

If you have determined that you have caused a public water supply well or domestic well to exceed the nitrate drinking water standard of 10 parts per million (ppm), then you must prepare and submit an Early Action Plan. You are required to implement the Early Action Plan as soon as reasonably feasible, but no later than **60 days** after submittal.

The Early Action Plan must include the following items:

A process to identify affected residents and the outreach utilized to ensure that impacted groundwater users are informed and given the opportunity to participate in the development of proposed solutions;

A process for coordinating with others that are not dischargers to address drinking water issues, which must include consideration of coordinating with affected communities, domestic well users and their representatives, the State Water Board's Division of Drinking Water, Local Planning Departments, Local County Health Officials, Sustainable Groundwater Management Agencies and others;

Specific actions and a schedule of implementation that is as short as practicable to address the immediate drinking water needs of those initially identified within the management zone, or area of contribution for a Pathway A discharger, that are drinking groundwater that exceeds nitrate standards; and

A funding mechanism for implementing the Early Action Plan, which may include seeking funding from Management Zone participants, and/or local, state and federal funds that are available for such purposes.

4) Categorize the Discharge

You are required to categorize your impact for nitrate in the Shallow Zone. Please see the five categories below to make your determination. If your discharge is categorized as **4 or 5**, you may need to submit an Alternative Compliance Project (**PLEASE COMPLETE SECTION III.A.5**).

What is your nitrate discharge category?

Category	Discharge Quality and Impact to Groundwater
Category 1 No Degradation	Discharge quality, as it reaches the Shallow Zone, is better than the applicable water quality objective and is better than the average nitrate concentration in the Shallow Zone.
Category 2 <i>De Minimis</i> Impacts	<p>The average nitrate concentration in the Shallow Zone is better than the applicable water quality objective, and, over a 20-year planning horizon:</p> <ol style="list-style-type: none"> 1) The effect of the discharge on the average nitrate concentration in the Shallow Zone is expected to use less than 10% of the available assimilative capacity in the Shallow Zone; and 2) The discharge, in combination with other nitrate inputs to the Shallow Zone, is not expected to cause average nitrate concentrations in the Shallow Zone to exceed a nitrate trigger of 75% of the applicable water quality objective.
Category 3 Degradation Below Trigger	The average nitrate concentration in the Shallow Zone is better than the applicable water quality objective. Estimated that discharge is more than de minimus, but will not cause the average nitrate concentration in the Shallow Zone to exceed a trigger of 75% of the applicable water quality objective over a 20-year planning horizon.
Category 4 Degradation Above Trigger	The average nitrate concentration in the Shallow Zone is better than the water quality objective. Though the discharge is reasonably expected to cause the average nitrate concentration in the Shallow Zone to exceed a trigger of 75% of the applicable water quality objective over a 20-year planning horizon, the average nitrate concentration in the Shallow Zone is expected to remain at or below the applicable water quality objective over the same 20-year planning horizon.
Category 5 Discharge Above Objective	<p>Either:</p> <ol style="list-style-type: none"> 1) The average nitrate concentration in the Shallow Zone is better than the applicable water quality objective, but the discharge may cause the average nitrate concentration in the Shallow Zone to exceed the water quality objective over a 20-year planning horizon; or 2) The average nitrate concentration in the Shallow Zone exceeds the applicable water quality objective and the discharge quality, as it reaches the Shallow Zone, also exceeds the applicable water quality objective.

5) Propose an Alternative Compliance Project (If Applicable)

If you seek the use of assimilative capacity above the trigger level of need an Exception, you must submit an Alternative Compliance Project. It must include the following:

Identification of public water supply and domestic wells that exceed nitrate water quality objectives and that are within the discharge areas zone of contribution;

A schedule, with identified milestones, for addressing those nitrate-related drinking water issues; and

Identification of steps to be taken to meet the management goals of the Nitrate Control Program, which may be phased in over time.

B. Documentation needed to support selection of Management Zone Permitting Approach (Pathway B).

If you select Pathway B, participation in a Management Zone is required to ensure that all program deliverables and timelines are met. Please refer to the [cvsalinity.org website](http://cvsalinity.org/nitrate-program/for-permittees/) (cvsalinity.org/nitrate-program/for-permittees/) for how to comply with requirements for Pathway B. The Management Zones may require additional documents to be filled out. Please submit the NOI to the Central Valley Water Board at cvsalts@waterboards.ca.gov.

1) To find your Management Zone, please refer to the [CV-SALTS Interactive Management Zone Map](http://cvsalinity.org/nitrate-program/find-your-management-zone/) (cvsalinity.org/nitrate-program/find-your-management-zone/).

2) Please fill out the information below including the Management Zone you will be joining and the primary contact for the facility.

A. Name of Management Zone:

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B. Primary Contact

Name:		Phone Number:	
Mailing Address:			
City:	County:	State:	Zip Code:
Email Address:			

IV. CERTIFICATION

I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and 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 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 possibility of fine and imprisonment.

Print Name:	Title:
Signature:	Date: