ATTACHMENT B - NOTICE OF INTENT

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
NORTH COAST REGION
NOTICE OF INTENT
TO COMPLY WITH THE TERMS OF ORDER NO. R1-2022-0013
GENERAL NPDES NO. CAG911001
FOR
DISCHARGES OF HIGHLY TREATED GROUNDWATER TO SURFACE WATERS FOLLOWING EXTRACTION AND TREATMENT OF GROUNDWATER POLLUTED WITH PETROLEUM HYDROCARBONS AND VOLATILE ORGANIC COMPOUNDS

1. **OWNER/OPERATOR**

Name:		Owner/Operator Type (Check one):		
Mailing Address:		☐ City ☐ County ☐ State	☐ Federal ☐ Special District ☐ Private	
City:	State:	ZIP:	Phone:	
Contact Person:		☐ Owner ☐ Operator	☐ Owner/Operator ☐ Contractor	
Email:		Fax:		

2. **FACILITY/SITE INFORMATION**

Name:		County:	
Street Address:		Contact Person:	
City:	State:	ZIP:	Phone:
Email:		Fax:	

3. **BILLING ADDRESS**

Send to: ☐ Owner/Operator ☐ Facility ☐ Other (Enter information at right)	Name:			
	Mailing Address:			
	City:	State:	ZIP:	Phone:

4. **PROFESSIONAL ENGINEER**

If a professional engineer has evaluated the existing or proposed discharge and/or treatment system for compliance with this General Order, identify.			
Name:			
Mailing Address:			
City:	State:	ZIP:	Phone:
Signature:		Certificate No.:	Date:

5. **DISCHARGE INFORMATION**

Provide a brief narrative description of the project generating the groundwater discharge, including the purpose or reason for the project:

5. DISCHARGE INFORMATION (continued)

<table>
<tr><td colspan="4">Attach a full description of the vessels, pipelines, structures, and processes with which the water has contact prior to discharge to allow characterization regarding possible additives or pollutants, including chemical (e.g., chlorine or petroleum, trihalomethanes, naturally occuring metals), thermal, or physical (e.g., suspended or settleable solids) pollutants. Include the engineering design of the treatment system and the operations and maintenance manual.</td></tr>
<tr><td colspan="4">Describe the points of discharge and the upstream and downstream receiving water locations to allow an understanding of potential physical impacts such as bank erosion, stream scouring, and impacts on aquatic life.</td></tr>
<tr><td colspan="2">Field Parameters of Proposed Discharge (below):</td><td colspan="2">Date of Field Parameter Test:</td></tr>
<tr><td>Temperature

_____</td><td>Dissolved Oxygen

_____</td><td>Specific Conductance

_____</td><td>pH

_____</td></tr>
<tr><td colspan="2">Proposed Start Date:</td><td colspan="2">Stop Date (estimate):</td></tr>
<tr><td colspan="2">Discharge (Flow) Rate (MGD):</td><td colspan="2">Estimated Total Volume:</td></tr>
<tr><td colspan="3">Will the discharge rate exceed one-percent of the receiving water flow?

If so, provide an estimate of the discharge rate. This may be expressed as a range. _____</td><td>☐ Yes</td><td>☐ No</td></tr>
<tr><td colspan="3">Identify the type of discharge.
☐ Continuous ☐ Intermittent ☐ Seasonal

If the discharge is intermittent, identify the approximate duration and frequency of the intermittent discharges.

If the discharge is seasonal, identify the months in which discharges occur.</td><td></td><td></td></tr>
</table>

6. **IDENTIFICATION OF KNOWN GROUNDWATER CONTAMINATION SITES**

Include an attachment that identifies the names and addresses of groundwater contamination sites within ½ mile, and an evaluation of the potential affect the pumping activities of this project will have on those other sites.

7. **POLLUTANTS/PARAMETERS OF CONCERN/DISCHARGE SAMPLING**

Provide a written description characterizing the discharge and potential pollutants of concern. Attach additional pages if necessary.
Are additives or other chemicals added to the water to be discharged? ☐ Yes (describe and quantify) ☐ No
☐ If yes, provide a list of all additives and/or chemicals (including Material Safety Data Sheets) added to the water to be discharged and the concentration and purpose of such additives and/or chemicals in the discharge.
☐ Discharges to inland surface waters, enclosed bays and estuaries must submit:
1) The analytical results, using sufficiently sensitive methods as outlined in section 1.5 of the MRP, of a representative sample of the proposed effluent for pollutants listed in Attachment C, Tables C-1 and C-11 of this General Order and compare those results to the corresponding effluent limits of Tables C-1 through C-11; 2) The analytical results, using sufficiently sensitive methods as outlined in section 1.5 of the MRP, of a representative sample of the upstream receiving water for constituents listed in Attachment C, Tables C-1 and C-11 of this General Order and compare the results to the corresponding effluent limits in Tables C-1 through C-11; 3) The analytical results of a representative sample of the proposed effluent for all the constituents of concern for the groundwater cleanup project; 4) The analytical results of a representative sample of the proposed effluent for 5-day biochemical oxygen demand (BOD_5), total suspended solids, settleable solids, total residual chlorine, pH, temperature, dissolved oxygen, specific conductance, hardness, turbidity, nitrate, and total dissolved solids; 5) The analytical results of the upstream receiving water for pH, temperature, dissolved oxygen, specific conductance, hardness, turbidity, nitrate, and total dissolved solids; and; 6) The analytical results of a representative sample of the proposed effluent for *E. coli* (in freshwaters) and Enterococci (in saline waters). Additionally, for all areas where shellfish may be harvested provide analytical results for total coliform.

7. POLLUTANTS/PARAMETERS OF CONCERN/DISCHARGE SAMPLING (continued)

Is the receiving water identified as an impaired water body under the current CWA 303(d) list[1]? ☐ Yes ☐ No ☐ If yes, list the pollutants causing the impairment and the applicable Total Maximum Daily Loads (TMDLs), and provide the results of analysis of the proposed effluent for pollutants causing or contributing the impairment.
☐ Provide the analytical reports from the laboratory.
Table Notes: 1. The list of impaired surface waters can be found under the CWA Section 303(d) list at the web site: http://www.waterboards.ca.gov/northcoast/water_issues/programs/tmdls/303d/

8. **EVALUATION OF DISPOSAL/RECYCLING OPTIONS**

Provide an evalution of disposal options or means for eliminating the need for discharge and justification for selecting a surface water disposal alternative. If no alternative disposal options are viable, explain why (attach additional sheet as necessary). If alternative disposal options will be combined with surface water disposal, explain details.		
Is discharge to the local municipal wastewater treatment plant a viable option? If no, include a written statement that describes why discharge to a sanitary sewer is not viable, and a written statement from the sewer authority, if the sewer authority cannot accept the discharge.	☐ Yes	☐ No
Is land disposal or recycling a viable option?	☐ Yes	☐ No
Is recycling (e.g., dust control, etc.) a viable option?	☐ Yes	☐ No
Is it possible to eliminate or reduce the discharge volume through some other means such as conservation or engineering measures? Describe additional measures evaluated.	☐ Yes	☐ No

9. **DISCHARGE LOCATION(S)[2] AND DISCHARGE POINT(S) DESCRIPTION(S)**

Street (including address, if any):
City/County:
Nearest Cross Street(s):
Township/Range/Section T_____, R_____, Section_____, MDB&M
Attach a map of at least 1:24000 (1" = 2000') showing the discharge site (e.g., USGS 7.5' topographic map). The map should show the treatment system, flow path, discharge point, and surface waters. Wells and residences wtihin 1,500 feet shall be identified.
Table Notes: 1. Attach additional pages to provide information for multiple discharge points.

10. **RECEIVING WATER INFORMATION**

<table>
<tr><td colspan="3">Will the proposed project discharge to:
☐ Storm drain system – Enter owner's name:_____
☐ Directly to waters of the State or U.S. (e.g., creek, river, lake, ocean)
☐ Indirectly to waters of the U.S.</td></tr>
<tr><td colspan="3">Name of receiving water body:</td></tr>
<tr><td>Fresh water, estuarine, or marine:</td><td colspan="2">Tributary to:</td></tr>
<tr><td>Estimated Receiving Water Flow (mgd or cfs):</td><td>Minimum:</td><td>Average:</td></tr>
<tr><td colspan="3">Is receiving water flow continuous or intermittent? (describe):</td></tr>
<tr><td colspan="3">Are receiving water conditions at time of discharge anticipated to change from what is described in this NOI?
☐ Yes (describe) ☐ No</td></tr>
<tr><td colspan="3">Are any potable water intakes located within 500 feet of the discharge?
☐ Yes ☐ No</td></tr>
<tr><td colspan="3">Are any other point source discharges located nearby?
☐ Yes (describe) ☐ No</td></tr>
<tr><td colspan="3">Describe bank conditions (e.g., presence or absence of vegetation and vegetation type, bank stability, etc.):</td></tr>
<tr><td colspan="3">Describe instream conditions (e.g., substrate type, presence or absence of pools, etc.):</td></tr>
<tr><td colspan="3">Describe visual evidence or knowledge of aquatic species present:</td></tr>
<tr><td colspan="3">Physical water quality characteristics of receiving water:
Date of evaluation:_____ pH: _____ Temperature: _____
Turbidity: _____ Dissolved Oxygen: _____ Specific Conductivity: _____</td></tr>
</table>

11. **TREATMENT SYSTEM**

Identify type of treatment system:	☐ None	☐ Dechlorination	☐ Settling/Filtration	☐ Other (Identify)
☐ If none, describe why a treatment system is not necessary:				
☐ Provide narrative and schematic descriptions of the existing or proposed treatment system and process.				

12. **MANAGEMENT/POLLUTION PREVENTION PLANS/ALTERNATIVE MONITORING AND REPORTING PROGRAMS**

☐ All applicants shall submit a Best Mangement Practices/Pollution Prevention (BMP/PP) Plan that addresses the appropriate elements identified in Attachment B-1.

☐ Applicants have the option to propose modifications to the monitoring and reporting program requirements in Attachment E for consideration by the Regional Water Board Executive Officer. If an alternative monitoring and reporting program is proposed, it shall be included with the NOI and shall describe proposed effluent and receiving water sampling locations, monitoring parameters and sampling methods, and frequency of monitoring, and provide rationale for the alternative monitoring and reporting program.

13. **MAPS AND PHOTOGRAPHS**

☐ Attach a map(s) that shows the topography of the area extending at least one mile beyond site boundaries, site boundaries, identification of the receiving water and proposed discharge points, and the route of the discharge to the receiving water. The map should also identify the location of any known groundwater cleanup sites within ½ mile of the proposed project site[1], if the project involves the discharge of groundwater.
☐ Attach a site drawing that identifies locations of BMPs and treatment systems and site runoff collection and conveyance sytems (e.g., storm drains, ditches, etc.) through which the proposed discharge would travel.
☐ Attach representative photographs of the discharge point and the receiving water in the vicinity of the discharge point to document pre-project conditions.

14. **FEE REQUIREMENTS**

☐ A check payable to the State Water Resources Control Board must be submitted with this NOI. Information concerning the applicable fees can be found at www.waterboards.ca.gov/resources/fees/. Applicants should contact the Regional Water Board for the current fee.

15. **ABILITY TO COMPLY**

Do you believe the discharge may have acute or chronic toxicity, chemical or organic constituents, sediment, total suspended solids, BOD_5, bacteria, pesticides, oil and grease, radioactivity, salinity or temperature that may violate receiving water objectives of this permit or adversely impact beneficial uses of the receiving water? ☐ Yes ☐ No			
If your answer is no, please provide an explanation of ability to comply considering the receiving water quality, discharge water quality, and the pollutant loading to the receiving water.			
If your answer is yes, contact the Regional Water Board to discuss other discharge and/or permitting alternatives.			
Professional Engineer:			
Name:			
Mailing Address:			
City:	State:	ZIP:	Phone:

16. **AGENCY CONSULTATIONS/NOTIFICATIONS (IF NECESSARY)**

Agency	Contact/ Phone Number	Mitigations Required or Concerns
☐ Local Flood Control		
☐ Dept. of Fish and Wildlife		
☐ U.S. Fish and Wildlife Service		
☐ Municipal Storm Water Agency/Permittee		
☐		

17. **SIGNATURE**

I hereby certify under penalty of law that I have personally examined and am familiar with the information submitted in this Notice of Intent and all attachments, and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the Notice of Intent, I believe that the information is true, accurate, and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.
By signing this NOI, I agree to comply with the monitoring and reporting program and stop the discharge if there is any violation, or threatened violation, of the General Order.

Signature of Contractor/Operator:		Signature of Property Owner:	
Print or Type Name:		Print or Type Name:	
Title:	Date:	Title:	Date: