

**State Water Resources Control Board  
NOTICE OF INTENT  
TO COMPLY WITH THE TERMS OF THE STATEWIDE GENERAL WASTE DISCHARGE  
REQUIREMENTS FOR SANITARY SEWER SYSTEMS  
(WATER QUALITY ORDER NO. 2006-0003)**

**I. Notice of Intent (NOI) Status**

Mark Only One Item

1. New Permittee 2. Change of Information WDID #: \_\_\_\_\_

**II. Agency Information**

A. Legally Responsible Official: \_\_\_\_\_

B. Agency: \_\_\_\_\_ C. Title: \_\_\_\_\_

D. Mailing Address: \_\_\_\_\_

E. Address (Line 2): \_\_\_\_\_

F. City: \_\_\_\_\_ State: **CA** G. Zip: \_\_\_\_\_ H. County: \_\_\_\_\_

I. Phone: \_\_\_\_\_ J. Fax: \_\_\_\_\_ K. Email Address: \_\_\_\_\_

L. Sanitary Sewer System: \_\_\_\_\_

M. Regional Water Quality Control Board: \_\_\_\_\_

N. Agency Type (check one):

1. City 2. County 3. State 4. Federal 5. Special District 6. Government Combination

O. Population of Community Served (check one):

- Less than 50,000      Greater than or equal to 50,000

**III. Billing Information**

A. Agency: \_\_\_\_\_

B. Contact Person: \_\_\_\_\_ C. Title: \_\_\_\_\_

D. Mailing Address: \_\_\_\_\_

E. Address (Line 2): \_\_\_\_\_

F. City: \_\_\_\_\_ State: **CA** G. Zip: \_\_\_\_\_ H. County: \_\_\_\_\_

I. Phone: \_\_\_\_\_ J. Fax: \_\_\_\_\_ K. Email Address: \_\_\_\_\_

The annual fee, which is required by the California Water Code (section 13260), is based on the daily population served by the sanitary sewer system. Additionally, an ambient water monitoring surcharge of 9 percent is required for each annual fee. The total fee is the sum of the annual fee and ambient water monitoring surcharge. Please see the instructions on completing this NOI for a detailed explanation of the fee structure.

L. Total Fee (check one)

- Population Served < 50,000 – Total Fee submitted is \$2,625.00
- Population Served ≥ 50,000 – Total Fee submitted is \$14,073.00

A check for the appropriate total fee amount should be made payable to SWRCB and mailed with this completed NOI to the following address:

State Water Board Accounting Office  
P O Box 1888  
Attn: SSO Fees  
Sacramento, CA 95812-1888

SWRCB Tax Identifier (ID) is: 68-0281986

**IV. Electronic Submittal Authorization**

I, \_\_\_\_\_ (print name), certify that I and the legally responsible official for \_\_\_\_\_ (agency). My signature on this form certifies that, I agree, my California Integrated Water Quality System (CIWQS) user Identification and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that I am legally bound, obligated, and responsible by use of my electronic signature as much as by a hand-written signature.

I agree that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Resources Control Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person.

**V. Certification**

"I certify under penalty of law that this document and all attachments were prepared under my direction and 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, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Additionally, I certify that the provisions of the Statewide General Waste Discharge Requirements for Sanitary Sewer Systems, including electronic reporting of all sanitary sewer spills and development and implementation of a sewer system management plan, will be complied with."

- A. Printed Name: \_\_\_\_\_
- B. Title: \_\_\_\_\_
- C. Signature: \_\_\_\_\_
- D. Date: \_\_\_\_\_

**NOTE: Mail completed and signed form with a check for fee payment to the address below.**

State Water Board Accounting Office  
P O Box 1888  
Attn: SSO Fees  
Sacramento, CA 95812-1888