

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

895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401-7906



NOTICE OF INTENT

TO COMPLY WITH
CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS
FOR DISASTER-RELATED EMERGENCY WASTE HANDLING AND DISPOSAL
WITHIN THE CENTRAL COAST REGION

I. PROPERTY/FACILITY INFORMATION

Property/Facility Name:			
Property/Facility Contact:			
Property/Facility Address:			
City:	County:	State:	Zip:
Telephone:	Email:		
Assessor Parcel Number(s):			
Latitude:		Longitude:	

II. PROPERTY/FACILITY OWNER INFORMATION

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

III. PROPERTY/FACILITY OPERATOR INFORMATION

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

IV. DESCRIPTION OF DISCHARGE

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

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V. DESCRIPTION OF MANAGEMENT MEASURES AND 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.

VI. ADDITIONAL INFORMATION

Please provide additional information, as needed or required, about the discharge and/or how the discharger intends to comply with the conditions of the Conditional Waiver (see Section A and appropriate applicable Sections under B through F). Use additional pages as needed.

VII. MAILING INFORMATION

The Central Coast Water Board has implemented a Paperless Office system to reduce paper usage, increase efficiency, and provide a more effective way for our staff and the public to view water quality documents. To reduce paper usage and ensure that your application is processed efficiently, please submit your Notice of Intent electronically in a searchable PDF format and email to: centralcoast@waterboards.ca.gov. PDF documents that exceed 35 MB should be transferred to a CD and mailed to us, or alternatively an email with instructions to access an FTP site for file download. Central Coast Water Board staff may request some documents be submitted on paper, particularly drawings or maps that require a large size to be readable, or in other electronic formats where evaluation of data is required.

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

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL COAST**

895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401-7906



NOTICE OF TERMINATION

OF COVERAGE UNDER
CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS
FOR DISASTER-RELATED EMERGENCY WASTE HANDLING AND DISPOSAL
WITHIN THE CENTRAL COAST REGION

I. FINAL WASTE DISPOSAL INFORMATION

Final Disposition of Waste: <input type="checkbox"/> Off-site/Landfill Disposal <input type="checkbox"/> On-site Reuse/Disposal			
<input type="checkbox"/> Off-site Reuse/Disposal		<input type="checkbox"/> Other: _____	
Property Owner/Discharger Name:			
Property Owner/Discharger Contact and Title:			
Property Owner/Discharger Mailing Address:			
City:	County:	State:	Zip:
Telephone:	Email:		
Assessor Parcel Number(s):			
Latitude:		Longitude:	
Date(s) Waste Disposed:			
Quantity of Waste Disposed: (in cubic yards, tons, or gallons for each disposal date. Attach additional information as needed.)			
Final Disposal/Restoration Site Information: (Attach information including a map of the temporary waste piles, surface impoundments, and/or disposal area(s) with locations, approximate volumes, waste types, and dates of disposal or operation. Also, summarize and evaluate the overall effectiveness of management measures and best management practices used to protect water quality and comply with the Conditional Waiver. For temporary waste piles or surface impoundments, attach information including photographs showing that all wastes have been removed and the site has been restored to its original condition. Please note, based on waste characterization, threat to water quality, and effectiveness of site management measures or best management practices, additional site investigation maybe necessary to verify adequate site restoration.)			

II. FINAL DISPOSAL 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