APPENDIX D - Notice of Intent Form and Instructions



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY 1595 WYNKOOP STREET (8WP-CWW) DENVER, COLORADO 80202-1129 NOTICE OF INTENT FOR THE 2019 DRINKING WATER GENERAL PERMIT

Submission of this Notice of Intent (NOI) constitutes notice that the operator identified in Section III of this form requests authorization to discharge pursuant to the NPDES Drinking Water General Permit (DWGP) permit number identified in Section II of this form. Sub mission of this NOI also constitutes notice that the operator identified in Section III of this form meets the eligibility requirements of Part 1.1 DWGP for the facility identified in Section IV of this form. Permit coverage is required prior to commencement of discharge. To obtain authorization, you must submit a complete and accurate NOI form. Discharges are not authorized if your NOI is incomplete or inaccurate or if you were never eligible for permit coverage. Refer to the instructions at the end of this form.

I. Electronic Reporting and Paper NOI Form

EPA has published the National Pollutant Discharge Elimination System (NPDES) Electronic Reporting Rule, which will modernize Clean Water Act (CWA) reporting for municipalities, industries and other facilities. EPA signed the rule on September 24, 2015 and it was published in the Federal Register on October 22, 2015. The rule replaces most paper-based NPDES reporting requirements with electronic reporting.

Starting on December 21, 2020, regulated entities that currently submit certain other NPDES reports will begin submitting these reports electronically, instead of on paper. Reports covered in the second phase include Notices of Intent to discharge in compliance with an NPDES general permit. Note: EPA Region 8 will waive this regulatory requirement due to the unavailability of electronic reporting to cover the DWGP.

II. Permit Information	NPDES ID (EPA Use Only):
Previous NPDES Permit Number:	(e.g. SDG589123 or SD-0012345)
Public Water System Number:	(e.g. PWS ID 123456789)
III. Operator Information	
Operator Last Name:	
Operator First Name:	
Title:	
Mailing Address:	
Street:	
City:	State:
Zip:	

County:	
Phone: Extension:	
E-mail:	
NOI Preparer (Complete if NOI was prepared by someone other than the certifier):	
Name:	
Organization:	
Phone: Extension:	
E-mail:	
IV. Facility Information	
Facility Name:	
Facility Address:	
Street // e.e.exticus	
Street/Location:	
City: State:	
City.	
Zip:	
County:	
County:	
County: Drinking Water Treatment Plant - Latitude/Longitude (Use decimal degrees):	
Drinking Water Treatment Plant - Latitude/Longitude (Use decimal degrees):	

Is this facility or the outfall for the facility located in Indian country?	
□ Yes	
□No	
If Yes, please provide the name of the Indian reservation associated with t	he area.
V. Water Treatment Plant History & Information	
Number people served by the water treatment plant:	
2. Average daily water production: MGD	
3. Year that this plant was first built (e.g., 1956):	
4. Year of the last treatment upgrade or significant expansion of water to	reatment at this plant:
Describe upgrades:	
VI. Treatment Information	
Type of Source Water and Treatment:	
Type of Source Water	Percentage of Total Source Water
□ Surface Water	
☐ Ground Water	
□ Purchased Water	
Are copper-based chemicals used at the plant?	
☐ Yes	
□No	
If yes, please identify which chemical	
Flocculant Chemicals Used:	
Are flocculants used? ☐ Yes ☐ No	
If yes, note the type of chemical(s) used below.	
☐ Aluminum chlorohydrate/polyaluminum chloride (PACI)	
☐ Aluminum sulfate (alum)	
☐ Iron-based coagulants (ferric chloride and ferric sulfide)	

☐ Potassium permanganate ☐ Polymer coagulants			
Lime Softening Chemicals Used:			
Is lime softening used in the Drinking Water process If yes, note the type of chemical(s) utilized below.	s? □Yes□No		
 ☐ Hydrated lime (Ca(OH)²) ☐ Caustic soda/sodium hydroxide (NaOH) ☐ Quick lime (CaO) ☐ Sodium carbonate/soda ash (Na₂CO₃) 			
Disinfection Chemicals Used:			
Are chemicals used for chlorination? ☐ Yes ☐ No	(Please identify type below)		
Wastewater Treatment and Disposal Operations:			
Please identify (□) below which wastewater treatment operations are performed at the water treatment plant. Treatment of wastewater refers to any activity designed to change the character or composition of liquid and solid wastewater streams from water treatment processes as needed to render it amenable to recycle/recovery, reduce its volume, or prepare it for transportation, storage, disposal, or discharge.			
□ No treatment	■ Sludge Thickening	■ Aeration	
☐ Drying	■ Mechanical dewatering	☐ Hydrogen sulfide removal	
□ pH adjustment	☐ Non-mechanical dewatering	□ Evaporation ponds	
\square Equalization of wastewater prior to treatment or disposal	☐ Sedimentation tanks and ponds ☐ Stabilization Pond	□ Dechlorination	
□ Other (specify):			
Types of Wastewaters Disposed. Please check all t	hat apply.		
☐ Wastewater from water treatment operations in softening, iron and manganese removal, and slow batch discharge.	cluding coagulation, filter backwashing o sand and diatomaceous earth filtration.	perations, filter-to-waste, precipitative These include accumulated wastewater for	
☐ Wastewater from presedimentation water treat	ment operations.		
☐ Discharges from wastewater treatment includin plate-and-frame presses) and non-mechanical de			
☐ Concentrate (brines) from ion exchange regenerativated alumina waste regenerate, and membra		rane reject water and spent backwash,	
☐ Ion exchange resins, spent granular activated carbon (GAC), and spent filter media.			
\square Stormwater/rainfall infiltration.			
□ Other			

VII. Wastewater Discharge Information

Backwash Discharge:

Please identify (\square) below the method(s) of wastewater discharge at the water treatment plant. Please select all categories that apply.

□ Direct discharge of treated and/or untreated wastewater. Do not select direct discharge if your plant only discharges non-contact stormwater to surface waters. Select direct discharge if your plant has a permit that regulates or monitors the discharge of treated and/or untreated wastewater to surface waters.

monitors the disc	arge of treated and/or untreated wastewater. Select indirect discharge if your plant has a permit that regulates or charge of treated and/or untreated wastewater to a treatment works (POTW, PrOTW, FOTW). Indirect discharge does not er backwash discharged to surface water.
■ Zero discharg	е.
If the water trea	tment plant operated as a zero-discharge plant, please identify (\square) the disposal method(s) for the wastewater.
	eturn to water treatment plant pre-coagulation)
■ Evaporation	
□ Composting	
□ Landfill dispos	al
□ Spray irrigation	n
■ Underground	injection
■ Land applica	tion (e.g., soil amendment)
□ Other (specify):
□ Other (specify):
Backwash Disch	arge Frequency:
discharge. In the were discharged	tment plant directly discharges its wastewater to surface water, please identify (□) below the frequency of the blank spaces below the batch and emergency discharge categories, please specify the number of times wastewater do surface waters in the last 5 years. Please identify (□) below both 'Continuous discharge' and 'Batch (intermittent) are doing both types of discharges (e.g., continuous filter backwash and batch discharge of wastewater in settling
□ Continuous di	scharge
□ Batch (intermi	ttent) discharge
Wastewaterv	vere dischargedtimes in past 5 years.
■ Emergency di	scharge only
Wastewaterv	vere discharged times in past 5 years.
VIII. Receiving V	Vater Information:
Name of receiving	ng water. If unnamed drainage or ditch please identify first named receiving water.
Type of Receivin	g Water:
☐ River☐ Creek	□ Wetland □ Lake □ Drainage Ditch □ Unnamed Tributary
☐ Other (specify):
IX. Endangered	Species Act Certification:
Check only 1 bo Endangered Spe of both the U.S. F	rions in Appendix B of the DWGP, identify which criterion listed below you are eligible for coverage under this permit? x, include the required information and provide a sound basis for supporting the criterion selected. You must consider ecies Act listed threatened or endangered species (ESA-listed) and/or designated critical habitat(s) under the jurisdiction ish and Wildlife Service (USFWS) and National Marine Fisheries Service (NMFS) and select the most conservative criterion expeendix B for a complete description of associated criteria.
Note: If none of t	he six criteria apply, you cannot submit an NOI and you must apply for an individual permit.
☐ Criterion A	No federally-listed threatened or endangered species or their designated critical habitat are likely to occur in the "action area".
☐ Criterion B	Consultation between a Federal agency and the FWS under section 7 of the ESA has been concluded. Consultations can be either formal or informal, and would have occurred only as a result of a separate federal action (e.g., during application for an individual wastewater discharge permit or the issuance of a wetlands dredge and fill permit).

☐ Criterion C	Your activities are authorized through the issuance of a permit under section 10 of the ESA, and authorization addresses the effects of the wastewater discharges related activities on federally-listed species and federally-designated critical habitat. You must keep documentation with your permit, including a copy of the permit from the FWS.
☐ Criterion D	Coordination between you and the FWS under Section 7 of the ESA has been concluded. The coordination must have addressed the effects of the facility's wastewater discharges and related activities on federally-listed threatened or endangered species and federally-designated critical habitat. The result of the coordination must be a written statement from the FWS concluding that your wastewater discharges and related activities are not likely to adversely affect federally-listed threatened or endangered species and federally-designated critical habitat.
☐ Criterion E	Federally-listed threatened or endangered species or their designated critical habitat(s) are likely to occur in or near your facility's "action area," and your wastewater discharges and related activities are not likely to adversely affect listed threatened or endangered species or critical habitat. To certify your eligibility under this criterion, you must follow the assessment procedures in Appendix B.
☐ Criterion F	The facility's wastewater discharges and related activities were already addressed in another operator's valid certification of eligibility for your "action area" and there is no reason to believe that federally-listed species or federally-designated critical habitat not considered in the prior certification may be present or located in the "action area".

X. National Historic Places Act Certification:	
• •	ng coverage under the DWGP are required to make certain certifications regarding the potential effects of their narge and related activities on historic properties.
	ne or more of the four criteria (A-D), which are also required under Part 1.3.5 in the permit, to be eligible for coverage . To help make your criterion selection, you must follow the full historic properties screening procedures listed in
☐ Criterion A	There will be no new ground-disturbing activity on your site and no new discharges. Wastewater discharges and related activities do not have the potential to have an effect on historic properties.
☐ Criterion B	Wastewater discharges and related activities have the potential to have an effect on historic properties, but there are no historic properties within the area of potential effects (APE).
□ Criterion C	Your wastewater discharges and related activities have the potential to have an effect on historic properties, and there are historic properties within the APE, and you have obtained and are in compliance with a written agreement with the HPO regarding measures to mitigate or prevent any adverse effects on historic properties, and you have either (1) obtained and are in compliance with a written agreement that outlines all such measures, or (2) been unable to reach agreement on such measures; or
☐ Criterion D	Your wastewater discharges and related activities have the potential to have an effect on historic properties, and there are historic properties within the APE; you have contacted EPA and the HPO, informing them in writing that you have the potential to have an effect on historic properties; and EPA has provided the additional measures, if any, required for you to be eligible for permit coverage.

Certification Information:				
I certify under penalty of law that this document and all attachments were prepared under my direction or 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen alties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
sponsible Officials Name:				
e:				

Signature:	Date: