

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF THE
GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH **INDUSTRIAL ACTIVITY** (WQ ORDER No. 97-03-DWQ)
(Excluding Construction Activities)

SECTION I. NOI STATUS (please check only one box)

A. <input type="checkbox"/> New Permittee	B. <input type="checkbox"/> Change of Information	WDID # 5S48I010514
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SECTION II. FACILITY OPERATOR INFORMATION (See instructions)

A. NAME: Recology Hay Rd	Phone: 916-678-4718
Mailing Address: 6426 HAY RD	
City: VACAVILLE	State: CA Zip Code: 95687
Contact Person: Greg Pryor	
B. OPERATOR TYPE: (check one) 1. <input type="checkbox"/> Private Individual 2. <input type="checkbox"/> Business 3. <input type="checkbox"/> Municipal 4. <input type="checkbox"/> State 5. <input type="checkbox"/> Federal 6. <input type="checkbox"/> Other	

SECTION III. FACILITY SITE INFORMATION

A. FACILITY NAME: Recology Hay Rd	Phone: 707-678-4718
Facility Location: 6426 Hay Rd	County: Solano
City: Vacaville	State: CA Zip Code: 95687
B. MAILING ADDRESS: 6426 Hay Rd	
City: Vacaville	State: CA Zip Code: 95687
Contact Person: Greg Pryor	
C. FACILITY INFORMATION (check one) Total Size of Site: Acres Sq. Ft. 161 [] []	Percent of Site Impervious (including rooftops) ____%
D. SIC CODE(S) OF REGULATED ACTIVITY: 1. 4953 2. 5093 3. 4212	

FOR STATE USE ONLY:

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SECTION IV. ADDRESS FOR CORRESPONDENCE

<input type="checkbox"/> Facility Operator Mailing Address (Section II)	<input type="checkbox"/> Facility Mailing Address (Section III, B.)	<input type="checkbox"/> Both
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SECTION V. BILLING ADDRESS INFORMATION

SEND BILL TO: <input type="checkbox"/> Facility Operator Mailing Address (Section II) <input type="checkbox"/> Facility Mailing Address (Section III, B.) <input type="checkbox"/> Other (<i>enter information below</i>)		
Name: Recology Hay Rd		Phone: 707-678-1492
Mailing Address: 235 N 1st St		
City: Dixon	State: CA	Zip Code: 95620
Contact Person: Marchell Nelson		

SECTION VI. RECEIVING WATER INFORMATION

Your facility's storm water discharges flow: (<i>check one</i>) <input type="checkbox"/> Directly OR <input type="checkbox"/> Indirectly to waters of the United States.		
Name of receiving water: Percolates Into Substrate (river, lake, stream, ocean, etc.)		

SECTION VII. IMPLEMENTATION OF PERMIT REQUIREMENTS

A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (<i>check one</i>)	
<input type="checkbox"/>	A SWPPP has been prepared for this facility and is available for review.
<input type="checkbox"/>	A SWPPP will be prepared and ready for review by (enter date): _____.
B. MONITORING PROGRAM (check one)	
<input type="checkbox"/>	A Monitoring Program has been prepared for this facility and is available for review.
<input type="checkbox"/>	A Monitoring Program will be prepared and ready for review by (enter date): _____.
C. PERMIT COMPLIANCE RESPONSIBILITY	
Has a person been assigned responsibility for:	
1.	Inspecting the facility throughout the year to identify any potential pollution problems? YES ___ NO ___
2.	Collecting storm water samples and having them analyzed?..... YES ___ NO ___
3.	Preparing and submitting an annual report by July 1 of each year? YES ___ NO ___
4.	Eliminating discharges other than storm water (<i>such as equipment or vehicle wash-water</i>) into the storm drain?..... YES ___ NO ___

SECTION VIII. SITE MAP

I HAVE ENCLOSED A SITE MAP YES[<input type="checkbox"/>] A new NOI submitted without a site map will be rejected.

SECTION IX. CERTIFICATION

<p>"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, 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 the possibility of fine and imprisonment. In addition, I certify that I have read the entire General Permit, including all attachments, and agree to comply with and be bound by all of the provisions, requirements, and prohibitions of the permit, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan will be complied with."</p>	
Printed Name: _____	
Signature: _____	Date _____
Title: _____	