

State of California State
Water Resources Control Board
NOTICE OF INTENT



For Existing Facility Operators

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

4024

This Notice of Intent (NOI) is being sent to all facility operators that were enrolled under the prior Industrial Storm Water General Permit that has now expired. A new General Permit has been adopted to replace the expired one. To enroll under the new General Permit, review this NOI (and make any necessary corrections), sign the CERTIFICATION on the reverse side, and return this original NOI within 45 days of receipt to: STORM WATER NOI PROCESSING UNIT, STATE WATER RESOURCES CONTROL BOARD, PO BOX 1977, SACRAMENTO, CA 95812-1977

FACILITY OPERATOR INFORMATION:

WDID: 2 43S006267

NAME: KAISER CEMENT CORPORTION _____

CONTACT & PHONE

STREET: 24001 STEVENS CREEK BLVD. _____

RALPH VENTURINO

(408) 996-4158

CITY, STATE, ZIP: CUPERTINO, CA 95014 _____

FACILITY LOCATION:

County: Santa Clara

NAME: KAISER CEMENT CORPORATION _____

CONTACT & PHONE

STREET: 24001 STEVENS CREEK BLVD. _____

RALPH VENTURINO

(408) 996-4158

CITY, STATE, ZIP: CUPERTINO, CA 95014 _____

FACILITY MAILING ADDRESS: (IF DIFFERENT THAN FACILITY LOCATION)

STREET OR POST OFFICE BOX: _____

CITY, STATE, ZIP: _____

ADDRESS FOR CORRESPONDENCE - SEND TO: (CHECK ONE)

Facility Operator Address Facility Mailing Address Both

BILLING ADDRESS INFORMATION - SEND TO: (CHECK ONE)

Facility Operator Address Facility Mailing Address Other (enter below)

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

CONTACT PERSON: _____ **PHONE:** _____

SIC(S) OF REGULATED ACTIVITY:

3241 Cement, Hydraulic

CERTIFICATION:

WDID: 2 43S006267

"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 the provisions of the permit, including the development of and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with."

Printed Name: STEWART B. SMITH

Signature: Stewart B Smith Date: 20 May 1997

Title: VICE PRESIDENT - OPERATIONS

RALPH VENTURINO
KAISER CEMENT CORPORTION
24001 STEVENS CREEK BLVD.
CUPERTINO, CA 95014

For State Water Board Use

6267

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State of California
State Water Resources Control Board

NOTICE OF INTENT

FOR GENERAL PERMIT TO DISCHARGE STORM WATER ASSOCIATED WITH INDUSTRIAL
ACTIVITY IN SANTA CLARA COUNTY TO SOUTH SAN FRANCISCO BAY OR ITS TRIBUTARIES
San Francisco Bay Regional Water Quality Control Board Order No. 92-011



MARK ONLY ONE ITEM	1 <input checked="" type="checkbox"/> Existing Facility	3 <input type="checkbox"/> Change of Information
	2 <input type="checkbox"/> New Facility	WDD # _____

I. OWNER/OPERATOR

Name: KAISER CEMENT CORPORATION	A. Owner/Operator Type: (Check one)		
Mailing Address: P O BOX 8019	1. <input type="checkbox"/> City	2. <input type="checkbox"/> County	3. <input type="checkbox"/> State
City: WALNUT CREEK	5. <input type="checkbox"/> Special District	6. <input type="checkbox"/> Government Combo	7. <input checked="" type="checkbox"/> Private
Contact Person:	State: CA	Zip: 94596-1209	Phone: (510) 256-3050
	B. 1. <input type="checkbox"/> Owner 2. <input type="checkbox"/> Operator 3. <input checked="" type="checkbox"/> Owner/Operator		

II. FACILITY/SITE INFORMATION

Facility Name: KAISER CEMENT PERMANENTE	County: SANTA CLARA (43)
Street Address: 24001 STEVENS CREEK BOULEVARD	Contact Person: MARK McKENNA
City: CUPERTINO	State: CA Zip: 95014 Phone: (408) 996-4158
Parcel Number(s) (If more than 4 apply to facility, enter additional numbers in SECTION IX. A):	
A. _____ B. _____ C. _____ D. _____	

III. BILLING ADDRESS

Send Billing Statements To: A. Owner/Operator B. Facility C. Other (Specify in SECTION IX. B)

IV. RECEIVING WATER INFORMATION

A. Does your facility's storm water discharge directly to: (Check one)

1. Storm drain system

Owner of storm drain system: (Name) _____

2. Directly to waters of U.S. (e.g., river, lake, creek, ocean)

3. Indirectly to waters of U.S.

B. Name of closest receiving water:
PERMANENTE CREEK

V. INDUSTRIAL INFORMATION

A. SIC Code(s): 1. 3241 2. _____ 3. _____ 4. _____	B. Type of Business: CEMENT MANUFACTURING MFG
C. Industrial activities at facility: (Check all that apply)	
1. <input checked="" type="checkbox"/> Manufacturing	2. <input checked="" type="checkbox"/> Vehicle Maintenance
4. <input checked="" type="checkbox"/> Material Storage	5. <input type="checkbox"/> Vehicle Storage
8. <input type="checkbox"/> Power Generation	9. <input type="checkbox"/> Recycling
3. <input checked="" type="checkbox"/> Hazardous Waste Treatment, Storage, or Disposal Facility (RCRA Subtitle C)	7. <input checked="" type="checkbox"/> Wastewater Treatment
6. <input checked="" type="checkbox"/> Material Handling	10. <input type="checkbox"/> Landfill
	99. <input type="checkbox"/> Other: _____

VI. MATERIAL HANDLING/MANAGEMENT PRACTICES

A. Types of materials handled and/or stored outdoors: (Check all that apply)

1 <input checked="" type="checkbox"/> Solvents *	2 <input checked="" type="checkbox"/> Scrap Metal	3 <input checked="" type="checkbox"/> Petroleum Products *	4 <input type="checkbox"/> Paving Products
5 <input type="checkbox"/> Pesticides	6 <input checked="" type="checkbox"/> Hazardous Wastes *	7 <input type="checkbox"/> Paints	8 <input type="checkbox"/> Wood Treating Products

99 Other (Please list) * Materials stored in tanks inside of concrete containment

B. Identify existing management practices employed to reduce pollutants in industrial storm water discharges: (Check all that apply)

1 <input checked="" type="checkbox"/> Oil/Water Separator	2 <input checked="" type="checkbox"/> Containment	3 <input checked="" type="checkbox"/> Berms	4 <input type="checkbox"/> Leachate Collection
5 <input checked="" type="checkbox"/> Overhead Coverage	6 <input checked="" type="checkbox"/> Recycling	7 <input checked="" type="checkbox"/> Retention Facilities	8 <input type="checkbox"/> Chemical Treatment

99 Other (Please list)

VII. FACILITY INFORMATION

A. Total size of site: (Check one) 850 <input checked="" type="checkbox"/> Acres <input type="checkbox"/> Sq. Ft.	B. Percent of site impervious: (Including rooftops) 10 %
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VIII. REGULATORY STATUS (Check all that apply)

A. <input checked="" type="checkbox"/> Regulated by Storm water Effluent Guidelines (40 CFR Subchapter N)	B. <input checked="" type="checkbox"/> Waste Discharge Requirements (Order Number) 74-05 74-065	C. <input type="checkbox"/> NPDES Permit CA _____
D. <input type="checkbox"/> RCRA Permit Number _____	E. <input type="checkbox"/> Regulated by California Code of Regulations Article 6, Chapter 15 (Feedlots).	

IX. COMMENTS (Enter additional information for SECTIONS II AND III)

A. Additional Parcel Numbers:

B. Billing Information: (Enter Name and Address)

X. 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, 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 the provisions of the permit, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with.

Printed Name: Jeff Wiest

Signature: *Jeff Wiest* Date: 4-15-92

Title: Vice President, Manufacturing Services

STATE USE ONLY **6267**

WDID: <u>2 4 3 5</u>	Regional Board Office: <u>02</u>	Date Permit Issued: <u>1/15/92</u>
NPDES Permit Number: <u>CA 6-612001</u>	Order Number: <u>92-011</u>	Fee Amount Received: <u>\$ 250</u>
		Date NOI Received: <u>APR 23 1992</u>