

Appendix C

Notice of Intent (NOI)

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NOTICE OF INTENT
TO COMPLY WITH THE TERMS OF THE
GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH CONSTRUCTION ACTIVITY (WQ ORDER No. 99-08-DWQ)

**I. NOI STATUS (SEE INSTRUCTIONS)**

MARK ONLY ONE ITEM	1. <input type="checkbox"/> New Construction	2. <input type="checkbox"/> Change of Information for WDID#	
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II. PROPERTY OWNER

Name	Contact Person		
Mailing Address	Title		
City	State	Zip	Phone () --

III. DEVELOPER/CONTRACTOR INFORMATION

Developer/Contractor	Contact Person		
Mailing Address	Title		
City	State	Zip	Phone () --

IV. CONSTRUCTION PROJECT INFORMATION

Site/Project Name		Site Contact Person		
Physical Address/Location		Latitude _____°	Longitude _____°	County
City (or nearest City)		Zip	Site Phone Number () --	Emergency Phone Number () --
A. Total size of construction site area: _____ Acres	C. Percent of site imperviousness (including rooftops):		D. Tract Number(s): _____, _____	
B. Total area to be disturbed: _____ Acres (% of total _____)	Before Construction: _____%		E. Mile Post Marker: _____	
F. Is the construction site part of a larger common plan of development or sale? <input type="checkbox"/> YES <input type="checkbox"/> NO		G. Name of plan or development:		
H. Construction commencement date: ____/____/____		J. Projected construction dates: Complete grading: ____/____/____ Complete project: ____/____/____		
I. % of site to be mass graded: _____				
K. Type of Construction (Check all that apply):				
1. <input type="checkbox"/> Residential 2. <input type="checkbox"/> Commercial 3. <input type="checkbox"/> Industrial 4. <input type="checkbox"/> Reconstruction 5. <input type="checkbox"/> Transportation				
6. <input type="checkbox"/> Utility Description: _____ 7. <input type="checkbox"/> Other (Please List): _____				

V. BILLING INFORMATION

SEND BILL TO: <input type="checkbox"/> OWNER (as in II. above)	Name	Contact Person	
<input type="checkbox"/> DEVELOPER (as in III. above)	Mailing Address	Phone/Fax	
<input type="checkbox"/> OTHER (enter information at right)	City	State	Zip

VI. REGULATORY STATUS

A. Has a local agency approved a required erosion/sediment control plan?..... YES NO
Does the erosion/sediment control plan address construction activities such as infrastructure and structures?..... YES NO
Name of local agency: _____ Phone: () -- _____

B. Is this project or any part thereof, subject to conditions imposed under a CWA Section 404 permit of 401 Water Quality Certification?..... YES NO
If yes, provide details: _____

VII. RECEIVING WATER INFORMATION

A. Does the storm water runoff from the construction site discharge to (Check all that apply):

1. Indirectly to waters of the U.S.

2. Storm drain system - Enter owner's name: _____

3. Directly to waters of U.S. (e.g., river, lake, creek, stream, bay, ocean, etc.)

B. Name of receiving water: (river, lake, creek, stream, bay, ocean): _____

VIII. IMPLEMENTATION OF NPDES PERMIT REQUIREMENTS

A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (check one)

A SWPPP has been prepared for this facility and is available for review: Date Prepared: ___/___/___ Date Amended: ___/___/___

A SWPPP will be prepared and ready for review by (enter date): ___/___/___

A tentative schedule has been included in the SWPPP for activities such as grading, street construction, home construction, etc.

B. MONITORING PROGRAM

A monitoring and maintenance schedule has been developed that includes inspection of the construction BMPs before anticipated storm events and after actual storm events and is available for review.

If checked above: A qualified person has been assigned responsibility for pre-storm and post-storm BMP inspections to identify effectiveness and necessary repairs or design changes..... YES NO

Name: _____ Phone: () _____

C. PERMIT COMPLIANCE RESPONSIBILITY

A qualified person has been assigned responsibility to ensure full compliance with the Permit, and to implement all elements of the Storm Water Pollution Prevention Plan including:

1. Preparing an annual compliance evaluation..... YES NO
Name: _____ Phone: () -- _____

2. Eliminating all unauthorized discharges..... YES NO

IX. VICINITY MAP AND FEE (must show site location in relation to nearest named streets, intersections, etc.)

Have you included a vicinity map with this submittal? YES NO

Have you included payment of the annual fee with this submittal?..... YES NO

X. CERTIFICATIONS

"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 or 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: _____

Signature: _____ Date: _____

Title: _____