

APPENDIX 6.5-1.1
CONSTRUCTION NOI



State Water Resources Control Board

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#	<input type="text"/>
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II. PROPERTY OWNER

Name		Contact Person		
Mailing Address		Title		
City	State	Zip	Phone	
Owner 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				

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): Before Construction: _____% After Construction: _____%		D. Tract Number(s): _____, _____	
B. Total area to be disturbed: _____ Acres (% of total _____)			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 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."

Printed Name: _____

Signature: _____ Date: _____

Title: _____

APPENDIX 6.5-1.2
OPERATIONS NOI

SECTION IV. ADDRESS FOR CORRESPONDENCE

Facility Operator Mailing Address (Section II) Facility Mailing Address (Section III, B.) Both

SECTION V. BILLING ADDRESS INFORMATION

SEND BILL TO: Facility Operator Mailing Address (Section II) Facility Mailing Address (Section III, B.) Other (*enter information below*)

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

SECTION VI. RECEIVING WATER INFORMATION

Your facility's storm water discharges flow: (*check one*) Directly OR Indirectly to waters of the United States.

Name of receiving water: _____
(river, lake, stream, ocean, etc.)

SECTION VII. IMPLEMENTATION OF PERMIT REQUIREMENTS

A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (*check one*)
 A SWPPP has been prepared for this facility and is available for review.
 A SWPPP will be prepared and ready for review by (enter date): ____/____/____.

B. MONITORING PROGRAM (*check one*)
 A Monitoring Program has been prepared for this facility and is available for review.
 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 (*such as equipment or vehicle wash-water*) into the storm drain?..... YES ___ NO ___

SECTION VIII. SITE MAP

I HAVE ENCLOSED A SITE MAP YES A new NOI submitted without a site map will be rejected.

SECTION IX. 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 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."

Printed Name: _____

Signature: _____ Date _____

Title: _____