



# Notice of Intent (NOI) For Coverage Under Ohio Environmental Protection Agency General Permit

(Read accompanying instructions carefully before completing this form)

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized to discharge into state surface waters under Ohio EPA's NPDES general permit program. Becoming a permittee obligates a discharger to comply with the terms and conditions of the permit. Complete all required information as indicated by the instructions. Forms transmitted by fax will not be accepted. A check for the proper amount must accompany this form and be made payable to "Treasurer, State of Ohio." (See the fee table in Attachment D of the NOI instructions for the appropriate processing fee)

## I. Applicant Information/Mailing Address

Company (Applicant) Name: \_\_\_\_\_

Mailing (Applicant) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

## II. Facility/Site Location Information

Facility Name: \_\_\_\_\_

Facility Address/Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County(ies): \_\_\_\_\_ Township(s): \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Facility Contact E-Mail Address: \_\_\_\_\_

Quarter: \_\_\_\_\_ Section(s): \_\_\_\_\_ Range: \_\_\_\_\_

Receiving Stream or MS4: \_\_\_\_\_

If aware of a state nature preserve within 1,000 feet of the facility/site, check here:

Enter river code here, if discharge is to a river designated scenic, wild, or recreational, or to a tributary within 1,000 feet (see instructions): \_\_\_\_\_

General Permit Number: \_\_\_\_\_ Initial Coverage: \_\_\_\_\_ Renewal Coverage: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

SIC Code(s): - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Existing NPDES Permit Number: \_\_\_\_\_

ODNR Coal Mining Application Number: \_\_\_\_\_

Outfall	Design Flow (MGD)	Latitude	Longitude
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other DSW Permits Required: \_\_\_\_\_

Proposed Project Start Date (MO DY YR): \_\_\_\_\_ Estimated Completion Date: (MO DY YR): \_\_\_\_\_

Total Land Disturbance (Acres): \_\_\_\_\_ MS4 Drainage Area (Square Miles): \_\_\_\_\_

Payment Information: Check # \_\_\_\_\_ Check Amount: \_\_\_\_\_ Date of Check: \_\_\_\_\_

<b>For Ohio EPA Use Only</b>	
Check ID (OFA):	_____
Person:	_____
Place:	_____
DOC #:	_____
ORG #:	_____
Rev. ID #:	_____

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 penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_