NOTICE OF INTENT (NOI)

for De Minimus Discharges to Waters of the United States

Under AZPDES Permit No. AZG2004-001

● ***SINGLE-SOURCE DISCHARGE*** ●

FOR COVERAGE, A COMPLETE AND ACCURATE NOI MUST BE FAXED TO (602) 771-4674 OR SUBMITTED TO:

Arizona Department of Environmental Quality
Surface Water Section / Permits Unit / De Minimus
1110 W. Washington, 5415A-1, Phoenix, AZ 85007

A. GENERAL INFORMATION

Is the facility located on/or will discharge to Indian Country Lands?
____ Yes ____ No

I. APPLICANT (must be same as signer, page 3)

Name: _____ Phone: _____

Business/Agency: _____

Mailing Address: _____

City: _____ State: |_____| Zip Code: _____

The Applicant is the: ____ Owner ____ Operator ____ Owner/Operator

II. CONTACT INFORMATION

Name of Contact Person: _____ Phone: _____

Contact Person's Position/Title: _____

Contact Person's Address (if different than above): _____

City: _____ State: |_____| Zip Code: _____

Fax (optional): _____ e-mail (optional) _____

III. FACILITY/DISCHARGE LOCATION (address if applicable, or driving directions from nearest municipality):

IV. OTHER ENVIRONMENTAL PERMITS HELD OR APPLIED FOR BY THE APPLICANT (related to the discharge) (Reference Permit Numbers & Type: UST, RCRA, APP, etc.)

_____ _____

_____ _____

_____ _____

V. BEST MANAGEMENT PRACTICES PLAN (BMP). Check one of the following statements, if true.
Permit authorization cannot occur until a BMP Plan has been developed according to the terms of the De Minimus General Permit, AZG2004-001.

____ For discharges to ephemeral, canals without DWS, or effluent dependent waters, I have prepared and will implement prior to discharge, a BMP Plan in compliance with the terms of this General Permit. The BMP will address the pollutants identified in this NOI and will control erosion.

Printed Name of Contact for BMP plan: _____ Phone: _____

____ For discharges to canals with DWS, perennial, intermittent, unique or impaired waters, a copy of the BMP prepared for the discharge(s) is attached.

B. DISCHARGE INFORMATION **Applicant Name:** _____

Average Daily Flow Volume (GPD):

_____

____ measured ____ estimated

Flow Rate (GPM):

Average Flow Rate: _____

Maximum Flow Rate: _____

____ measured ____ estimated

Estimated total volume of discharge (in gallons):

Frequency & Duration of Discharge (in days):

Estimated Date(s) of Discharge:

Source of Discharge (check one):

____ Well installation, development, test pumping & purging.

____ Water supply system flushings, pressure releases, and overflows.

____ Maintenance of water supply wells, pipelines, tanks, etc.

____ Subterranean Dewatering.

____ Hydrostatic testing of new pipes, tanks, or vessels.

____ Hydrostatic testing of pipes, tanks, or vessels previously used to transport oil or gas. [Must include ADEQ approval under A.A.C. R18-9-301(C)(3) and analytical data with NOI.]

____ Hydrostatic testing of potable water system, reclaimed water transport systems, or sewer collection system components.

____ Disinfection of water supply pipelines, tanks, etc.

____ Other (describe) _____

If the discharge is from a well give the DWR well registration number:

_____

Does the discharge contain reclaimed wastewater?

____ Yes ____ No If yes, what class? _____

Location of Discharge:

Latitude: |_____|º |_____|' |_____|" . |_____| Longitude: |_____|º |_____|' |_____|" . |_____|

(Degrees, minutes, seconds) (Degrees, minutes, seconds)

County _____ Township _____ Range _____ Section _____

Description of discharge:* Include purpose of discharge, any treatment processes, any added chemicals, and describe the presence and concentration of constituents of concern (known or suspected) in discharge. Also describe any vessels or piping associated with discharge and distance from receiving water.

RECEIVING WATER:

Discharge is to: ____ EFFLUENT DEPENDENT WATERS ____ EPHEMERAL or CANALS without DWS WATERS ____ PERENNIAL, INTERMITTENT, or CANALS with DWS WATERS ____ UNIQUE or IMPAIRED WATERS

Name of receiving stream or waterbody: _____

If ephemeral, the name of the closest perennial/intermittent waterbody: _____

If ephemeral, distance to the closest perennial/intermittent waterbody: _____

Is there potential for the discharge to enter a municipal storm sewer system (MS4), canal, or privately owned conveyance?

____ Yes ____ No If yes, enter name of the MS4 or conveyance owner: _____

If yes, has a copy of the NOI been sent to the owner/operator of the conveyance? ____ Yes ____ No

MAP:

K Attach a topographic map detailing the path from the point of release to the point of discharge(s) to a water of the U.S. If the discharge is conveyed to the water of the U.S. through an MS4, canal, or other stormwater conveyance, the location of the entry to conveyance is to be shown.

CERTIFICATION (PER PART V.K.1 OF THE PERMIT):

"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 this system, or those persons directly responsible for gathering the information, I believe the information submitted is 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 operator will comply with all terms and conditions stipulated in General Permit No. AZG2004-001 issued by the Director."

Printed Name of Applicant _____ Date: _____

Signature of Applicant ** _____ Title: _____

Business Name _____

Business Address _____

rev. 12/19/05

* **You may attach additional text if desired to convey additional information/explanation relative to the discharge or this NOI.**

** **Please see signatory requirements, De Minimus General Permit (AZG2004-001), Part V.K.1.**