Notice of Intent (NOI) for Areawide Discharges

for De Minimus Discharges to Waters of the United States
Under AZPDES Permit No. AZG2004-001

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

APPLICANT (must be same as signer, page 3) ____ Owner ____ Operator ____ Other (specify) _____

Name: _____ Title: _____

Business/Agency: _____ Phone: _____

Mailing Address: _____

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

CONTACT INFORMATION

Name of Contact Person: _____ Phone: _____

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

Contact Person's Position/Title: _____

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

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

NAME OF AREA TO BE COVERED (if applicant has multiple service areas): _____

____ City boundary ____ Water supply system boundary ____ Utility service area

K Attach Discharge Information forms and map(s) showing the area boundary and known discharge locations.

There are _____ **"DISCHARGE INFORMATION"** forms attached.

OTHER ENVIRONMENTAL PERMITS HELD OR APPLIED FOR BY THE APPLICANT (related to the discharge)

(Reference Permit Numbers & Type; UST; RCRA, APP, etc.)

_____ _____

_____ _____

BEST MANAGEMENT PRACTICES PLAN (BMP)

____ BMP Plan covering all discharges described in the attached Tables 1 and 2 is enclosed with this submittal.

Printed Name of Contact for BMP plan: _____ Phone _____

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

"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: _____

DISCHARGE INFORMATION**

for Areawide De Minimus Discharges — for Use By Municipalities or Utilities

NOTE: Complete and attach a copy of Table 1 for each known discharge location for which you are requesting coverage under this permit. Complete Table 2 to describe discharges that are too numerous to specify.

IS THIS AN ADDITION TO AN EXISTING AREAWIDE AUTHORIZATION? ____ **Yes** ____ **No**

If yes, complete the Applicant Information section and Table 1 and/or 2 as applicable.
If no, submit the NOI for Areawide Discharges with this form. (Applicant Information below is not required.)

APPLICANT INFORMATION:

AZPDES De Minimus Authorization Number: AZDGP-_____

Name of applicant on Notice of Intent (NOI) submitted to ADEQ: _____

Address of applicant on NOI submitted to ADEQ: _____

City:_____ County: _____ Zip:_____

Name of Contact for this Submittal: _____ Phone: _____

Contact Person's Position/Title: _____

TABLE 1: DESCRIPTION OF SPECIFIED DISCHARGE LOCATIONS

DISCHARGE ID*:_____

AVERAGE DAILY FLOW VOLUME (GPD):

_____

_____ measured _____ estimated

FLOW RATE (GPM):

Average Flow Rate: _____

Maximum Flow Rate: _____

_____ measured _____ estimated

EST. TOTAL VOLUME OF DISCHARGE (in gallons):

FREQUENCY & DURATION OF DISCHARGE (in days):

DATE(S) OF DISCHARGE:

SOURCE OF DISCHARGE:

____ Well installation, development, test pumping & purging.

____ Water supply system flushings, pressure releases or overflows.

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

____ Subterranean Dewatering.

____ Hydrostatic testing of new pipes, tanks or vessels.

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

____ Disinfection of water supply pipelines, tanks, etc.

____ Other _____

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: |_____|° |_____|' |_____|" . |_____| (Degrees, minutes, seconds)

Longitude: |_____|° |_____|' |_____|" . |_____| (Degrees, minutes, seconds)

County: _____ Township _____ Range _____ Section _____

Address if applicable, or driving directions from nearest municipality**:** _____

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 the discharge. Also describe any vessels or piping associated with discharge and distance from receiving water.

RECEIVING WATER

Discharge will be to: ____ EFFLUENT DEPENDENT WATERS ____ EPHEMERAL or Canals without DWS WATERS

____ PERENNIAL, CANALS WITH DWS, or INTERMITTENT 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 (MS4), canal, or privately owned conveyance?

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

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

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 discharges may reach a Water of the U.S. through an MS4, canal, or other stormwater conveyance, the location of entry to conveyance is to be shown.

COMPLETE THE FOLLOWING SECTION ONLY WHEN SUBMITTING ADDITIONS TO AN EXISTING AREAWIDE AUTHORIZATION.

CERTIFICATION (Please see signatory requirements, De Minimus General Permit (AZG52004-001), Part V.K.1.)

"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: _____

*** Discharge ID: Provide a unique identifier for this discharge location. The Discharge ID may be a name, letter code, or number. This identifier will be used on the De Minimus Discharge Monitoring Form when submitted.**

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

Applicant Name: _____

TABLE 2: DESCRIPTION OF ANY UNSPECIFIED DISCHARGE LOCATIONS

This form is to be used for categories of anticipated discharges that are too numerous to specify (i.e., fire hydrants) when the discharges are to ephemeral, or canals without DWS. For each category the typical planned monitoring and sampling points should be specified. No unspecified discharges are authorized to perennial, intermittent, unique or impaired waters. For discharges to these waters, that are not specified in Table 1 above, an applicant must submit a separate NOI 30 days prior to discharge. **All disinfection water must be dechlorinated per BMP requirements or to a level below the receiving water standard prior to discharge, whichever is lowest.**

Type of Unspecified Outfall (e.g. water from line repair, fire hydrant flushing, and/or hydrostatic test water)	Estimated Volume and Duration of Discharge	Sampling Location (general description of where samples would be taken during a discharge)	Receiving Water Type/ Use	Planned Monitoring Parameters (give monitoring parameters for each type of water that discharge may reach)
				Frequency
				Frequency
				Frequency
				Frequency
				Frequency

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