



# 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 C 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: \_\_\_\_\_

Latitude: \_\_\_\_ . \_\_\_\_ Longitude: - \_\_\_\_ . \_\_\_\_ (For Construction & Coal, must complete lat/long & attach map)

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

### III. General Permit Information

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)	Associated Permit Effluent Table	Latitude	Longitude
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are These Permits Required? PTI \_\_\_\_\_ 401 Water Quality Certification \_\_\_\_\_

Isolated Wetland \_\_\_\_\_ US Army Corps of Engineers \_\_\_\_\_ Individual NPDES \_\_\_\_\_

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

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

### IV. Payment Information

Check #: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Date of Check (MO DY YR): \_\_\_\_ \_\_\_\_ \_\_\_\_

For Ohio EPA Use Only	
Check ID (OFA): _____	ORG #: _____
Rev ID: _____	DOC #: _____

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: \_\_\_\_\_