**NOTICE OF INTENT**

**FOR DISCHARGES OF STORMWATER**

**ASSOCIATED WITH LARGE CONSTRUCTION ACTIVITY**

**AUTHORIZED UNDER NPDES GENERAL PERMIT ARR150000**

The enclosed form may be used to obtain coverage under NPDES general permit ARR150000 for discharges of stormwater associated with large construction activity at any site or common plan of development or sale that will result in the disturbance of five (5) or more acres of total land area.

Return the completed form to:

Arkansas Department of Environmental Quality

Permit Branch, Office of Water Quality

5301 Northshore Drive

North Little Rock, AR 72118

Unless notified by the Director to the contrary, dischargers who submit a complete Notice of Intent in accordance with the requirements of this permit are authorized to discharge stormwater from construction sites under the terms and conditions of this permit two weeks after the date the NOI is postmarked.

As required by ADEQ Regulation No. 9, an initial permit fee of $200.00 must be submitted with this NOI. Subsequent annual fees of $200.00 per year will be billed by the Department. Failure to remit the required permit fee may be grounds for the Director to deny coverage under this general permit, and to require the owner or operator to apply for an individual NPDES permit.

**NOTE:** A STORMWATER POLLUTION PREVENTION PLAN (SWPPP) SHALL BE PREPARED PRIOR TO SUBMITTAL OF THIS NOI PER PART II.A OF THE GENERAL PERMIT. THE SWPPP MUST BE SUBMITTED FOR REVIEW ALONG WITH THIS NOI FOR LARGE CONSTRUCTION SITES PER PART I.B.6.B OF THE GENERAL PERMIT**.**

For additional information please contact:

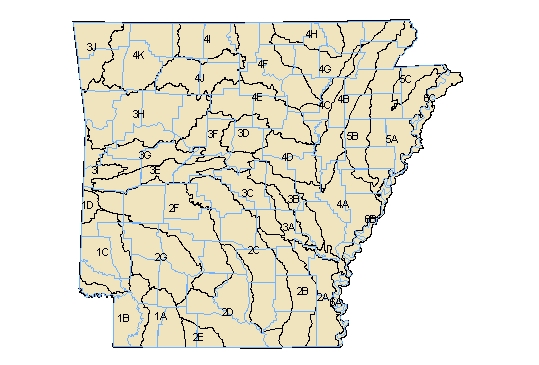
|  |
| --- |
| Stormwater Runoff Engineer |
| Ph.: (501) 682-0623 |
| Fax: (501) 682-0880 |
| website: [www.adeq.state.ar.us](http://www.adeq.state.ar.us) |

**Instructions**

1. How to Determine Latitude and Longitude:
2. If a physical address is known go to [www.terraserver-usa.com](http://www.terraserver-usa.com).
3. Select Advanced Find
4. Select Address
5. Input address
6. Click on Aerial Photo
7. Click on the Info link at the top of the page
8. Note the Latitude and Longitude are in Decimal Coordinates.
9. Go to [www.geology.enr.state.nc.us/gis/latlon.html](http://www.geology.enr.state.nc.us/gis/latlon.html) to convert coordinates to Degrees, Minutes, and Seconds.

NOTE: If a physical address does not exist you may find the coordinates in the Legal Description of the property.

1. How to Determine your Ultimate Receiving Waters:
2. Locate the county of your project.
3. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
4. Match the number from the segment to the one of the numbered Ultimate Receiving Waters. For example: A project located in Western Saline County is in segment 2C. The “2" determines that the Ultimate Receiving Water for the project is the Ouachita River.



6A

6B

6C

**Ultimate Receiving Waters**

1. Red River
2. Ouachita River
3. Arkansas River
4. White River
5. St. Francis River
6. Mississippi River
7. How to determine if the receiving stream is on the approved Arkansas 303(d) List:
   1. Go to [www.epa.gov/owow/tmdl](http://www.epa.gov/owow/tmdl)
   2. Using the map of the United States, click on Arkansas.
   3. Using the “Waters Listed by Waterbody Type” links search for your receiving stream.
   4. If your receiving stream is not listed, than your receiving stream is not on the approved Arkansas 303(d) List.
   5. If your receiving stream is listed, then click on the links for that receiving stream to determine the pollutants causing the impairment. If the receiving stream is listed as an impaired for any pollutant, you must incorporate into the SWPPP any additional BMPs needed to sufficiently protect water quality. The Department may require additional BMPs.
   6. Once a determination is made that your receiving stream is on the approved Arkansas 303(d) List, than you must determine if the receiving stream has an approved TMDL by using the “Approved TMDLs by Pollutant since January 1, 1996” links toward the bottom of the webpage.
      1. If the approved TMDL has established a specific numeric allocation that would apply to a project’s discharges, you will be required to incorporate the allocation into your SWPPP and implement steps to meet the allocation.
      2. If the approved TMDL has assigned to the facility, quarterly monitoring must be submitted to the Department demonstrating compliance with the assigned Waste Load Allocation.
8. How to obtain information in regard to Endangered Species:

Contact the U.S. Fish and Wildlife Service at (501) 513-4470 or [www.fws.gov/arkansas-es](http://www.fws.com/arkansas-es).

**NOTICE OF INTENT**

**FOR DISCHARGERS OF STORMWATER RUNOFF**

**ASSOCIATED WITH LARGE CONSTRUCTION ACTIVITY**

**AUTHORIZED UNDER NPDES GENERAL PERMIT ARR150000**

**Application Type: New  Renewal  (Permit Tracking Number ARR(****)**

1. **PERMITTEE/OPERATOR INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Permittee (Legal Name): |  | | |  | Operator Type: | |
| Permittee Mailing Address: |  | | |  | STATE | PARTNERSHIP |
| Permittee City: |  | | |  | FEDERAL | CORPORATION\* |
| Permittee State: |  | Zip: |  |  | SOLE PROPRIETORSHIP | |
| Permittee Telephone Number: |  | | |  | PUBLIC | OTHER |
| Permittee Fax Number |  | | |  |  |  |
| Permittee E-mail Address |  | | |  | \*State of Incorporation: | |

\* The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.

**II. INVOICE MAILING INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Invoice Contact Person: |  |  | City: |  | | |
| Invoice Mailing Company: |  |  | State: |  | Zip: |  |
| Invoice Mailing Address: |  |  | Telephone: |  | | |

**III. FACILITY/PROJECT CONSTRUCTION SITE INFORMATION** 1 acre = 43,560 square feet

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name: | |  | | | | | | | | |  | | Contact Person: | | | |  | | | | |
| Project County: | |  | | | | | | | | |  | | Project Physical Address: | | | |  | | | | |
| Directions to the Project: | | | | |  | | | | | |  | | Project City: | | | |  | | | Zip: |  |
|  |  | | | | | | | | | |  | | Telephone Number: | | | |  | | | | |
| Project Estimated Start Date: | | |  | | | | | | | |  | | Total amount of soil to be disturbed  (estimate to nearest 1/2 acre): | | | | | |  | | |
| Project Estimated End Date: | | |  | | | | | | | |  | | Total Project Acreage  (Estimate to nearest ½ acre): | | | | | |  | | |
| Project Latitude: | | |  | | | | degrees | |  | | | | | minutes | |  | | seconds | | | |
| Project Longitude: | | |  | | | | degrees | |  | | | | | minutes | |  | | seconds | | | |
| Type of Project: | | | | Subdivision | |  | | School | |  | | Other: | | |  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Facility SIC Code(s): |  | NAICS Code (s): |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is the Project part of a larger common plan of development or sale? | | Yes |  | No |  |
| Linear Project Starting Coordinates (if applicable): | Linear Project Ending Coordinates (if applicable): | | | | |
| Latitude:      º      ’      ” Longitude:      º      ’      ” | Latitude:      º      ’      ” Longitude:      º      ’      ” | | | | |

**IV. DISCHARGE INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River): | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| Choose Your Ultimate Receiving Stream: | | Red River |  | | Ouachita River | | | |  | | | Arkansas River | | | |  | | |
|  | | White River | |  | | St. Francis River | | | |  | | | Mississippi River | | | |  |
|  | | | | | | | |  | | |  | | |  |  | | |
| Name of Receiving Municipal Storm Sewer System (If applicable): | | | | | | |  | | | | | | | | | | |

Will you be conducting any in-stream or wetted area activities (i.e. re-routing, trenching, stabilizing, sloping, etc.) ?  \_\_Yes \_\_No

If yes, have you obtained an approval for a Short Term Activity Authorization (STAA) from the Department? \_\_Yes \_\_No

Is the stream or wetted area considered “Waters of the United States”? \_\_Yes \_\_No

If yes, have you obtained a 404 permit from the U.S. Army Corps of Engineers? \_\_Yes     \_\_ No

For information regarding what constitutes “ Waters of the United States” please contact the U.S. Army Corps of Engineers, Regulatory Division in the District in which the activity is to take place. Below is the contact information for the three U.S. Army Corps of Engineers Districts in the State:

Little Rock District            Ph: (501) 324-5295, [CESWL-Regulatory@usace.army.mil](mailto:CESWL-Regulatory@usace.army.mil)

Vicksburg District:            Ph: (601) 631-7071,   [regulatory@usace.army.mil](mailto:regulatory@usace.army.mil)

Memphis District:             Ph: (901) 544-3471, [MemphisPAO@usace.army.mil](mailto:MemphisPAO@usace.army.mil)

**V. FACILITY/SITE PERMIT INFORMATION**

|  |  |
| --- | --- |
| NPDES Individual Permit Number (If Applicable): | AR00 |
| NPDES General Permit Number (If Applicable): | ARG |
| NPDES General Industrial Stormwater Permit Number (If Applicable): | ARR00 |
| NPDES General Construction Stormwater Permit Number (If Applicable): | ARR15 |

1. **OTHER INFORMATION:**

|  |  |
| --- | --- |
| Location of SWPPP on the Construction Site: |  |
| Consultant Company: |  |
| Consultant Contact Name: |  |
| Consultant Email Address: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Consultant Address: |  | City: |  | State: |  | Zip: |  |
| Consultant Phone Number: |  | Consultant Fax Number: | |  | | | |

1. **CERTIFICATION OF OPERATOR**

“I certify that, if this facility is a corporation, it is registered with the Secretary of State of Arkansas. Please provide the full name of corporation if different than that listed in Section I above. ”

“I certify that as a whole the stormwater discharge(s), and the construction and implementation of Best Management Practices (BMP’s) to control stormwater runoff, are not likely to adversely affect species of critical habitat for a listed species.”

“I certify that a stormwater pollution prevention plan has been prepared for this facility in accordance with Part II.A of this permit, which provides for, or will provide for, compliance with local sediment and erosion plans, local stormwater permits or stormwater management plans, in accordance with Part II.A.4.c of this permit.”

“I certify that the cognizant official designated in Part VIII of this Notice of Intent is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed by the applicant”

“I certify under penalty of law that this document and all attachments such as Inspection Form were prepared under my direction or supervision in accordance with a system designed to ensure 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.”

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Responsible Official Printed Name: |  |  | Title: |  |
| Responsible Official Signature: |  |  | Date: |  |

1. **COGNIZANT OFFICIAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cognizant Official Printed Name: |  |  | Title: |  |
| Cognizant Official Signature: |  |  | Telephone: |  |

**IX. PERMIT REQUIREMENT VERIFICATION**

Please check the following to verify completion of permit requirements.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | Yes | No\* |  | |
| Submittal of Complete NOI? | | |  |  |  | |
| Submittal of Required Permit Fee? | | |  |  |  |  |
| Check Number: |  |  |  |  |  | |
| Complete SWPPP? | | |  |  |  | |
| **\* If you answer No to any of the above questions, then a permit can not be issued!** | | | | | | |