



AZPDES Permit: AZG-2008-001
NOTICE OF INTENT (NOI)
for Construction Activity Discharges to
Waters of the United States

FOR COVERAGE, A COMPLETE AND ACCURATE NOI MUST BE SUBMITTED TO:
Arizona Department of Environmental Quality; Surface Water Section / Stormwater & General Permits Unit
1110 West Washington, 5415A-1; Phoenix, Arizona 85007
FAX: (602) 771-4528

Was this project previously authorized under the 2003 Construction General Permit?
YES NO If yes, provide the prior authorization number

Is the Site Located on
Indian Country Lands?
YES NO

Is this NOI a revision to a project previously filed under the 2008 AZPDES Construction General
Permit? YES NO If yes:
Provide your current authorization #: AZCON-
Provide the name of the project/site in Part II and only the specific information being revised.
Complete Part V and sign the certification statement.

I. OWNER/OPERATOR (Applicant) INFORMATION

Phone:

Contact Name: Fax:
Operator's Business Name:
Operator's Mailing Address:
City: State: Zip:

BUSINESS STATUS: Federal State Other Public Private Tribal

II. CONSTRUCTION SITE INFORMATION

Project/Site Name:
County Parcel No. (at main entrance): Phone:
Type of Project (subdivision, commercial, road, pipeline, utility, ADOT project, etc.):
If a subdivision, has state or local subdivision approval been obtained? YES NO
If yes, provide the Subdivision Certificate of Approval number:
Is the project part of a larger plan of development? YES NO (See Item II in the Instructions)
Does the project have/need other environmental permits or approvals? If so, list and provide the permit/approval number
(attached sheet, if necessary):
Site physical location (include address, if applicable, or directions from nearest municipality):
City: State: Zip: County:
Estimated Project Start Date: Estimated Termination Date: (Final Stabilization)
Estimate of total acres (to the nearest 1/2 acre) to be disturbed with the entire construction project:
Estimate of total acres (to the nearest 1/2 acre) to be disturbed by your operations:

▶ Select the non-stormwater discharges expected to be associated with your construction-related activities (according to attached instructions):

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Discharges from emergency fire-fighting activities <input type="checkbox"/> Fire hydrant flushing – ephemeral receiving waters <input type="checkbox"/> Waters used to control dust – no reclaimed or other wastewaters <input type="checkbox"/> Potable water line flushing – ephemeral receiving waters <input type="checkbox"/> Routine external building wash-down – no detergents <input type="checkbox"/> Pavement wash waters – no spills or leaks of toxic or hazardous materials and no detergents <input type="checkbox"/> Uncontaminated air conditioning or compressor condensate <input type="checkbox"/> Uncontaminated groundwater | <ul style="list-style-type: none"> <input type="checkbox"/> Foundation or footing drains – uncontaminated <input type="checkbox"/> Potable water well flushing – ephemeral receiving waters <input type="checkbox"/> Water used for compacting soil – no reclaimed or other wastewaters <input type="checkbox"/> Water used for drilling and coring (e.g., for evaluation of foundation materials) – uncontaminated <input type="checkbox"/> Uncontaminated water from dewatering operations/foundations <input type="checkbox"/> Other, specify _____ _____ _____ |
|--|--|

III. DISCHARGE LOCATION

▶ Provide the latitude/longitude of the construction site at the point nearest the receiving water (natural water course):

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

▶ Identify the closest receiving water to construction site (dry washes, named waterbodies, and unnamed tributaries)

(See Item III in the Instructions): _____

▶ Is there a potential for any discharges from the site to enter a municipal storm sewer system (MS4), canal, or a privately-owned conveyance? YES NO

▶ If yes, enter name of MS4, canal, or conveyance owner: _____

IV. PERMIT AUTHORIZATION CANNOT OCCUR UNTIL A STORMWATER POLLUTION PREVENTION PLAN (SWPPP) HAS BEEN DEVELOPED AND IMPLEMENTED ACCORDING TO THE TERMS OF THE GENERAL PERMIT

▶ I confirm that a SWPPP meeting the requirements of the general permit has been developed and will be implemented prior to commencing construction activities at this site and will be located at the site during construction activities. If this is a late application, a SWPPP has been developed and implemented prior to this submittal. (ADEQ reserves the right to take enforcement action for any unpermitted discharge or permit noncompliance that occurs between the time construction commenced and discharge authorization is granted.)

▶ When construction activities are not actively underway, the SWPPP will be available at the following location: **(See Part III.G.2 in the general permit.)** _____

▶ Name of person to contact for SWPPP access: _____

▶ Telephone number of SWPPP contact: _____

▶ This project may discharge within 1/4 mile of an impaired or unique waterbody: YES NO

If yes, a copy of my SWPPP is enclosed with this application.

V. CERTIFICATION BY AUTHORIZED SIGNATORY (See Part VIII.J.1 in the general permit)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, as applicable, 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, as the operator, I certify that I have reviewed and intend to comply with all terms and conditions stipulated in General Permit No. AZG-2008-001 issued by the Director."

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Business Name: _____

Address: _____

City: _____ State: |__| |__| Zip: _____ Phone: _____