



## 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  
**➔** 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**

<b>DISCHARGE ID*:</b> _____	
<b>AVERAGE DAILY FLOW VOLUME (GPD):</b> _____ ___ measured      ___ estimated	<b>SOURCE OF DISCHARGE:</b>  <input type="checkbox"/> Well installation, development, test pumping, and purging. <input type="checkbox"/> Water supply system flushings, pressure releases or overflows. <input type="checkbox"/> Maintenance of water supply wells, pipelines, tanks, etc. <input type="checkbox"/> Subterranean Dewatering. <input type="checkbox"/> Hydrostatic testing of new pipes, tanks or vessels. <input type="checkbox"/> Hydrostatic testing of potable water system, reclaimed water transport systems, or sewer collection system components. <input type="checkbox"/> Disinfection of water supply pipelines, tanks, etc. <input type="checkbox"/> Other _____ If the discharge is from a well give the DWR well registration number. _____
<b>FLOW RATE (GPM):</b> Average Flow Rate: _____ Maximum Flow Rate: _____ ___ measured      ___ estimated	
<b>EST. TOTAL VOLUME OF DISCHARGE</b> (in gallons):	
<b>FREQUENCY &amp; DURATION OF DISCHARGE</b> (in days):	
<b>DATE(S) OF DISCHARGE:</b>	Does the discharge contain reclaimed wastewater? ___ Yes    ___ No      If yes, what class? _____

**LOCATION OF DISCHARGE:**  
 Latitude: |\_\_|° |\_\_|' |\_\_|'' . |\_\_|      Longitude: |\_\_|° |\_\_|' |\_\_|'' . |\_\_|  
 (Degrees, minutes, seconds)                      (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

➔ 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 (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 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: