



AZPDES Permit No. AZG2010-001

# NOTICE OF INTENT (NOI)

for De Minimis Discharges to Waters of the United States

• AREAWIDE, FACILITY-WIDE, PROJECT-WIDE •

**FOR COVERAGE, A COMPLETE AND ACCURATE NOI MUST BE SUBMITTED TO:**  
Arizona Department of Environmental Quality; Surface Water Section — De Minimis Program  
1110 West Washington, 5415A-1; Phoenix, Arizona 85007

### A. GENERAL INFORMATION

1. TYPE OF COVERAGE REQUESTED (select one):  Areawide  Facility-wide  Project-wide

2. NAME OF AREA, FACILITY, OR PROJECT: \_\_\_\_\_

#### 3. OWNER of the facilities or discharge activities

Contact Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Business/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: |\_\_|\_\_| Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

#### 4. OPERATOR of the facility or discharge activity (if different from OWNER)

Contact Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Business/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: |\_\_|\_\_| Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

#### 5. OTHER CONTACT (if different from OWNER / OPERATOR)

Contact Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Business/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: |\_\_|\_\_| Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

(Reference Permit Numbers & Type: previous De Minimis authorizations, UST; RCRA, APP, etc.)

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**B. DISCHARGE INFORMATION**

**DISCHARGE INFORMATION FORM(S) AND MAP(S) must be enclosed with this form.**

\_\_\_ Discharge Information Form(s) enclosed.

\_\_\_ Map(s) enclosed showing the area, facility, or project boundary and known discharge locations.

**C. BEST MANAGEMENT PRACTICES PLAN (BMPP)**

\_\_\_ I confirm that a BMPP covering all discharges described in the enclosed Table 1 and/or Table 2 is included with this submittal for review by ADEQ.

Contact Name for BMPP: \_\_\_\_\_ Phone: \_\_\_\_\_

Business/Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: |\_\_| |\_\_| Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**D. FEES**

\_\_\_ I confirm that the correct fee payment is included with this submittal.

Areawide, Facility-wide, or Project-wide NOI: \$500.00

+ BMPP review: \$1,000.00 = \$1,500.00 total fees for this submittal

Total fee payment enclosed: \$ \_\_\_\_\_

**E. CERTIFICATION** (per Part V.K.1 of the General Permit)

*"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. AZG2010-001 issued by the Director."*

Printed Name of Signer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business/Agency: \_\_\_\_\_

Signer or Business/Agency is the: \_\_\_ Owner and Operator of the facility or discharge activity.

(check one)

\_\_\_ Operator of the facility or discharge activity.