



AZPDES Permit: AZG2010-001
NOTICE OF INTENT (NOI)
for De Minimis Discharges to Waters of the United States
• SINGLE SOURCE DISCHARGE •

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 Street, 5415A-1; Phoenix, Arizona 85007

A. GENERAL INFORMATION

1. NAME OF PROJECT: \_\_\_\_\_

2. OWNER of the facility or discharge activity

Contact Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_
Business/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ State: |\_\_| |\_\_| Zip Code: \_\_\_\_\_
Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

3. 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: \_\_\_\_\_

4. OTHER CONTACT (if different from OWNER / OPERATOR)

Contact Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_
Business/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ State: |\_\_| |\_\_| Zip Code: \_\_\_\_\_
Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

5. OTHER ENVIRONMENTAL PERMITS HELD OR APPLIED FOR (related to the discharge)

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

Five horizontal lines for listing other environmental permits.



Name of project: \_\_\_\_\_

**DESCRIPTION OF DISCHARGE:**

Include purpose of discharge, any treatment processes, any added chemicals, and the presence and concentration of any constituents of concern (known or suspected) in discharge. Describe any vessels or piping associated with discharge and distance from receiving water. (Attach additional text if necessary.)

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**RECEIVING WATER:**

EPHEMERAL WATERS or NON-DWS USE CANALS       EFFLUENT-DEPENDENT WATERS

PERENNIAL or INTERMITTENT WATERS, or DWS-USE CANALS       OAW 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 separate storm sewer system (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

**MAP:**

A topographic map is attached detailing the path from the point of release to the point of discharge(s) to a water of the U.S. When the discharge is conveyed to the water of the U.S. through an MS4, canal, or other conveyance, the location of the entry to conveyance is shown.

Name of project: \_\_\_\_\_

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

1. I confirm that a BMPP meeting the requirements of the De Minimis General Permit (No. AZG2010-001) has been developed and will be implemented for the discharge.

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

Business/Agency: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. For discharges to perennial, intermittent, OAW or impaired waters or DWS-use canals: I confirm that a copy of the BMPP is enclosed for review by ADEQ. N/A (no such discharges)

**D. FEES**

I confirm that the correct fee payment is included with the NOI.

\_\_\_ NOI for Single Source Discharge: \$250.00

\_\_\_ BMPP review (see item C.2. above): \$1,000.00

Total Fee Amount Included: \$ \_\_\_\_\_

**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.

June 2011