



Notice of Intent (NOI) For Coverage Under Ohio Environmental Protection Agency General Permit

(Read accompanying instructions carefully before completing this form)

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized to discharge into state surface waters under Ohio EPA's NPDES general permit program. Becoming a permittee obligates a discharger to comply with the terms and conditions of the permit. Complete all required information as indicated by the instructions. Forms transmitted by fax will not be accepted. A check for the proper amount must accompany this form and be made payable to "Treasurer, State of Ohio." (See the fee table in Attachment D of the NOI instructions for the appropriate processing fee)

I. Applicant Information/Mailing Address

Company (Applicant) Name: _____

Mailing (Applicant) Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____ Fax: _____

Contact E-Mail Address: _____

II. Facility/Site Location Information

Facility Name: _____

Facility Address/Location: _____

City: _____ State: _____ Zip Code: _____

County(ies): _____ Township(s): _____

Facility Contact Person: _____ Phone: _____ Fax: _____

Facility Contact E-Mail Address: _____

Quarter: _____ Section(s): _____ Range: _____

Receiving Stream or MS4: _____

If aware of a state nature preserve within 1,000 feet of the facility/site, check here:

Enter river code here, if discharge is to a river designated scenic, wild, or recreational, or to a tributary within 1,000 feet (see instructions): _____

General Permit Number: OH _____ Initial Coverage: Renewal Coverage:

Type of Activity: _____

SIC Code(s): _____

Existing NPDES Permit Number: _____

ODNR Coal Mining Application Number: _____

Outfall	Design Flow (MGD)	Latitude	Longitude
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other DSW Permits Required: _____

Proposed Project Start Date (MO DY YR): _____ Estimated Completion Date: (MO DY YR): _____

Total Land Disturbance (Acres): _____ MS4 Drainage Area (Square Miles): _____

Payment Information: Check # _____ Check Amount: _____ Date of Check: _____

For Ohio EPA Use Only

Check ID (OFA): _____

Person: _____

Place: _____

DOC #: _____

ORG #: _____

Rev. ID #: _____

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 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.

Applicant Name: _____ Title: _____

Applicant Signature: _____ Date: _____