



**Notice of Intent (NOI) for Facility-wide Discharges
for De Minimis Discharges to Waters of the United States
Under 2009 AZPDES Permit No. AZG2009-001**

FOR COVERAGE, A COMPLETE AND ACCURATE NOI MUST BE FAXED TO (602) 771-4528 OR SUBMITTED TO:

Surface Water Permits Unit - De Minimis NOI
Arizona Department of Environmental Quality
1110 W. Washington, 5415A-1, Phoenix, AZ 85007

APPLICANT (Must be same as signer, page 3)

Name: _____ Title: _____
Firm or Agency: _____ Phone: _____
Mailing Address: _____
City: _____ State: |__| |__| Zip Code: _____

CONTACT INFORMATION (if different from APPLICANT)

Name of Contact Person: _____ Position/Title: _____
Firm / Agency: _____ Phone: (____) _____
Mailing Address: _____
City: _____ State: |__| |__| Zip Code: _____
Fax: (optional): _____ e-mail (optional): _____

NAME OF FACILITY TO BE COVERED: _____

➔ Attach Discharge Information forms and map(s) showing the area boundary and specified discharge locations.

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 Minimis General Permit (AZG2009-001), 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. AZG2009-001 issued by the Director."

Printed Name of Applicant: _____ Date: _____

Signature of Applicant: _____ Title: _____

Business Name: _____

Business Address: _____