



## Notice of Intent (NOI) for Areawide 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: \_\_\_\_\_  
 Municipality/Utility/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 AREA TO BE COVERED (if applicant has multiple service areas):** \_\_\_\_\_

- City boundary     Water supply system boundary     Utility service area     Other \_\_\_\_\_

➔ Attach Discharge Information forms and map(s) showing the area boundary and known 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: \_\_\_\_\_