



**NOTICE OF INTENT (NOI)**  
**for De Minimis Discharges to Waters of the United States**  
**Under 2009 AZPDES General Permit No. AZG2009-001**  
**\* SINGLE-SOURCE DISCHARGE \***

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 Street, 5415A-1, Phoenix, AZ 85007

**A. GENERAL INFORMATION**

Is the discharge location within Indian Country?

Yes     No

If no, is the discharge expected to flow into Indian Country?

Yes     No

**I. APPLICANT (must be same as signer, page 3)**

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

Business/Agency: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

Fax (optional): \_\_\_\_\_ e-mail (optional) \_\_\_\_\_

The Applicant, Business, or Agency above is the:

Project / facility owner     Operator responsible for the discharge

**II. CONTACT PERSON for NOI (if different from APPLICANT)**

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

Business/Agency: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

Fax (optional): \_\_\_\_\_ e-mail (optional) \_\_\_\_\_

**III. OWNER OF DISCHARGING FACILITY (if different from APPLICANT)**

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

Business/Agency: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

Fax (optional): \_\_\_\_\_ e-mail (optional) \_\_\_\_\_

**IV. PROJECT / DISCHARGE SITE INFORMATION**

Name of Project: \_\_\_\_\_

**SITE ADDRESS** if applicable, or driving directions from nearest municipality (include name of city/town):

\_\_\_\_\_  
 \_\_\_\_\_

**V. OTHER ENVIRONMENTAL PERMITS HELD OR APPLIED FOR (related to the subject discharge)**

(Reference Permit Numbers & Type: UST, RCRA, APP, etc.)

\_\_\_\_\_  
 \_\_\_\_\_

**VI. BEST MANAGEMENT PRACTICES PLAN (BMP)**

Permit authorization cannot occur until a BMP Plan has been developed according to the terms of the De Minimis General Permit, AZG2009-001. Check the statement that is applicable to your discharge:

- For discharges to ephemeral, canals without DWS, or effluent dependent waters, I have prepared and will implement prior to discharge, a BMP Plan in compliance with the terms of this General Permit. The BMPs will address the pollutants identified in this NOI and will control erosion.

Printed Name of Contact for BMP plan: \_\_\_\_\_ Phone: \_\_\_\_\_

- For discharges to canals with DWS, perennial, intermittent, unique or impaired waters, a copy of the BMP Plan prepared for the discharge(s) is attached.

**B. DISCHARGE INFORMATION**

**Average Daily Flow Volume (GPD):**

\_\_\_\_\_

- measured     estimated

**Flow Rate (GPM):**

Average Flow Rate: \_\_\_\_\_

Maximum Flow Rate: \_\_\_\_\_

- measured     estimated

**Estimated total volume of discharge (in gallons):**

**Frequency & Duration of Discharge (in days):**

**Estimated Date(s) of Discharge:**

**Source of Discharge:**

- Well installation, development, test pumping & purging.
- Water supply system flushings, pressure releases, and overflows.
- Maintenance of water supply wells, pipelines, tanks, etc.
- Subterranean Dewatering.
- Hydrostatic testing of new pipes, tanks, or vessels.
- Hydrostatic testing of pipes, tanks, or vessels previously used to transport oil or gas. (Must include ADEQ / APP authorization for removal of test water and analytical data with NOI.)
- Hydrostatic testing of potable water system, reclaimed water transport systems, or sewer collection system components.
- Disinfection of water supply pipelines, tanks, etc.
- Other (describe) \_\_\_\_\_

If the discharge is from a well give the DWR well registration number:

\_\_\_\_\_

Applicant Name: \_\_\_\_\_

Does the discharge contain reclaimed wastewater?

Yes  No If yes, what class? \_\_\_\_\_

Is the discharge associated with soil or ground water remediation activities?  Yes  No

(If yes, include information under "Description of Discharge", below.)

**Location of Discharge** (describe physical location):

Latitude ° ' ." Longitude ° ' ."   
 (degrees, minutes, seconds) (degrees, minutes, seconds)

County \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

**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. Also describe any vessels or piping associated with discharge and distance from receiving water. (Attach additional text if necessary.)

**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 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

Applicant Name: \_\_\_\_\_

**MAP:**

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

**CERTIFICATION (PER PART V. K. 1. OF THE 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. AZG2009-001 issued by the Director."*

Printed Name of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant \* \_\_\_\_\_ Title: \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

DRAFT 8/21/2009

\* Please see signatory requirements, De Minimis General Permit (AZG2009-001), Part V. K. 1.