



AZPDES Permit No. AZG2016-001

NOTICE OF INTENT (NOI)

for De Minimis Discharges to Waters of the United States

• AREAWIDE, FACILITYWIDE, PROJECTWIDE •

FOR COVERAGE, A COMPLETE AND ACCURATE NOI MUST BE SUBMITTED TO:
Arizona Department of Environmental Quality; Surface Water Section — De Minimis General Permit
1110 West Washington, 5415A-1; Phoenix, Arizona 85007

A. GENERAL INFORMATION

1. TYPE OF COVERAGE REQUESTED (select one): Areawide Facilitywide Projectwide

2. NAME OF AREA, FACILITY, OR PROJECT: _____

3. OWNER of the facilities or discharge activities

Contact Name: _____ Position/Title: _____

Business/Agency: _____ Phone: _____

Mailing Address: _____

City: _____ State: |__| |__| Zip Code: _____

e-mail: _____

4. OPERATOR of the facility or discharge activity (if different from OWNER)

Contact Name: _____ Position/Title: _____

Business/Agency: _____ Phone: _____

Mailing Address: _____

City: _____ State: |__| |__| Zip Code: _____

e-mail: _____

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

Contact Name: _____ Position/Title: _____

Business/Agency: _____ Phone: _____

Mailing Address: _____

City: _____ State: |__| |__| Zip Code: _____

e-mail: _____

6. OTHER ENVIRONMENTAL PERMITS HELD OR APPLIED FOR BY THE APPLICANT (related to the discharge) (Reference Permit Numbers & Type: previous De Minimis authorizations, UST; RCRA, APP, etc.)

_____	_____
_____	_____
_____	_____
_____	_____

B. DISCHARGE INFORMATION

Complete and enclose one or both of the following forms as applicable. Check the corresponding blank(s) below to indicate which forms you are submitting:

DISCHARGE INFORMATION - TABLE 1: Description of Specified Discharge Locations

DISCHARGE INFORMATION - TABLE 2: Description of Unspecified Discharge Locations

Legible, scaled maps must be enclosed showing known discharge locations, discharge flow paths, and an overview of the service area, facility, or project area (DMGP Part III.B.12.- 13.).

Maps are enclosed as described above.

C. BEST MANAGEMENT PRACTICES PLAN (BMPP)

I confirm that a BMPP covering all discharges described in the enclosed Table 1 and/or Table 2 is included with this submittal for review by ADEQ.

Contact Name for BMPP: _____ Phone: _____

Business/Agency: _____ E-mail: _____

Mailing address: Same as on page 1 of NOI for: Owner Operator Other Contact

BMPP Contact mailing address if different from above:

City: _____ State: _____ ZIP Code: _____

D. FEES

I confirm that fee payment of **\$1,500.00** is included with this submittal.
(\$500.00 NOI fee + \$1,000.00 BMPP review fee = \$1,500.00 for this submittal)

No fee is required. The signer below represents an Arizona state agency (exempt from AZPDES fees).

No fee is required. This is an amendment of a previous NOI for which the fee was paid or not required.

E. APPLICANT CERTIFICATION (Parts III.B.15. and V.K.1 of the General Permit)

Pursuant to A.R.S. § 41-1030:

- (1) ADEQ shall not base a licensing decision, in whole or in part, on a requirement or condition not specifically authorized by statute or rule. General authority in a statute does not authorize a requirement or condition unless a rule is made pursuant to it that specifically authorizes the requirement or condition.
- (2) Prohibited licensing decisions may be challenged in a private civil action. Relief may be awarded to the prevailing party against ADEQ, including reasonable attorney fees, damages, and all fees associated with the license application.
- (3) ADEQ employees may not intentionally or knowingly violate the requirement for specific licensing authority. Violation is cause for disciplinary action or dismissal, pursuant to ADEQ's adopted personnel policy. ADEQ employees are still afforded the immunity in A.R.S. §§ 12-821.01 and 12-820.02.

"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 for knowing violations. In addition I certify that the operator will comply with all terms and conditions stipulated in General Permit No. AZG2016-001 issued by the Director."

Signature: _____ Date: _____

Printed Name: _____ Title: _____

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.