

## NOTICE OF INTENT (NOI)

## for Single Source De Minimis Discharges

to Waters of the United States under the AZPDES De Minimis General Permit (AZG2016-001)

## FOR COVERAGE, A COMPLETE AND ACCURATE NOI MUST BE SUBMITTED TO:

Arizona Department of Environmental Quality; Surface Water Section — De Minimis GP Program 1110 West Washington Street, 5415A-1; Phoenix, Arizona 85007

A. GENERAL INFORMATION			
1.	1. NAME OF PROJECT:	_	
2.	2. OWNER of the facility or discharge activity		
	Contact Name:Pos	sition/Title:Á	
	Business/Agency:	Phone:	
	Mailing Address:		
	City: State:	Zip Code:	
	e-mail:		
3.	3. OPERATOR of the facility or discharge activity (if different from OWNER)		
	Contact Name:Pos	sition/Title:	
	Business/Agency:	Phone:	
	Mailing Address:		
	City: State:	Zip Code:	
	e-mail:		
4.	4. OTHER CONTACT (if different from OWNER / OPERATOR)		
	Contact Name:Pos	sition/Title:	
	Business/Agency:	Phone:	
	Mailing Address:		
	City: State:	Zip Code:	
	e-mail:		
5.	5. OTHER ENVIRONMENTAL PERMITS HELD OR APPLIED FOR (related to the	e discharge)	
	(Reference Permit Numbers & Type: previous De Minimis authorizations, UST,		

ame of project:
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B. DISCHARGE INFORMATION				
Is the discharge location within Indian Country? (See DMGP Part I.A.) Yes No No No No No				
Does the discharge contain reclaimed wastewater? Yes No  If yes, what class?				
Is the discharge associated with remediation activities for soil or ground water? Yes No (If yes, include information under "Description of Discharge" below.)				
SITE ADDRESS or driving directions from nearest municipality (include name of city/town):				
Average Daily 8 ]gW Uf [ Y Volume (GPD): measured estimated	Source of Discharge:  Potable water supply systems: installation, maintenance, flushing, pressure releases, and overflows  Wells approved by ADEO for dripking water use			
Flow Rate (GPM):  Average Flow Rate:  Maximum Flow Rate:  measured estimated	Wells approved by ADEQ for drinking water use  Well construction, development, maintenance, and testing (non-potable wells or not yet approved for drinking water use)  Disinfection of water supply facilities  Subterranean dewatering  Hydrostatic testing: potable water system components or new pipes, tanks, or vessels  Hydrostatic testing: pipes, tanks, or vessels previously used for oil or gas (see De Minimis General Permit, Part III.B.11.)  Hydrostatic testing: existing components of reclaimed water transport systems or sewer collection systems  Reclaimed water systems: post-repair flushing and pressure releases (Class A+, B+, A or B reclaimed water only)			
Estimated total volume of discharge (in gallons):				
Frequency & duration of discharge (in days):				
Estimated start date of discharge:  Estimated ending date of discharge:	Other (describe):  If the discharge is from a well provide the ADWR well registration number:  55			
Location of Discharge (describe physical location):  Latitude       o				
County Section	on Township Range			

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. Describe any vessels or piping associated with discharge and distance from receiving water. (Attach additional text if necessary.)		
RECEIVING WATER (you may check more than one box if applicable):		
EPHEMERAL WATERS or NON-DWS USE CANALS EFFLUENT-DEPENDENT WATERS		
PERENNIAL or INTERMITTENT WATERS DWS-USE CANALS < 1/4 mi. from OAW or IMPAIRED WATERS		
Name of receiving stream or waterbody:		
Name of closest downstream perennial/intermittent water, if different from receiving stream or waterbody:		
DISTANCE to closest downstream perennial/intermittent water, if listed above:		
Is there potential for the discharge to enter a regulated municipal separate storm sewer system (MS4)?		
YES NO		
If YES, enter name of MS4:		
MAP (required):		
A legible, scaled map is attached detailing the path from the point of release to the point of discharge(s) to a water of the U.S. When the discharge is conveyed to the water of the U.S. through an MS4, canal, or other conveyance, the location of the entry to conveyance is shown.		

Name of project:

C. BEST MANAGEMENT PRACTICES PLAN (BMPP)				
1.	I confirm that a BMPP meeting the requirements of the De Minimis General Permit (No. AZG2016-001) has been or will be prepared, and will be fully implemented for the discharge.			
	Contact Name for	BMPP:	Phone:	
Business/Agency:		:	E-mail:	
	Mailing address:	Same as page 1:OwnerOperator BMPP Contact mailing address if different from abo		
2.		City: State: arges to or within 1/4 mile of OAW or impaired waters I for review by ADEQ.		
D. FI	EES			
I confirm that the correct fee payment is included with the NOI.				
NOI for Single Source Discharge: \$250.00				
BMPP review (see item C.2. above): add \$1,000.00				
Total fee payment included: \$  No fee is required. The signer below represents an Arizona state agency (exempt from AZPDES fees).				
	·	ed. This is an amendment of a previous NOI for whic		

(Please continue to Section E., APPLICANT CERTIFICATION)

## E. APPLICANT CERTIFICATION (see 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."

Printed Name of Signer:	Title:			
Signature:	Date:			
Business / Agency:				
Signer or Business/Agency is the: (check one)	<ul><li>Owner and Operator of the facility or discharge activity.</li><li>Operator of the facility or discharge activity.</li></ul>			