



**APPLICATION (NOTICE OF INTENT) TO OBTAIN
 COVERAGE UNDER NDPDES GENERAL PERMIT
 FOR STORMWATER DISCHARGES ASSOCIATED
 WITH CONSTRUCTION ACTIVITY (NDR10-0000)**
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF WATER QUALITY
 SFN 19145 (12/13)

FOR DEPT. USE ONLY

Application No.
Date Received

GENERAL INFORMATION

1. Name of Owner of Construction Project		2. Contact First Name	3. Contact Last Name	4. Contact Phone No.
5. Contact E-mail Address				
6. Mailing Address	7. City	8. State/Province	9. Zip Code	
10. Name of Operator Working at Site		11. Contact First Name	12. Contact Last Name	13. Contact Phone No.
14. Contact E-mail Address				
15. Mailing Address	16. City	17. State/Province	18. Zip Code	

PROJECT INFORMATION

19. Name of Construction Project						
20. Brief Description of Construction Activity						
21. Project Start Date	22. Estimated Completion Date	23. Estimated Total Area of Site (acres)	24. Estimated Area of Disturbance (acres)			
Project Location	25. Physical Address		26. City			
	OR	27. Township	28. Range	29. Section	30. Quarter Section (ABCD Format)	31. County
		32. Latitude (Decimal Degrees)		33. Longitude (Decimal Degrees)		
Receiving Waters	34. Name of Municipal Storm Sewer System or Description of Receiving Water					

35. A SWPPP must be prepared and available for review at the time of application. A copy of the SWPPP must be submitted with this application if the project is 50 or more acres or is within 2000 feet of, and flows to a water body listed as impaired under section 303(d) of the Federal Clean Water Act due to sediment, suspended solids or turbidity. See Part I.D.2 of NDR10-0000 for more detail.

RETURN COMPLETED APPLICATION TO: North Dakota Department of Health Division of Water Quality, 4 th Floor 918 East Divide Avenue Bismarck, ND 58501-1947 Telephone: (701) 328-5210 Fax: (701) 328-5200	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.	
	36. Printed Name of Owner(s)	37. Title
	38. Signature of Owner(s)	39. Date
	40. Printed Name of Operator(s)	41. Title
	42. Signature of Operator(s)	43. Date

Instructions

Submission of this application is notice that the owner(s) and operator(s) identified on the application intend to discharge stormwater associated from construction activity to waters of the state in accordance with conditions set forth in North Dakota Pollution Discharge Elimination System general permit NDR10-0000.

Permit coverage becomes effective seven days after a complete application is submitted (based on the department receipt date) unless otherwise notified by the department.

General Information

1. **Name of Owner of Construction Project.** Enter the individual, company, organization or state who owns the property where the construction project is to take place. "Owner" means the person or party possessing the title of the land on which the construction activities will occur; or . . . for a lease holder, the party or individual identified as the lease holder; or the contracting government agency responsible for the construction activity.

2-3. **Contact Person.** Provide the contact person for the owner. If the contact person is an agent of the owner, such as a consultant, provide this information on a separate page.

4. **Contact Phone No.** Provide a valid phone number for the contact person.

5. **E-mail Address.** Provide a valid e-mail address for the contact.

6-9. **Mailing Address.** Provide a valid mailing address for the owner.

10. **Name of Operator Working at Site (attach additional, if needed).** List the operator(s) who will be responsible for the construction activities at the site. The operator is someone who has day to day supervision of construction activities and is jointly responsible with the owner for compliance with the permit conditions as they pertain to the construction activities delegated to the operator.

11-12. **Contact Person Name.** State the contact person who will be responsible for overseeing construction activities at the site for the operator.

13. **Contact Phone No.** Provide a valid phone number for the contact person.

14. **E-mail Address.** Provide a valid e-mail address for the contact.

15-18. **Mailing Address.** Provide a valid mailing address for the operator.

Project Information

19. **Name of Construction Project.** Provide a descriptive, but brief, name of the construction project. Limit the name to 75 characters.

20. **Brief Description of Construction Activity.** Provide a brief description of the scope of work for the construction project.

21. **Project Start Date.** Provide the estimated project start date.

22. **Project end date.** Provide the estimated project end date, if known. The date provided does not imply that the permit will expire on the projected end date. The permit will be terminated only after a notice of termination is submitted to the department.

23. **Estimated Total Area of Site.** Enter the estimated acreage of the site/property in acres.

24. **Estimated Area of Disturbance.** Enter the estimated total acreage of land to be disturbed by construction activity.

25. **Physical Address.** Enter a physical address if one is available. For residential construction, avoid using a recorded plat survey, such as lot and block number. If a street addresses it not available, please use an alternative project location description (boxes 23 through 26).

26. **City.** Enter city in which project is located. If the project is located in a rural area, enter the nearest city.

27-30. **Township, Range, Section, Quarter Section.** Provide the numerical township, range and section of the construction project. Provide the quarter section in the ABCD format. See below.



31. **County.** Provide the county in which the project is occurring.

32-33. **Latitude and Longitude.** Provide the latitude and longitude in decimal degrees at the center of the site.

34. **Municipal Storm Sewer System or Description of Receiving Water.** If the project is located within city limits, enter the name of the city along with receiving water of the city storm sewer. Provide the name of the receiving body of water if outside city limits (i.e. Red River, unnamed tributary to Cherry Creek, wetlands, etc.).

Stormwater Pollution Prevention Plan (SWPPP) Requirements

35. As part of the permit, a SWPPP must be developed and available for review at the time of application. If the project is 50 or more acres, or is within 2000 feet of, and flows to, a body listed as impaired under section 303(d) of the Federal Clean Water Act due to sediment, suspended solids or turbidity, a copy of the SWPPP must be submitted with this application. A list of the Department's 303(d) list may be found at the following website in the most recent Integrated Report:

www.ndhealth.gov/WQ/SW/Z2_TMDL/Integrated_Reports/B_Integrated_Reports.htm

Signature Information

36-39. **Owner Information.** The signatory must be a responsible corporate officer, general partner, principal executive officer, or ranking elected official as required in Part IV.6.a of the permit number NDR10-0000.

40-43. **Operator Information.** The signatory must be a responsible corporate officer, general partner, principal executive officer, or ranking elected official as required in Part IV.6.a of the permit number NDR10-0000.

Please Note: Some internet browsers may not display the form properly and some features of the form may not be available or displayed. If you experience issues viewing the form, please read the following options for possible solutions:

In Firefox® browser: Go to the tools menu>options>applications. Under the actions column for Portable Document Format, change to Use Adobe® Reader in the drop down menu.

In Google Chrome™ Browser: Go to the address bar and type in chrome://plugins/ and click enter. Once in the plugin menu, go to the Chrome pdf viewer and click disable. Then go to the Adobe® Reader viewer and click enable. Once these changes are made, refresh the document.