



Notice of Intent (NOI) for Stormwater Discharges from Large and Small Construction Activities NPDES General Permit SCR100000



Florence County MS4

For official use only

File number: Permit number: SCR10 Submittal package complete:

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Submission of an NOI constitutes notice that the entity identified in Section I intends to be authorized under SCR100000.

Date: __/__/20__

Project/ Site Name:

Location:

I. Project Information

Project Owner/ Operator (Company or person): Permit Contact (if owner is company): Company EIN: Mailing Address: City: State: Zip: Phone: (Day) (Mobile) (Fax) Email address (optional):

II. Property Information

A. Site Location (street address, nearest intersection, etc.): City/ Town (if in Limits): Latitude: Longitude: Tax map # (list all): B. Property Owner (if different from section I above): Mailing Address: City: State: Zip: Phone: (Day)

III. Site Information

A. Disturbed area (to the nearest tenth of an acre): Total area: B. Is this project part of a Larger Common Plan for Development or Sale (LCP)? Yes No If yes, what is the previous state permit number? Previous NPDES number: SCR10 LCP/ Overall Development Name: C. Start Date (MM/DD/YYYY): Completion Date: D. Is this site located on Indian Lands? Yes No If yes, name of reservation. E. Type of Activity (check all that apply): Commercial Residential: Single-family Linear (Roads, utility lines, etc.) Other: Institutional Residential: Multi-family Site Preparation (No new impervious) F. Are there any flooding problems downstream or adjacent to this site? Yes No G. Has SCDHEC or Florence County issued a Notice to Comply or Notice of Violation for this site or LCP? Yes No H. Is any part of the property located outside of the Limits of Florence County in another MS4? Yes No If yes, list the MS4 operator name. I. List all state and federal environmental permits or approvals applied for or obtained for this site (e.g., RCRA).

IV. Waterbody Information

A. Nearest receiving waterbody(s) (RWB): Distance to nearest RWB (feet): Classification of nearest RWB: Next/Nearest named RWB:

B. Wetlands/ Waters of the State

Table with 5 columns: 1. Waters of the U.S./ State, On the site?, If yes, delineated/identified, Impacts?, Amount of impacts. Rows include Jurisdictional wetlands, Non-jurisdictional Wetlands, and Other Waters (List).

2. If yes for impacts in item B.1, describe each impact and activity, and list all permits (e.g., USACOE Nationwide permit, SCDHEC General Permit) and certifications that have been applied for or obtained for each impact.

C. Impaired Waterbodies (See Instructions.)

List the nearest SCDHEC Water Quality monitoring station(s) [WQMS(s)] to which construction stormwater (SW) discharges will drain and the corresponding waterbody(s). (WQMS): _____ Waterbody(s): _____

1. Is this WQMS(s) listed on the most current 303(d) List for Impaired Waters? Yes No
 - a. If yes for (1), list the impairment(s). _____
 - b. If yes for (1), will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? Yes No
 - c. If yes for (b), list the impairment(s) affected by the pollutant(s) referenced in (b). _____
 - d. If yes for (b), will use of the proposed BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations for the impairment(s) listed in (c)? Yes No
2. Has a TMDL(s) been developed for this WQSM(s)? Yes No
 - a. If yes for (2), list the impairment(s). _____
 - b. If yes for (2), has the standard been attained for the impairment(s)? Yes No
 - c. If no for (b), will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? Yes No
 - d. If yes for (c), are your discharges consistent with the assumptions and requirements of the TMDL(s)? Yes No

D. Are S.C. Navigable Waters (SCNW) on the site? Yes No

- a. If yes, list the name of the SCNW: _____
- b. If yes, will any construction activities cross over, or occur in, under, or through the SCNW? Yes No
- c. If yes for (b), then describe activities: _____
- d. If yes for (b), are the activities in SCNW covered under a SCDHEC General Permit or other SCDHEC permit? Yes No
- e. If no for (d), has an SCNW permit been applied for or issued for the site? Yes, for all activities Yes, for some activities No
- f. If yes for (d), list permit number(s) and corresponding activities. _____

V. Operator Information

A. SWPPP Preparer: _____ S.C. Registration #: _____
 Company/ Firm: _____ S.C. COA #: _____
 Mailing Address: _____ City: _____ State: __ Zip: _____
 Phone: (Day)) _____ (Mobile) _____ (Fax)) _____
 Email address (optional): _____

B. Operator of Day-to-Day Site Activities (ODSA) (Company or person): _____
 Site Contact (if ODSA is company): _____
 Mailing Address: _____ City: _____ State: __ Zip: _____
 Phone: (Day) _____ (Mobile) _____ (Fax) _____

VI. Signatures and Certifications: DO NOT SIGN IN BLACK INK!

A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.) Please check one. Engineer Tier B Land Surveyor Landscape Architect

Printed name of SWPPP Preparer

Signature of SWPPP Preparer
(DO NOT SIGN IN BLACK INK)

S.C. Registration #

B. 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 the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, 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.

I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the Department of Health and Environmental Control and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity. (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)

Printed name of Project Owner/Operator

Signature of Project Owner/Operator
(DO NOT SIGN IN BLACK INK)

Title/Position

