



**PAG-02
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 GENERAL PERMIT FOR DISCHARGES OF
 STORMWATER ASSOCIATED WITH CONSTRUCTION ACTIVITIES
 NOTICE OF INTENT (NOI)**

Before completing this form, read the step-by-step instructions provided in the PAG-02 NOI package.

DEP / CCD USE ONLY			
Date Received: _____		Permit ID: _____	
<input type="checkbox"/> Project Eligible	<input type="checkbox"/> NOI Complete	Date of: <input type="checkbox"/> Return <input type="checkbox"/> Withdrawal <input type="checkbox"/> Denial	
Date Resubmission Received: _____		_____	
Date Determined Complete: _____		Issuance Date: _____	
Coverage Effective Date: _____		Coverage Expiration Date: _____	
GENERAL INFORMATION			
1. NOI Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Major Amendment <input type="checkbox"/> Minor Amendment Permit No. PA_____			
2. Primary NAICS Code: _____		3. Additional NAICS Codes: _____	
4. Project Description:			
5. <input type="checkbox"/> Site Restoration Project			
6. <input type="checkbox"/> Common Plan of Development or Sale		No. phases: _____	No. phases complete: _____
APPLICANT INFORMATION			
1. Organization Name or Registered Fictitious Name		2. Employer ID# (EIN)	
3. Individual Last Name	First Name	MI	Suffix
4. Mailing Address Line 1		Mailing Address Line 2	
5. Address Last Line – City	State	ZIP+4	Country
6. Applicant Contact Last Name	First Name	MI	Suffix
7. Applicant Contact Title	8. Phone	Ext	
9. Email Address		10. FAX	
11. Ownership: Government: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> School District <input type="checkbox"/> Non-Government <input type="checkbox"/> Mixed (Public/Private)			

ELIGIBILITY INFORMATION		
1. Stormwater discharges from the project site will not drain to surface waters, including wetlands, that are classified for special protection.	<input type="checkbox"/> True	<input type="checkbox"/> False
2. The applicant is not in violation of any DEP or EPA enforceable document, including any permit, schedule of compliance, consent assessment of civil penalty, or order at the project site or other sites or facilities owned or operated by the applicant in Pennsylvania, and has not shown a lack of ability or intention to comply with laws administered by DEP or EPA as indicated by past or continuing violations.	<input type="checkbox"/> True	<input type="checkbox"/> False
3. The PNDI receipt indicates either 1) "No Impact", or 2) "Conservation Measures", or 3) "Avoidance Measures" that have been agreed to by the applicant, or 4) "Potential Impact" or "Avoidance Measures" not agreed to by the applicant but clearance letters from jurisdictional agencies are attached to the NOI or otherwise will be submitted prior to General Permit coverage.	<input type="checkbox"/> True	<input type="checkbox"/> False
4. Soils in the area of the earth disturbance are not contaminated at levels exceeding residential and non-residential medium-specific concentrations (MSCs) in 25 Pa. Code Chapter 250 at residential and non-residential construction sites, respectively, unless a site-specific standard has been met or evidence is provided of naturally occurring contamination.	<input type="checkbox"/> True	<input type="checkbox"/> False
5. Stormwater will not be discharged to MS4 or CSO systems or will be discharged to MS4 or CSO systems with no net change in volume, rate or water quality or will be discharged to MS4 or CSO systems with a net change (increase) and written consent of the MS4 or CSO permittee.	<input type="checkbox"/> True	<input type="checkbox"/> False
6. No regulated fill requiring a permit from DEP's Waste Management Program will be imported to, exported from, or otherwise utilized on the project site.	<input type="checkbox"/> True	<input type="checkbox"/> False
7. Stormwater discharges will not occur that would contain toxic or hazardous pollutants as defined in sections 307 and 311 of the Clean Water Act (33 U.S.C. §§ 1317 and 1321) or any other substance that – because of its quantity, concentration, or physical, chemical or infectious characteristics – may cause or contribute to an increase in mortality or morbidity in either an individual or the total population, or pose a substantial present or future hazard to human health or the environment when discharged into surface waters.	<input type="checkbox"/> True	<input type="checkbox"/> False
8. Stormwater will not be discharged to impaired waters caused by siltation, suspended solids, turbidity, water/flow variability, flow modifications/alterations, or nutrients, or stormwater will be discharged to impaired waters but the applicant will implement non-discharge alternative(s) or ABACT BMPs.	<input type="checkbox"/> True	<input type="checkbox"/> False
9. Stormwater will not be discharged to waters with an EPA-approved or established TMDL for siltation, suspended solids or nutrients, or will be discharged to TMDL waters (including the Chesapeake Bay) but the applicant will implement non-discharge alternative(s) or ABACT BMPs and any applicable wasteload allocation (WLA) will be achieved.	<input type="checkbox"/> True	<input type="checkbox"/> False

EXISTING PERMITS

Identify all environmental permits issued by DEP/CCD or EPA or are pending for this facility/project site within the past 5 years.

Type of Permit	Permit No.	Date Issued	Issued By

PROJECT SITE INFORMATION						
1. Project Site Name				2. Total Project Site Area	acres	
3. Project Site Impervious Area – Pre-Construction	acres	Percent of Total		%		
4. Project Site Impervious Area – Post-Construction	acres	Percent of Total		%		
5. Hydric soils or other wetland features are present within the Project Site. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, the wetland determination is attached to the NOI.						
6. County Name	Municipality Name			City	Boro	Twp State
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PA
7. County Name	Municipality Name			City	Boro	Twp State
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PA
8. Site Location Address						
9. Site Location City						
		State		ZIP+4		
OPERATOR INFORMATION						
1. Operator Name: _____			2. Contact Name: _____			
3. Operator Address: _____			4. Operator Phone: _____			
5. Operator City, State, Zip: _____						
6. Operator's Role in Project: <input type="checkbox"/> General Contractor <input type="checkbox"/> Consultant <input type="checkbox"/> Excavation Contractor <input type="checkbox"/> Other						
7. Operator's Responsibilities:						
1. Operator Name: _____			2. Contact Name: _____			
3. Operator Address: _____			4. Operator Phone: _____			
5. Operator City, State, Zip: _____						
6. Operator's Role in Project: <input type="checkbox"/> General Contractor <input type="checkbox"/> Consultant <input type="checkbox"/> Excavation Contractor <input type="checkbox"/> Other						
7. Operator's Responsibilities:						
EARTH DISTURBANCE INFORMATION						
1. Total Earth Disturbance Area _____ acres _____ sf						
2. Pre-Construction Impervious Area: _____ sf						
3. Post-Construction Impervious Area: _____ sf						
4. Pre-Construction/Present Land Use(s):			5. Post-Construction Land Use(s):			
_____ %			_____ %			
_____ %			_____ %			
_____ %			_____ %			
_____ %			_____ %			
6. <input type="checkbox"/> Plan Drawings within E&S Plans and PCSM Plans showing topography, project site and LOD boundaries, surface waters, discharge points, E&S and PCSM BMPs, and drainage patterns are attached.						
7. Report latitude and longitude at the center of the proposed disturbed area (decimal degrees).						
Latitude: _____		Longitude: _____				
8. Horizontal Reference Datum: <input type="checkbox"/> NAD of 1927 <input type="checkbox"/> NAD of 1983 <input type="checkbox"/> WGS of 1984 <input type="checkbox"/> Unknown						

EARTH DISTURBANCE INFORMATION (CONTINUED)		
9. There will be off-site construction support activities. <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. If Yes, identify the nature of known off-site support activities whose disturbance is included in #1, above:		
Description of Off-Site Support Activity	Distance from Site	Disturbance Area
	mi	acres
	mi	acres
11. Identify any other off-site support activities whose disturbance is not included in #1, above (see instructions).		
Description of Off-Site Support Activity	Distance from Site	Disturbance Area
	mi	acres
	mi	acres
12. Check the appropriate box concerning fill material (see instructions):		
<input type="checkbox"/> No fill material is expected to be imported to or exported from the project site. On-site materials constitute clean fill.		
<input type="checkbox"/> It is expected that fill will be needed for this project. Fill imported to the site will be considered clean fill.		
<input type="checkbox"/> It is expected that fill will be exported from the project site. Fill exported from the site will be considered clean fill.		
13. The site is enrolled in DEP's Act 2 Program. <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. The site was previously enrolled in DEP's Act 2 Program and cleanup standards have been met. <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Is Act 537 sewage planning approval needed for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The Act 537 approval letter is attached to the NOI. <input type="checkbox"/> Yes <input type="checkbox"/> No (will be obtained before construction) <input type="checkbox"/> N/A		
16. A Chapter 105 permit or authorization is required. <input type="checkbox"/> Yes <input type="checkbox"/> No		
17. If Yes, identify the necessary authorization. <input type="checkbox"/> Joint Permit <input type="checkbox"/> General Permit <input type="checkbox"/> Waiver		
18. Other DEP/CCD permits or authorizations are required. <input type="checkbox"/> Yes <input type="checkbox"/> No		
19. If Yes, identify the necessary authorizations.		
COMPLIANCE HISTORY		
Was/Is the applicant, facility owner or operator in violation of any DEP regulation, permit, order, or schedule of compliance at this or any other facility or project site within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," list each permit, order or schedule of compliance and provide current compliance status. Use additional sheets to provide information on all permits.		
Permit Program:	Permit No.:	
Brief Description of Non-Compliance:		
Steps Taken to Achieve Compliance	Date(s) Compliance Achieved	
Current Compliance Status: <input type="checkbox"/> In Compliance <input type="checkbox"/> In Non-Compliance		

STORMWATER DISCHARGE INFORMATION

1. List all stormwater discharge points during construction and provide the information requested below (see instructions). Not Applicable

Discharge Point No.	LATITUDE		LONGITUDE		RECEIVING WATERS						TMDL?
	Degrees	Degrees	Degrees	Degrees	Name of Receiving Waters	Ches. Bay?	Non-Surface Waters	Ch. 93 Class.	Impaired?		
						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

2. List all stormwater discharge points after construction and stabilization are complete and provide the information requested below. Not Applicable

Discharge Point No.	LATITUDE		LONGITUDE		RECEIVING WATERS						TMDL?
	Degrees	Degrees	Degrees	Degrees	Name of Receiving Waters	Ches. Bay?	Non-Surface Waters	Ch. 93 Class.	Impaired?		
						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

3. Will any of the points identified above discharge to a storm sewer system? Yes No
 Name of storm sewer owner/operator: _____ Is the storm sewer an MS4 or CSS? Yes No
 Discharge points discharging to storm sewer: _____

4. Identify and describe all non-stormwater discharges that are expected to occur during permit coverage. Describe the frequency and volume of all such discharges.

No non-stormwater discharges are anticipated.

5. Will there be any new or increased discharge to non-surface waters prior to reaching surface waters? Yes No

If Yes, the applicant is expected to 1) secure legal authority for the non-surface water discharge if the discharge will be to property not owned by the applicant, and 2) provide for adequate E&S controls to prevent accelerated erosion.

STORMWATER DISCHARGE INFORMATION (CONTINUED)

6. For each discharge to an impaired water (with or without a TMDL, including Ches. Bay) complete the information below.

Discharge Point No.:

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s):

Description of PCSM BMP(s):

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.:

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s):

Description of PCSM BMP(s):

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.:

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s):

Description of PCSM BMP(s):

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.:

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s):

Description of PCSM BMP(s):

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

Discharge Point No.:

Stormwater will be managed using: Non-discharge alternative ABACT BMP(s)

Description of E&S BMP(s):

Description of PCSM BMP(s):

WLA(s) in a TMDL apply to this discharge: Yes No

If Yes, describe how the discharge will comply with the WLA(s):

CERTIFICATION FOR PAG-02 APPLICANTS

I certify under penalty of law that this application and all related attachments were prepared by me or 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 own knowledge and on inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. The responsible official's signature also verifies that the activity is eligible to participate in the NPDES permit, and that BMP's, E&S Plan, PPC Plan, PCSM Plan, and other controls are being or will be, implemented to ensure that water quality standards and effluent limits are attained. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment or both for knowing violations pursuant to Section 309(c)(4) of the Clean Water Act and 18 Pa. C.S.A. § 4904.

I grant permission to the agencies responsible for the permitting of this work, or their duly authorized representative to enter the project site for inspection purposes. I will abide by the conditions of the permit if issued and will not begin work prior to permit issuance.

(For individuals no indication of title is necessary, choose the box below. All others proceed to the next paragraph)

Individual; proceed to signature portion.

I hereby certify that I am the signatory pursuant to 25 Pa. Code § 92a.22 and 40 CFR §122.22 and that I am the person who is responsible for decision-making regarding environmental compliance functions for Enter Entity name, the manager of one or more manufacturing, production, or operating facilities of the applicant and am authorized to make management decisions which govern the operation of regulated facility including having explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure the applicant's long term environmental compliance with environmental laws and regulations; and I am responsible for ensuring that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements.

(choose one of the following; not applicable for individuals):

- The responsible corporate officer president vice president secretary treasurer of _____
Corporation/Company Entity name
- The person either holding a position designated or individually listed on a "Certificate of Limited Liability Company Authority" filed with the Pennsylvania Department of State as a position/person with the authority to bind the company OR the person listed in the LLC's most current and active operating agreement as having the authority to bind the company. Please attach the applicable "Certificate of Limited Liability Company Authority" or operating agreement. If the operating agreement is attached, please identify the page and paragraph containing the applicable information.
- The general partner of _____ partnership/LP/LLP
Entity name
- The principal executive officer or ranking elected official of _____ Municipality/State/Federal/other public agency
Entity name
- Power of Attorney/delegation of contractual authority (documentation supporting delegation of contracting authority must be provided) for _____
Entity name

Applicant Name (type or print legibly)

Official Title

Applicant Signature

Date Signed

CERTIFICATION FOR OPERATORS

I understand that I am assuming joint and severable responsibility, coverage, and liability under the permit for all duties, responsibilities, and non-compliance with the Chapter 102 permit, as a co-permittee of this permit coverage. I certify that I will implement the requirements of the permit and the approved design plans and will notify the permittee and the agency that issued permit coverage prior to implementing changes to the plans.

Operator Name (type or print legibly)

Official Title

Operator Signature

Date Signed

Operator Name (type or print legibly)

Official Title

Operator Signature

Date Signed