

APPENDIX C

DEQ Notice of Intent (NOI) Form

NOI NUMBER (DEQ Will Assign): _____

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER PROTECTION BUREAU / STORM WATER PROGRAM
PO Box 200901 / Helena, MT / 59620-0901

NOTICE OF INTENT (NOI) FORM
GENERAL PERMIT FOR STORM WATER DISCHARGE ASSOCIATED WITH
CONSTRUCTION ACTIVITY

IMPORTANT: Before completing this form, all parties need to read the General Permit. For coverage to be valid upon receipt by the Department, all required items on the form must be completed. Responses must be self-explanatory and must not refer exclusively to attached maps, plans, or documents. The Storm Water Pollution Prevention Plan (SWPPP) and appropriate fees must accompany the NOI Form. Do not submit these items separately. Mail this NOI Form to the DEQ address above. The 2002-2006 General Permit, 2002 Fee Schedule, and related forms are available from the Storm Water Program at (406) 444-3080 or [http://www.deq.state.mt.us/wqinfo/MPDES/Storm waterConstruction.asp](http://www.deq.state.mt.us/wqinfo/MPDES/Storm%20waterConstruction.asp).

I. OPERATOR INFORMATION

List each party participating in the construction activity—from initiation of construction through final stabilization—that will be an operator as defined in Part V.T.8. of the General Permit. (Examples: primary contractor, project owner, site/land owners, consultants, or other contractors, such as the "final stabilization" contractor). For each operator, briefly describe responsibilities (what, when, where) for ensuring compliance with General Permit requirements.

OPERATOR #1

Name: _____ Phone: _____

Mailing Address: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone (if different from above): _____

Operator #1 Responsibilities: _____

OPERATOR #2

Name: _____ Phone: _____

Mailing Address: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone (if different from above): _____

Operator #2 Responsibilities: _____

OPERATOR #3

Name: _____ Phone: _____
Mailing Address: _____ State: _____ Zip Code: _____
Contact Person: _____ Phone (if different from above): _____
Operator #3 Responsibilities: _____

II. INDICATE WHICH OPERATOR IS RESPONSIBLE FOR:

- A) Achieving "final stabilization" of the site: _____
- B) Submitting the "Notice of Termination" (Specify one operator only): _____
- C) Payment of any subsequent annual fees (Specify one operator only): _____

III. CONSTRUCTION ACTIVITY INFORMATION (see General Permit for clarification)

- A) Construction Activity Name: _____
- B) Construction Activity Address (or location if no address): _____

- C) Construction Activity County: _____
- D) MDT Project Number/Designation (if applicable): _____
- E) Construction Activity Latitude and Longitude (See Part I.C.2.d. of General Permit): _____

F) Number and Names of Receiving Surface Waters (See Part I.C.2.e. of General Permit.
Describe clearly. The number of named or perennial receiving surface waters must be determined for you to calculate the fee in item "H" below. Attach
USGS topographic map showing project location and surface waters as required in Part I.C.2.g. of the General Permit): _____

- G) Type of Construction Activity Fee (see Part I.C.2.j. of General Permit): _____
- H) Indicate the Application and First Year Annual Fee Amounts Attached:
Application Fee Amount: _____ Annual Fee Amount: _____ Check No.: _____
- I) Brief Description of Purpose and Nature of Construction Activity: _____

- J) Estimated Construction Activity Start Date: _____
- K) Estimated Construction Activity Completion Date: _____
- L) Estimated Final Stabilization Completion Date: _____
- M) Estimate of Total Acreage of Construction-related Disturbance: _____
- N) Has a Storm Water Pollution Prevention Plan been developed according to Part IV of the General Permit and submitted with this Notice of Intent? YES _____ NO _____

