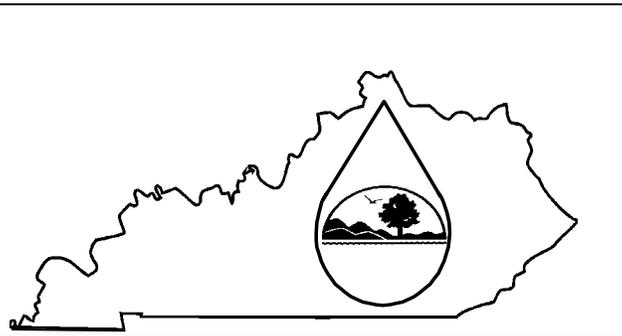


# FORM NOI-SWCA



## KENTUCKY POLLUTION DISCHARGE ELIMINATION SYSTEM (KPDES)

**Notice of Intent (NOI) for coverage of Storm Water  
Discharges Associated with Construction Activities Under  
the KPDES Storm Water General Permit KYR100000**

This is an application for:

- New construction activity.  
 Modification of coverage for additional area in same watershed.  
 Modification of coverage for additional area in different watershed.

If Modification is checked, state reason for Modification:

For Agency Use	Permit No. (Leave Blank)	K	Y	R	1	0				
For Agency Use	AI ID (Leave Blank)									

### SECTION I – FACILITY OPERATOR INFORMATION

Operator Name(s)*:		Phone:*	
Mailing Address:*		Status of Owner/Operator: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Public (other than state or federal)	
City:*	State:*	Zip Code:*	

### SECTION II – FACILITY/SITE LOCATION INFORMATION

Name of Project:*	Physical Address:*	City:*
State:*	Zip Code:*	County:*
Latitude (decimal degrees):*	Longitude (decimal degrees):*	SIC Code:*

### SECTION III – SITE ACTIVITY INFORMATION

For single projects provide the following information

Total Number of acres in project:*	Total Number of acres to be disturbed:*	Start date:	Completion date:
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For common plans of development projects provide the following information

Total Number of acres in project:*	Number of individual lots in development:	Number of lots to be developed:
Total acreage intended to be disturbed:*	Number of acres intended to be disturbed at any one time:	
Start date:	Completion date:	List Contractors:

### SECTION IV – DISCHARGE TO A WATER BODY

Name of Receiving Water:*	Anticipated number of discharge points:
Location of anticipated discharge points: Latitude (decimal degrees):*	Longitude (decimal degrees):*
Receiving Water Body Stream Use Designation	<input type="checkbox"/> Cold Water Aquatic Habitat <input type="checkbox"/> Domestic Water Supply <input type="checkbox"/> Outstanding State Resource Water <input type="checkbox"/> Secondary Contact Recreation <input type="checkbox"/> Primary Contact Recreation <input type="checkbox"/> Warm Water Aquatic Habitat
Antidegradation Categorization	<input type="checkbox"/> Outstanding National Resource Water <input type="checkbox"/> Exceptional Water <input type="checkbox"/> High Quality Water <input type="checkbox"/> Impaired Water
Name of Receiving Water:*	Anticipated number of discharge points:
Location of anticipated discharge points: Latitude (decimal degrees):*	Longitude (decimal degrees):*
Receiving Water Body Stream Use Designation	<input type="checkbox"/> Cold Water Aquatic Habitat <input type="checkbox"/> Domestic Water Supply <input type="checkbox"/> Outstanding State Resource Water <input type="checkbox"/> Secondary Contact Recreation <input type="checkbox"/> Primary Contact Recreation <input type="checkbox"/> Warm Water Aquatic Habitat
Antidegradation Categorization	<input type="checkbox"/> Outstanding National Resource Water <input type="checkbox"/> Exceptional Water <input type="checkbox"/> High Quality Water <input type="checkbox"/> Impaired Water

# FORM NOI-SWCA

<b>SECTION V – DISCHARGE TO AN MS4</b>			
Name of MS4:		Date of application /notification to the MS4 for construction site coverage:	
Number of discharge points:	Location of each discharge point: Latitude (decimal degrees):*		Longitude (decimal degrees):*
<b>SECTION VI – CONSTRUCTION ACTIVITIES IN OR ALONG A WATER BODY</b>			
Will the project require construction activities in a water body or the riparian zone: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe scope of activity:			
Is a Clean Water Act 404 permit required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Is a Clean Water Act 401 Water Quality Certification required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SECTION VII – NOI PREPARER INFORMATION</b>			
First Name:*	Last Name:*	Phone :*	eMail Address:*
Mailing Address:*	City:*	State:*	Zip Code:*
<b>SECTION VIII – ATTACHMENTS</b>			
Attach a full size color USGS 7½-minute quadrangle map with the facility site clearly marked. USGS maps may be obtained from the University of Kentucky, Mines and Minerals Bldg, Room 106, Lexington, Kentucky 40506. Phone number (859) 257-3896.			
<b>SECTION IX – CERTIFICATION</b>			
<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 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.</b>			
Signature:*		First Name:*	Last Name:*
Phone:*	eMail Address:		Date:*

This completed application form and attachments should be sent to: SWP Branch, Division of Water, 200 Fair Oaks, Frankfort, Kentucky 40601. Questions should be directed to: SWP Branch, Operational Permits Section at (502) 564-3410.

# KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM FORM NOI-SWCA – INSTRUCTIONS

## WHO MUST FILE A NOTICE OF INTENT (NOI) FORM

Federal law at 40 CFR Part 122 prohibits point source discharges of stormwater associated with industrial activity to a water body of the Commonwealth of Kentucky without a Kentucky Pollutant Discharge Elimination System (KPDES) permit. The operator of an industrial activity that has such a storm water discharge must submit a NOI to obtain coverage under the KPDES Storm Water General Permit. If you have questions about whether you need a permit under the KPDES Storm Water program, or if you need information as to whether a particular program is administered by the state agency, call the **Storm Water Contact, Operational Permits Section, Kentucky Division of Water at (502) 564-3410**.

## WHERE TO FILE NOI FORM

NOIs must be sent to the following address or submitted in on-line at <https://dep.gateway.ky.gov/eForms/Default.aspx?FormID=3>:

Operational Permits Section  
SWP Branch, Division of Water  
200 Fair Oaks Lane  
Frankfort, KY 40601

**Electronic NOI-SWCAs are to be submitted a minimum of seven (7) working days prior to commencement of construction related activities. Paper NOI-SWCAs are to be submitted a minimum of thirty (30) working days prior to commencement of construction related activities.**

## COMPLETING THE FORM

Enter information in the appropriate areas only. (\*) denotes a required field. Enter N/A (Not Applicable) for fields that are required but do not apply to your submission. If you have any questions regarding the completion of this form call the **Storm Water Contact, Operational Permits Section, at (502) 564-3410**.

### SECTION I – FACILITY OPERATOR INFORMATION

**Operator Name(s):** Enter the name or names of all operators applying for coverage under KYR10 using this NOI.

**Mailing Address, City, State, and Zip Code:** Provide the mailing address of the primary operator

**Phone No.:** Provide the telephone numbers of the person who is responsible for the operation.

**Status of Owner/Operator:** Select the appropriate legal status of the operator of the facility from the dropdown list.

Federal  
Public (other than federal or state)  
State  
Private

### SECTION II – FACILITY/SITE LOCATION INFORMATION

**Name of Project:** Provide the name of the project.

**Physical Address, City, State, Zip Code and County:** Provide the physical address of the project.

**Latitude/Longitude:** Provide the general site latitude and longitude of the operation.

**SIC Code:** Enter the Standard Industrial Code for the project

### SECTION III – SITE ACTIVITY INFORMATION

**For single projects provide the following information:**

**Total number of acres in project:** Indicate the total acreage of the project including both disturbed and undisturbed areas.

**Total number of acres to be disturbed:** Indicate the total number of acres of the project to be disturbed.

**Anticipated start date:** Indicate the approximate date of when construction activities will begin.

**Anticipated completion date:** Indicated the approximate date of when final stabilization will be achieved.

**For common plans of development provide the following information:**

**Total number of acres in project:** Indicate the total acreage of the project including both disturbed and undisturbed areas.

**Number of individual lots in development, if applicable:** Indicate the number of individual lots or unit in the common plan of development

**Number of lots to be developed:** Indicate the number of lots that you intend to develop.

**Total acreage of lots intended to develop:** Indicate the total acreage of the lots you intend to develop

**Total acreage intended to disturb:** Indicate the total acreage of the lots you intend to disturb

**Number of acres intended to disturb at any one time:** Indicate the maximum number of acres to be disturbed at any one time.

**Anticipated start date:** Indicate the approximate date of when construction activities will begin.

**Anticipated completion date:** Indicated the approximate date of when final stabilization will be achieved.

**List of contractors:** Provide the names of all known contractors that will be working on site.

# KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM FORM NOI-SWCA – INSTRUCTIONS

## SECTION IV – IF THE PERMITTED SITE DISCHARGES TO A WATER BODY THE FOLLOWING INFORMATION IS REQUIRED

**Name of Receiving Water:** Provide the names of the each water body receiving discharges from the site. Provide only official USGS names do not provide local names

**Anticipated number of discharge points:** Indicate the number of discharge points to each receiving water body.

**Location of anticipated discharge points:** Provide the latitude and longitude of each discharge point. Add points as necessary.

**Receiving Water Body Stream Use Designation:** Check all appropriate boxes

**Antidegradation Categorization:** Select from the drop down box one of the following:

Outstanding National Resource Water

Exceptional Water

High Quality Water

Impaired Water

## SECTION V – IF THE PERMITTED SITE DISCHARGES TO A MS4 THE FOLLOWING INFORMATION IS REQUIRED

**Name of MS4:** Provide the name of the MS4 to which the activity will discharge

**Number of discharge points to the MS4:** Indicate the number of discharge points

**Location of each discharge point:** Provide the latitude and longitude of each discharge point. Add points as necessary

**Date of application/notification to the MS4 for construction site permit coverage:** Indicate the date the MS4 has or will be notified.

## SECTION VI – CONSTRUCTION ACTIVITIES IN OR ALONG A WATER BODY

**Will the project require construction activities in a water body or the riparian zone:** Select Yes or No from the drop down box.

**If Yes, describe scope of activity:** Provide a brief description of the activity (ies) that will take place in the water body or the riparian zone.

**Is a Clean Water Act 404 permit required:** Select Yes or No from the drop down box.

**Is a Clean Water Act 401 Water Quality Certification required:** Select Yes or No from the drop down box.

## SECTION VII – NOI PREPARER INFORMATION

Provide the name, mailing address, telephone number and eMail address of the person preparing the NOI.

## SECTION VIII –Attachments

**Attach a USGS topographic map indicating the location of the activity and the proposed discharge points.**

## SECTION IX – CERTIFICATION

Provide the name, mailing address, telephone number and eMail address of the person who is responsible for the activity

**Signature:** Provide full name of the responsibility party. This will constitute a signature.

The NOI must be signed as follows:

**Corporation:** by a principal executive officer of at least the level of vice president

**Partnership or sole proprietorship:** by a general partner or the proprietor respectively