STATE OF UTAH, DEPARTMENT OF ENVIRONMENTAL QUALITY, DIVISION OF WATER QUALITY 195 North 1950 West, P.O. Box 144870, Salt Lake City, Utah 84114-4870 (801)536-4300

NOI

Notice of Intent (NOI) for Storm Water Discharges Associated with Construction Activity Under the UPDES General Permit No. UTR361343

SEE REVERSE FOR INSTRUCTIONS

Submission of this Notice of Intent constitutes notice that the party(s) identified in Section I of this form intends to be authorized by UPDES General Permit No. UTR361343 issued for storm water discharges associated with construction activity in the State of Utah. Becoming a permittee obligates such discharger to comply with the terms and conditions of the permit. ALL NECESSARY INFORMATION MUST BE PROVIDED ON THIS FORM.

Is this NOI seeking continuation for previously expired permit coverage at the same site? (Y or N) If yes, what is the number of the previous permit coverage? Permit No.								
	Permit Registration Date: 08/24/2012	Permit Start Date	: 08/25/2012		Permit Expiration	Date: 10/30/2012		
I.	OPERATOR INFORMATION							
	Name (Main operator): Tim Charlwood				Phone: 435-901-23	337		
	Address: P.O. Box 980400				Status of Owner/O	perator: PRIVATE		
	City: PARK CITY	State: UT			Zip: 84908-0400			
	Contact Person: TimCharlwood				Phone: 435-901-23	337		
	Name (1st Co-permittee): Tim Charlwood				Phone: 435-901-23	337		
	Address: P.O. Box 980400				Status of Owner/O	perator: PRIVATE		
	City: PARK CITY	State: UT		Zip: 84908-0400				
	Contact Person: Tim Charlwood				Phone: 435-901-23	37		
	Name (2nd Co-permittee): Tim Charlwood				Phone: 435-901-23	337	-	
	Address: P.O. Box 980400				Status of Owner/O	perator: PRIVATE		
	City: PARK CITY	State: UT			Zip: 84908-0400			
	Contact Person: Tim Charlwood				Phone: 435-901-23	337		
	Name (3rd Co-permittee):		:		Phone:			
	Address:		•		Status of Owner/O	perator:		
	City:	State:			Zip:			
	Contact Person:		•		Phone:			
Please copy this form if you have more co-permittees than what is allowed on this form.								
II.	FACILITY SITE / LOCATION INFORMATION	N				Is the facility located in Indian Country?		
	Name: Sanctuary					N (Y or N)		
	Project No. (if any):							
	Address: Maple Drive				County: WEBER			
	City: HUNTSVILLE	State: UT	Zip	: 84317				
	Latitude: 41.2696100	titude: 41.2696100 Longitude: -111.7316494						
	Method (check one): USGS Topo Map, Scale	☐ EPA Web site 🗵 GPS		⋉ GPS	Other			

III.	SITE ACIVITY INFORMATION					
	Municipal Separate Storm Sewer System (MS4) Operator Name: Huntsville					
l	Receiving Water Body: Pineview Reservoir known					
	How far to the nearest water body? 3 miles					
	List the Number of any other UPDES permits at the site: None					
IV.	TYPE OF CONSTRUCTION (Check all that apply)					
	1. Residential 2. Commercial 3. Industrial 4. Road 5. Bridge 6. Utility 7. Contouring, Landscaping					
	8. Other (Please list)					
V.	BEST MANAGEMENT PRACTICES					
	Identify proposed Best Management Practices (BMPs) to reduce pollutants in storm water discharges: (Check all that apply)					
	1. Silt Fences 2. Sediment Pond 3. Seeding/Preservation of Vegetation 4. Mulching/Geotextiles 5. Check Dams					
	6. X Structural Controls (Berms, Ditches, etc.)					
	7. Other (Please list)					
VI.	ADDITIONAL INFORMATION REQUIRED	The state of the s				
	Estimated Area to be Disturbed (in Acres): 2	Total Acreage: 520				
	A storm water pollution prevention plan has been prepared for this site and is to the best of my knowledge in Compliance with State and/or Local Sediment and Erosion Plans and Requirements. Y (Y or N) (A pollution prevention plan is required to be on hand before submittal of the NOL)					
	$\textbf{Enter the best e-mail address for contacting the permittee: } \ time harlwood@gmail.co$	m				
VII.	CERTIFICATION: I certify under penalty of law that I have read and understand the Part I eligibility requirements for coverage under the general permit for storm water discharges from construction activities. I further certify that to the best of my knowledge, all discharges and BMPs that have been scheduled and detailed in a pollution prevention plan will satisfy requirements of Part I, and Part 3 of this permit. I understand that continued coverage under this storm water general permit is contingent upon maintaining eligibility as provided for in Part 1. I also certify under penalty of law that this document and all attachments were prepared under the direction or supervision of those who have placed their signature below, 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.					
Print	Name (of responsible person for the main operator from first page):	Date:				
Tim Charlwood		08/24/2012				
Signature: Los Wood						
Print	Name (of responsible person for the 1st co-permittee from first page):	Date:				
Tim (Charlwood	08/24/2012				
Signature: (truling of						
Print	Name (of responsible person for the 2nd co-permittee from first page):	Date:				
Tim Charlwood		08/24/2012				
Signature:						
Print Name (of responsible person for the 3rd co-permittee from first page): Date: 3 8 2 4 2012						
Signature: Star Annual of Permit For Enclosed: \$ 110.00						
Signature: Starline 1		Amount of Permit Fee Enclosed: \$ 110.00				