	STATE OF UTAH, I	DEPARTMENT OF ENVIRONMEN 1950 West, P.O. Box 144870, Salt La	ke City, Utah 8411-	4-4870 (801) 530	-4300	UPDES General Permit	
ION	Notice of Intent (No	OI) for Storm Water Discharges Assor SEE REVERSE FOR INSTI-	EUCTIONS	Amon recursory			
oboolssion	of this Notice of Intent con	stitutes notice that the party(s) identi issued for storm water discharges as comply with the terms and condition	fied in Section I of t sociated with const s of the permit. AL	his form intends ruction activity i L NECESSARY	to be an in the St INFOR	uthorized by UPDES ate of Utah. Becoming a MATION MUST BE	
		ion for previously expired permit cov-	crage at the same si		ND		
H	yes, what is the number of	the previous permit coverage?					
		Permit Start Date 06/21/2018	Permit Expira	tion Date: 06/2	1/2019		
. 0	PERATOR INFORMATI	ON					
N	Name (Owner): Malt & Teal Wardle			Phone: 801-725-6936			
	Address: 1163 E 3400 N			Status of Owner/Operator: PRIVATE			
	ity: NORTH OGDEN			State: UT	Zip: 4	34414	
	ontact Person: Maft Ward	e		Phone: 801-7	25-6936		
			Phone	801-389-9193			
1	name (Operator): A.R.C. B	ulders, Inc/Ryan Udell	r aout.		ner/One	rator: PRIVATE	
A	Address: 2708 N 1325 E					84414	
(ity: NORTH OGDEN			State: UT			
('ontact Person: Ryan Ude			Phone: 801-	109-9150		
11.	FACILITY SITE / LOCA	TION INFORMATION				Is the facility located in Indian Country?	
1	Name: Lot 65 Eagle Ridge	Subdivision				YO NO	
3	Project No. (if any):						
	Address: 4435 East Eagle	(County: WEBER				
	City; EDEN		State	u UT Zip:	84310		
	Latitude: 41.3316445	Longitude: -111.842145					
	Method (check one): 🗆 U	SGS Topo Map, Scale	☐ EPA Web site	□ GPS ≥	Other		
111.	SITE INFORMATION						
	Municipal Separate Storm Sewer System (MS4) Operator Name: Weber County						
	Receiving Water Body: F			this is known	e 📵 tl	nis is a guess	
		e nearest water body? 3 miles		n. 🗖	miles.	◙	
	Is the receiving water an impaired or high quality water body (see http://wq.deq.utah.gov/)? Yes No						
		her UPDES permits at the site:			53050		
IV.	TYPE OF CONSTRUCTION (Check all that apply)						
=1000	1. M Residential 2. □ Commercial 3. □ Industrial 4. □ Road 5. □ Bridge 6. □ Utility						
	7. Contouring, Lands	caping 8. Pipeline 9.	Other (Please list)				

V.	BEST MANAGEMENT PRACTICES	and the shall that apply?				
	Identify proposed Best Management Practices (BMPs) to reduce pollutants in storm water discharges (Check all that apply): 1. □ Silt Fence/Straw Wattle/Perimeter Controls 2. □ Sediment Pond 3. □ Seeding/Preservation of Vegetation 4. □ Mulching/Geotextiles 5. □ Check Dams 6. ☑ Structural Controls (Berms, Ditches, etc.) 7. ☑ Other (Please list) Track out pads, Waddles, Concrete Washout container					
VI.	GOOD HOUSEKEEPING PRACTICES Identify proposed Good Housekeeping Practices to reduce pollutants in storm water discharges (Check all that apply even if they apply					
	only during a part of the construction time):					
	1. 22 Samuary/Fortable Funct	truction Chemicals/Building Supplies Storage Area				
	 4. Garbage/Waste Disposal 5. □ Non-Storm Water 6. 6.	ack Out Controls 7. Spill Control Measures				
VII.		1 a of Sheat dir. Acrosch 1 50				
		Total Area of Plot (in Acres): 1.50				
	A storm water pollution prevention plan has been prepared for this site and is and/or Local Sediment and Erosion Plans and Requirements. Y N N (A pollution prevention plan is required to be on hand before submittal of the					
	Enter the best e-mail address to contact the permittee: ryanu.arc@gmail.com					
u a ti	BILCERTIFICATION: I certify under penalty of law that I have read and understunder the general permit for storm water discharges from construction activities all discharges and BMPs that have been scheduled and detailed in a storm water this permit. I understand that continued coverage under this storm water generated for in Part 1.	er pollution prevention plan will satisfy requirements of ral permit is contingent upon maintaining eligibility as				
V 1	I also certify under penalty of law that this document and all attachments were who have placed their signature(s) below, in accordance with a system design evaluate the information submitted. Based on my inquiry of the person or per responsible for gathering the information, the information submitted is, to the complete. I am aware that there are significant penalties for submitting talse i imprisonment for knowing violations.	sons who manage the system, or those persons directly best of my knowledge and belief, true, accurate, and				
	Print Name (Owner):	Date:				
	XXXXXXXXXXXXXX	6-21-2018				
Matt	Matt & Teal Wardie	*				
Sign	ignature: Man MAW					
Prior	rint Name (Operator):	Date:				
A.R	A.R.C. Builders, Inc/Pyen Udell	6-21-2018				
Signs	Signature: MINELAR					
-	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1					
Amo	Amount of Permit Fee Enclosed: 5 150.00					

Electronic Check Payment Receipt

Your payment was successfully processed.

Please print this page as a receipt for your records.

Dema Christian Brion Arcount

Storm Water Construction Permit 1 \$150.00 \$150.00

Matt & Teal Wardle

Total Amount: \$150.00

Payment Processing Details

Order Number: UTR387305

Date of Transaction: 06/21/2018

Amount Paid: \$150.00

Name on Card: A.R.C. Builders Inc Bank Account Number: 7404

Bank Account Type: Consumer Checking

I hereby authorize Utah.Gov to initiate debit entries and, if necessary, to credit such account to correct any erroneous debits using an Automated Clearing House ("ACH") debit entry.

A.R.C. Builders Inc