| | | | CONTRACTOR STORY | | uction Activ | | |
|--|--|--|--|--|--|---|---|
| Application | submittals will | be accepted by a | | Non- | | | 40, Ogden, UT 84401 |
| Date Submitted 8/20/2018 | Fees (Of | Ffice Use) SO-99 | Receipt Numb | er (Office Use) | OYes O | ONo | Permit Number (Office Use) |
| Property Owner/A Contact Information | roperty Owner/Authorized Representative | | | Project Information | | | |
| Name of Property Owner CROOKSTON, MICHAEL A | | Representative(s) | | Project Name Elk Ridge Lot 9 | | | |
| 801-389 | | Fax | | Project Address 4168 N 3750 E Liberty, UT 84310 | | | |
| nail Address mycrkstn@gmail.com | | | | Liberty, 01 o | 4510 | | |
| ailing Address of Proper 20 N Yacht Club Dr | ty Owner(s)/Aut | thorized Represen | tative(s) | | | | |
| den, UT 84310 | | | Estimated Project Length (mo) 12 Mo Estimated Start Date 8/25/2018 | | Previous Permit No. (if applicable) Actual Start Date | | |
| | | | | | | | |
| ıbmittal Checklist | | | | | | | |
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Signa

| | STATE OF UT | TAH, DEPARTMENT OF ENVIRONM | MENTAL QUALITY, DIVISION OF WATER | R OUALITY | | |
|--------|--|--|---|-----------------------------------|--|--|
| | 195 | 5 North 1950 West, P.O. Box 144870, Sa | lt Lake City, Utah 84114-4870 (801) 536-430 | 0 | | |
| NO | UTRH8 | 8409 <u>SEE I</u> | Associated with Construction Activity Under REVERSE FOR INSTRUCTIONS | | | |
| permit | ai Permit No. UTRH8840 | 9 issued for storm water discharge | lentified in Section I of this form intends to be a sassociated with construction activity in the tions of the permit. ALL NECESSARY INFO | State of Utah Recoming a | | |
| PER | MIT PERIOD | Permit Start Date: 08/20/2018 | Permit Expiration Date: 06/30/2019 | | | |
| PER | MIT TYPE | Construction General Permit (CGP, t | his permit covers any construction project): | | | |
| | | Common Plan Permit (this only covers | s single lot residential construction disturbing le | | | |
| | 250 200 | ntinuation for previously expired | If yes, what is the number of the | previous permit coverage? | | |
| | permit coverage at the | same site? Y⊠ N□ | Permit No. UTR | | | |
| I. | OWNER INFORMATI | ON | | | | |
| | Owner Name: Michael | Crookston | Phone: 801-389-4598 | 3 | | |
| | Address: 4168 N 3750 | E | Status of Owner: PR | IVATE | | |
| | City: LIBERTY | | State: UT Zip: | 84310 | | |
| | Contact Person: Michae | el Crookston | Phone: 801-389-45 | 97 | | |
| | GENERAL CONTRAC | CTOR: Michael Crookston | Phone: 801-389-4 | 597 | | |
| | Address: 720 N Yacht | Club Dr | Status of General Co | ontractor: PRIVATE | | |
| | City: LIBERTY | | State: UT Zip: | 84310 | | |
| | Contact Person: Michael | el Crookston | Phone: 801-389-45 | | | |
| II. | FACILITY SITE / LOC | CATION INFORMATION | | Is the facility located in Indian | | |
| 11. | Name: Elk Ridge Esta | | | Country? | | |
| | | | | Y N X | | |
| | Project No. (if an | ay): | | | | |
| | Address: 4168 N 3750 | E | County: WEBER | 1 | | |
| | City: LIBERTY | | State: UT Zip: 84310 | | | |
| | Latitude: 41.335038 | Longitude: -111.8575 | | | | |
| | Method (check one): | 3 | ☐ EPA Web site ☐ GPS ☒ Other | | | |
| III. | SITE INFORMATION | | | | | |
| | | rm Sewer System (MS4) Operator Name | e: Weber County | | | |
| | Receiving Water Body: Pineview Reservoir guess this is known this is a guess (see http://wq.deq.utah.gov/) | | | | | |
| | Estimate of distance to the | he nearest water body? 5 miles | ft. ☐ miles. ▷ | | | |
| | Is the receiving water ar | n impaired or high quality water body (| | No 🗆 | | |
| | | other UPDES permits at the site: | | _ | | |
| IV. | THIS SECTION IS ONL List the lots proposed for | LY FOR PROJECTS INVOLVED IN D r the development (please add another s | DEVELOPMENT OF A SUBDIVISION. Sheet of paper if there is not enough room to | list all lots). | | |
| | lot #9 | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | 5 | unio | | 0 | | |

| V. | TYPE OF CONSTRUCTION (Check all that apply) | | | | | |
|---|--|--|--|--|--|--|
| | 1. ☑ Residential 2. ☐ Commercial 3. ☐ Industrial 4. ☐ Road 5. ☐ Bridge 6. ☐ Utility | | | | | |
| | 7. Contouring, Landscaping 8. Pipeline 9. Other (Please list) | | | | | |
| VI. | BEST MANAGEMENT PRACTICES | | | | | |
| | 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) | | | | | |
| VII. | GOOD HOUSEKEEPING PRACTICES | | | | | |
| V 11. | 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): | | | | | |
| | | | | | | |
| | | | | | | |
| **** | | | | | | |
| VIII. | ADDITIONAL Federated Associated and District Association (Control of the Control | | | | | |
| | Estimated Area to be Disturbed (in Acres): 0.75 Total Area of Plot (in Acres): 0.75 | | | | | |
| | 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 X N (A pollution prevention plan is required to be on hand before submittal of the NOI.) | | | | | |
| | Project Start Date: 08/29/2018 | | | | | |
| | Project End Date: 08/02/2019 | | | | | |
| | Enter the best e-mail address to contact the permittee: amycrkstn@gmail.com | | | | | |
| IX.CERTIFICATION: I certify under penalty of law that I have read and understand the Part 1 eligibility requirements for coverage | | | | | | |
| all o | er the general permit for storm water discharges from construction activities. I further certify that to the best of my knowledge, discharges and BMPs that have been scheduled and detailed in a storm water pollution prevention plan will satisfy requirements of permit. I understand that continued coverage under this storm water general permit is contingent upon maintaining eligibility as wided for in Part 1. | | | | | |
| who eval resp com | 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(s) 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. | | | | | |
| Owner a | nd Operator must sign below: | | | | | |
| Print Na | me: Date: | | | | | |
| Michae | l Crookston | | | | | |
| | | | | | | |
| Title: | | | | | | |
| | | | | | | |
| Signature | e: | | | | | |
| Print Na | me: Date: | | | | | |
| | Crookston Date: | | | | | |
| Michael | Crodictori | | | | | |
| Title: | | | | | | |
| Signature | s: | | | | | |
| Amount | of Parmit Fee Englosed: \$ 150.00 | | | | | |
| Amount (| of Permit Fee Enclosed: \$ 150.00 | | | | | |