|                    |   | AH, DEPARTMENT OF ENVIRONM<br>North 1950 West, P.O. Box 144870, Sal  |  |                  |                   |                          |                      |
|--------------------|---|--|--|------------------|-------------------|--------------------------|----------------------|
| NO                 | Nation of today                         | nt (NOI) for Storm Water Discharges A  | The state of the s | uction Activity  |                   |                          | General Permit       |
| Jeneral<br>ermitte | l Permit No. UTRH8941                   | nt constitutes notice that the party(s) id<br>3 issued for storm water discharge:<br>ger to comply with the terms and condit | s associated with cons   | truction activit | y in the S        | tate of Utal             | . Becoming a         |
| ERM                | IT PERIOD                               | Permit Start Date: 10/11/2018  | Permit Expiration  | Date: 06/30/     | 2019              |                          |                      |
| ERN                | ИІТ ТҮРЕ                                | Construction General Permit (CGP, t  | his permit covers any c  | onstruction proj | ject):            |                          | 🗆                    |
|                    |   | Common Plan Permit (this only cover  |  |                  |                   | 1000                     |                      |
|                    | •                                       | itinuation for previously expired  |  |                  | er of the p       | previous per             | mit coverage?        |
|                    | permit coverage at the                  | same site? Y⊠ N□   | Permit N   | o. UTR           |                   |                          |                      |
|                    | OWNER INFORMAT                          | ION  |  |                  |                   |                          |                      |
|                    | Owner Name: Signatu                     | re Homes   |  | Phone: 801-6     | 44-0312           | :                        |                      |
|                    | Address: 4107 n 1100                    | W  |  | Status of Ow     | ner: PRI          | VATE                     |                      |
|                    | City: PLEASANT VIE                      | :W   |  | State: UT        | Zip: 8            | 84414                    |                      |
|                    | Contact Person: Natha                   | n Nelson   |  | Phone: 801       | -644-031          | 12                       |                      |
|                    | GENERAL CONTRAC                         | CTOR: Signature Homes  |  | Phone: 80        | 1-644-03          | 312                      |                      |
|                    | Address: 4107 n 1100                    | ) w  |  | Status of G      | eneral Co         | ntractor: P              | RIVATE               |
|                    | City: PLEASANT VIE                      | :W   |  | State: UT        | Zip: <sup>‡</sup> | 84414                    |                      |
|                    | Contact Person: Natha                   | n Nelson   |  | Phone: 801       | -644-03°          | 12                       |                      |
| I.                 | FACILITY SITE / LO                      | CATION INFORMATION   |  |                  |                   | Is the facil<br>Country? | ity located in India |
|                    | Name: Hernandez Pr                      |  |  |                  |                   |                          | <del></del>          |
|                    | Project No. (if a                       | •  |  |                  |                   | Y 🗆                      | N 🔀                  |
|                    | Address: 6095 s Osm                     | and Dr   | <b>C</b>   | WEDED            |                   |                          |                      |
|                    |   |  | Count  | y: WEBER         | 04405             |                          |                      |
|                    | City: SOUTH OGDE<br>Latitude: 41.152340 | Longitude: -111.911  |  | : OI Zip:        | 84405             |                          |                      |
|                    |   | <del>-</del>   |  | Пове             | V 04              |                          |                      |
|                    | Method (check one): [                   | USGS Topo Map, Scale   | EPA Web site   | □GPS [           | X Other           |                          |                      |
| II.                | SITE INFORMATION                        | ī  |  |                  |                   |                          |                      |
|                    | Municipal Separate St                   | orm Sewer System (MS4) Operator Nar  | me: Weber County   |                  |                   |                          |                      |
|                    | Receiving Water Body                    | : Weber River known  | this is known 🛭  | this is a gues   | s 🔲 (see          | e http://wq.e            | leq.utah.gov/)       |
|                    | Estimate of distance to                 | the nearest water body? 5 miles  |  | ft. 🔲            | miles.            | X                        |                      |
|                    | Is the receiving water                  | an impaired or high quality water body   | (see http://wq.deq.ut  | ah.gov/)? Ye     | es 🔲              | No 🗵                     |                      |
|                    | List the Number of any                  | other UPDES permits at the site:   |  |                  |                   |                          |                      |
|                    |   |  |  | F A SUBDIVIS     |                   |                          |                      |

| 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. X 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   |  |  |  |  |  |  |  |
|  | 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. X Sanitary/Portable Toilet 2. X Washout Areas 3. Construction Chemicals/Building Supplies Storage Area   |  |  |  |  |  |  |  |
|  | 4. 🗵 Garbage/Waste Disposal 5. 🗌 Non-Storm Water 6. 🗵 Track Out Controls 7. 🔲 Spill Control Measures  |  |  |  |  |  |  |  |
| VIII.  | ADDITIONAL  |  |  |  |  |  |  |  |
|  | Estimated Area to be Disturbed (in Acres): 1.00 Total Area of Plot (in Acres): 1.00   |  |  |  |  |  |  |  |
|  | 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 N N (A pollution prevention plan is required to be on hand before submittal of the NOL) |  |  |  |  |  |  |  |
|  | Project Start Date: 10/15/2018  |  |  |  |  |  |  |  |
|  | Project End Date: 10/15/2019  |  |  |  |  |  |  |  |
|  | Enter the best e-mail address to contact the permittee: Signature03.nn@gmail.com  |  |  |  |  |  |  |  |
| IX.CERTIFICATION: I certify under penalty of law that I have read and understand the Part 1 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 storm water pollution prevention plan will satisfy requirements 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(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  | and Operator must sign below:   |  |  |  |  |  |  |  |
|  | ture Homes  Date: 10(1)(8)  |  |  |  |  |  |  |  |
| Title:   | bioner  |  |  |  |  |  |  |  |
| Signatu  | , ,   |  |  |  |  |  |  |  |
|  | ame: Nate Nelson  ture Homes  Date: 10/1/18   |  |  |  |  |  |  |  |
| Title:   | OWNER   |  |  |  |  |  |  |  |
| Signatu  | ire: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |  |  |  |  |  |  |  |
| Amoun  | t of Permit Fee Enclosed: \$ 150.00   |  |  |  |  |  |  |  |