

COPY FOR MIKE TUTTCE

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. UTR362063 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. UTR362063 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. UTR361343

Permit Registration Date: 11/13/2012 Permit Start Date: 11/14/2012 Permit Expiration Date: 12/30/2012

I. OPERATOR INFORMATION

Name (Main operator): Tim Charlwood Phone: 435-901-2337
Address: PO Box 980400 Status of Owner/Operator: PRIVATE
City: PARK CITY State: UT Zip: 84098-0400
Contact Person: Pat Brennan Dig It Inc Phone: 801-430-7217

Name (1st Co-permittee): Phone:
Address: Status of Owner/Operator:
City: State: UT Zip:
Contact Person: Phone:

Name (2nd Co-permittee): Phone:
Address: Status of Owner/Operator:
City: State: UT Zip:
Contact Person: Phone:

Name (3rd Co-permittee): Phone:
Address: Status of Owner/Operator:
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

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 Longitude: -111.7316494

Method (check one): USGS Topo Map, Scale EPA Web site GPS Other

III. SITE ACTIVITY INFORMATION

Municipal Separate Storm Sewer System (MS4) Operator Name: Weber County

Receiving Water Body: Pineview known

How far to the nearest water body? 5 miles

List the Number of any other UPDES permits at the site:

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. Structural Controls (Berms, Ditches, etc.)
- 7. Other (Please list)

VI. ADDITIONAL INFORMATION REQUIRED

Estimated Area to be Disturbed (in Acres): 5

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 NOI.)

Enter the best e-mail address for contacting the permittee: timcharlwood@gmail.com

VII. 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 pollution prevention plan will satisfy requirements of Part 1, 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

11/13/2012

Signature:



Print Name (of responsible person for the 1st co-permittee from first page):

Date:

Signature:

Print Name (of responsible person for the 2nd co-permittee from first page):

Date:

Signature:

Print Name (of responsible person for the 3rd co-permittee from first page):

Date:

Signature:

Amount of Permit Fee Enclosed: \$ 110.00