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. UTR360513

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. UTR360513 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.

Permit Registration Date: 06/04/2012 Permit Start Date: 06/11/2012 Permit Expiration Date: 06/11/2013 I. OPERATOR INFORMATION Name (Main operator): Reed Baron Phone: 602-692-3572 Address: 2548 N. Elkhorn Trail Status of Owner/Operator: PRIVATE City: WEBER COUNTY (UNINCORPORATED AREA) State: UT Zip: 84414 Contact Person: Reed Baron Phone: 602-692-3572 Name (1st Co-permittee): Ray D Morin Phone: 801-430-7194 Address: 2638 S. 2975 W. Status of Owner/Operator: PRIVATE City: WEST HAVEN State: UT Zip: 84401 Contact Person: Ray Phone: 801-430-7194	
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City: WEST HAVEN State: UT Zip: 84401	
Contact Person: Ray Phone: 801-430-7194	
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: Elkhorn Subdivision N (Y or N)	
Project No. (if any): Lot #32	
Address: 2548 N. Elkridge Trail County: WEBER	
City: WEBER COUNTY (UNINCORPORATE State: UT Zip: 84414	
Latitude: 41.3220621 Longitude: -111.8184895	
Method (check one): USGS Topo Map, Scale EPA Web site GPS Softer	

III.	SITE ACIVITY INFORMATION		
	Municipal Separate Storm Sewer System (MS4) Operator Name: Eden Sewer and Water		
	Receiving Water Body: Pineview Resevior guess		
	How far to the nearest water body? 2 miles 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.	Jtility 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): 1	otal Acreage:	
	A sform water pollution prevention plan has been prepared for this site and is to the 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: rayminfol@gmail.com		
VII.	L. 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 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 penaltics 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:	
		06/04/2012	
Reed Baron 06/04/2012 Signature:			
Print Name (of responsible person for the 1st co-permittee from first page): Date:			
		06/04/2012	
Ray D Morin		00/04/2012	
_	Signature:		
rmi	Name (of responsible person for the 2nd co-permittee from first page):	Date:	
Ciona	1		
Signature:			
Print Name (of responsible person for the 3rd co-permittee from first page): Date:			
Signa	ture:	Amount of Permit Fee Enclosed: \$ 110.00	