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. UTR360533

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. UTR36()533 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: 06/07/2012	Permit Start D	ate: 06/15/2012		Permit Expiration	n Date: 01/15	/2013
I.	OPERATOR INFORMATION		r meneral angular felicia e de la Circu d'Angular de la company de la company			33//	
	Name (Main operator): Brent Taylor				Phone: 801-898-6	6393	
	Address: 6177 S 2225 E				Status of Owner/	Operator: PR	UVATE
	City: OGDEN	State: \	VA		Zip: 84403		
	Contact Person: Brent Taylor				Phone: 801-898-6	5396	
	Name (1st Co-permittee):				Phone:		
	Address:				Status of Owner/	Operator:	
	City:	State: 1	JT		Zip:		
	Contact Person:				Phone:		
	Name (2nd Co-permittee):		**************************************		Phone:		
	Address:				Status of Owner/	Operator:	
	City:	State: 1	JT		Zip:		
	Contact Person:				Phone:		
	Name (3rd Co-permittee):				Phone:		
	Address:				Status of Owner/6	Operator:	
	City:	State:			Zip:		
	Contact Person:				Phone:		
Please	e copy this form if you have more co-permittees than	what is allowed or	this form.				
II.	FACILITY SITE / LOCATION INFORMATION	V				Is the facil in Indian (ity located Country?
	Name: Baur Storage Building					N	(Y or N)
	Project No. (if any): 12-031						
	Address: Approx. 2550 N 1500 W				County: WEBER		
	City: NORTH OGDEN	State: UT	Zip	: 84414			
	Latitude: 41 18' 14" N	Longitude: 112 1 1" W					
	Method (check one): USGS Topo Map, Scale		EPA Web site	GPS	X Other		

III.	SITE ACIVITY INFORMATION					
	Municipal Separate Storm Sewer System (MS4) Operator Name: Farr West City					
	Receiving Water Body: Great Salt Lake guess					
	How far to the nearest water body? 20 miles					
	List the Number of any other UPDES permits at the site:					
IV.	YPE OF CONSTRUCTION (Check all that apply)					
	1. Residential 2. Commercial 3. Industrial 4. Road 5. Bridge 6. X	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					
	Structural Controls (Berms, Ditches, etc.)					
	7. Cother (Please list) Catch basin inlet protection, designated concrete washout area					
VI.	ADDITIONAL INFORMATION REQUIRED					
		ofal Acreage: 4				
	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 NOL)					
	Enter the best e-mail address for contacting the permittee: josh@silverpeak-utah.com	n				
VII.	CERTIFICATION: I certify under penalty of law that I have read and understand the <i>Part 1</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 <i>Part 1</i> , and <i>Part 3</i> of this permit. I understand that continued coverage under this storm water general permit is contingent upon maintaining eligibility as provided for in <i>Part 1</i> . 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					
	is also terrify under penalty of law that this document and an attachments were prepared under the different of 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:				
		06/07/2012				
Signa	Win Saylor	0.507.2012				
-	Name (of responsible person for the 1st co-permittee from first page):	Date:				
111111	rame (or responsible person for the 1st co-permittee from first page).	Date.				
Signa	ture					
J	Name (of responsible person for the 2nd co-permittee from first page):	Date				
1 11111	Name (or responsible person for the 2nd co-permittee from first page).	Date:				
Signa	fure					
C		Deter				
a ruit	Name (of responsible person for the 3rd co-permittee from first page):	Date:				
C!		4 CD 2/17 D 2 1000				
Signa	ture:	Amount of Permit Fee Enclosed: \$ 110.00				