

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. UTR363543 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. UTR363543 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? N (Y or N)
If yes, what is the number of the previous permit coverage? Permit No.

Permit Registration Date: 05/10/2013

Permit Start Date: 05/10/2013

Permit Expiration Date: 05/10/2014

I. OPERATOR INFORMATION

Name (Main operator): Berit Allen

Phone: 801-782-7151

Address: 4342 n 4150 e

Status of Owner/Operator: PRIVATE

City: OGDEN

State: UT

Zip: 84310

Contact Person: Berit Allen

Phone: 801-782-7151

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: Allen residence

N (Y or N)

Project No. (if any):

Address: 4115 e 4475 n

County: WEBER

City: OGDEN

State: UT

Zip: 84310

Latitude: 41.3403260

Longitude: -111.8489400

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

III. SITE ACTIVITY INFORMATION

Municipal Separate Storm Sewer System (MS4) Operator Name: Powder mountain sewer and water

Receiving Water Body: Liberty pipeline water known

How far to the nearest water body? 40 ft

List the Number of any other UPDES permits at the site: none

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) none

VI. ADDITIONAL INFORMATION REQUIRED

Estimated Area to be Disturbed (in Acres): 1

Total Acreage: 1

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: Beritallen1@yahoo.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.


Title: Owner

Print Name (of responsible person for the main operator from first page):

Date:

Berit Allen

05/10/2013

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