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. UTR364725 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. UTR364725 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 NOL seeking continuation for previously expired permit coverage at the same site? N (Y or N) Fyes, what is the number of the previous permit coverage? Permit No.							
	Permit Registration Date: -08/15/2013	Permit Start Dat	e: 08/15/2013		Permit Expiration	Date: 08/15/2014	
I .	OPERATOR INFORMATION						
	Name (Main operator): ConRock Recycling Inc.				Phone: 801-731-47	25	
	Address: 1351 S 1900 W				Status of Owner/O	perator: PRIVATE	
	City: OGDEN	State: U1	•		Zip: 84401		
	Contact Person: Ryan Bowden				Phone: 801-731-47	25	
	Name (1st Co-permittee): RYAN BOWDEN		· · · · · · · · · · · · · · · · · · ·		Phone: 801-731-47	25	
	Address: 1351 S 1900 W			Status of Owner/Operator: PRIVATE			
	City: OGDEN	State: UT			Zip: 844():		
	Contact Person: Ryan Bowden				Phone: 801-731-472		
	Name (2nd Co-permittee): Jason Christensen			·	Phone: 801731472:	5	
	Address: 1351 S 1900 W				Status of Owner/O	perator: PRIVATE	
	City: OGDEN	State: UT	-		Zip: 84401		
	Contact Person: Jason Christensen	: :			Phone: 801731472		
	Name (3rd Co-permittee):						
	Address:		<u> </u>		Status of Owner/O	perator:	
	City:	State:	<u> </u>		Zip:		
	Contact Person:		· · · · · · · · · · · · · · · · · · ·		Phone:	* opensediti sy panamerhpaga, sississerebiy opensidereberskers, sississerem, sissi	
Please	copy this form if you have more co-permittees than	what is allowed on t	his form,				
Ъ,	FACILITY SITE / LOCATION INFORMATION					Is the facility located in Indian Country?	
	Name: The Summit at Ski Lake - Phase 12					N (Y or N)	
	Project No. (if any):						
	Address: 6750 F. Cortina Drive				County: WEBER		
	City: HUNTSVILLE	State: UT	Zìp	: 84310			
	Latitude: 41 2437715	stitude: 41 2437715 Longitude: -111.7860716					
	Method (check one): USGS Tope Map, Scale	X EF	A Web site	GPS	Other		

m.	SITE ACIVITY INFORMATION					
	Municipal Separate Storm Sewer System (MS4) Operator Name: WEBER COUNTY					
	Receiving Water Body: PINEVIEW RESERVOIR known					
	How far to the nearest water body? 3000 ft	Is this a sensitive Water Body? No				
	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)					
Ϋl.	ADDITIONAL INFORMATION REQUIRED					
	Estimated Area to be Disturbed (in Acres): 3	otal Acreage: 3				
	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: conrockrecycling@gmail.com					
VII.	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 I, 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 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 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, including the possibility of fine and imprisonment for knowing violations.					
Title	Office Manager	·				
1.111	Office Manager					
Print	Name (of responsible person for the main operator from first page):	Date:				
ConF	Rock Recycling Inc.	08/15/2013				
Signature:						
Print	Name (of responsible person for the 1st co-permittee from first page);	Date:				
RYAN BOWDEN		08/15/2013				
Signature 1711/						
		Date:				
Print Name (of responsible person for the 2nd co-permittee from first page): Jason Christensen		-08/15/2013				
Signature:						
Print Name (of responsible person for the 3rd co-permittee from first page): Date:						
ш-		Amount of Permit Fee Enclosed: \$.150.00				