



**APPLICATION (NOTICE OF INTENT) TO OBTAIN
 COVERAGE UNDER NDPDES GENERAL PERMIT
 FOR STORM WATER DISCHARGES ASSOCIATED
 WITH CONSTRUCTION ACTIVITY (NDR10-0000)**
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF WATER QUALITY
 SFN 19145 (2/05)

FOR DEPT. USE ONLY

Application No.
Date Received

GENERAL INFORMATION

Name of Owner of Construction Project		Contact Person Name		Contact Person No.	
Mailing Address		City		State	Zip Code
Type of Owner or Operator	Developer/Builder State of ND	General Contractor Federal	Municipality Other (Specify):		
This NOI is to obtain coverage under Small Construction Activity (see Part I.D of permit):		YES	NO	Small Construction Activity requires the submittal of an Annual Location Record as per Part III.B of the permit	
Name of Construction Project (Large Construction Activity only)					
Brief Description of Construction Activity (Please fill out for both Large and Small Construction Activity)					

LARGE CONSTRUCTION ACTIVITY INFORMATION (Skip for small construction activity)

Name of Operator Working at Site (i.e. general contractor, if known)		Contact Person Name		Contact Phone No.	
Mailing Address		City		State	Zip Code
Project Start Date:		Estimated Completion Date:		Estimated Area of Total Disturbance in Acres:	
Project Location	Street		City		
	OR	1/4 1/4	Section	Township	Range County
Receiving Waters	Natural Surface Drainage		Name or Description of Receiving Waters		
	OR	Municipal Storm Sewer	Name of City		

SIGNATURE INFORMATION

RETURN COMPLETED APPLICATION TO: North Dakota Department of Health Division of Water Quality 1200 Missouri Ave., Rm. 203 PO Box 5520 Bismarck, ND 58506-5520 Telephone: (701) 328-5210	I certify that I am familiar with NDR10-0000 and NDCC 61-28-08, and with the possibility of fines and imprisonment for submitting false information. To the best of my knowledge and belief, the information in this application is true, complete, and accurate.	
	Printed Name of Owner(s)	Title
	Signature of Owner(s)	Date
	Printed Name of Operator(s)	Title
	Signature of Operator(s)	Date

(Attach additional pages if needed)