



OFFICIAL USE ONLY
ID # _____
Date Received _____

**NOTICE OF INTENT FOR COVERAGE
UNDER THE GENERAL NPDES PERMIT
OR
APPLICATION FOR AN INDIVIDUAL NPDES
PERMIT FOR STORMWATER DISCHARGES
ASSOCIATED WITH CONSTRUCTION ACTIVITIES**

1 acre to less than 5 acres of disturbance with a point source discharge 5 acre or larger disturbance

Before completing this form, read the step-by-step instructions provided in this Permit Application Package.

PLEASE PRINT OR TYPE INFORMATION IN BLACK OR BLUE INK.

CHECK APPROPRIATE BOX	GENERAL <input type="checkbox"/>	INDIVIDUAL <input type="checkbox"/>			
APPLICATION TYPE	NEW <input type="checkbox"/>	RENEWAL <input type="checkbox"/>	REVISED <input type="checkbox"/>		
SECTION A. – E&S PLANNING REQUIREMENTS					
1. Total Project Acres: _____		Total Disturbed Acres: _____			
2. Project Name					
3. Project Description					
4. Latitude: ____° / ____' ____"		Longitude: ____° / ____' ____"			
5. U.S.G.S. Quad Map Name _____					
6. Estimated Timetable for Major Construction Activities:					
Phase No. or Name	Description	Total Acres	Disturbed Acres	Start Date	End Date
7. Existing and Previous Uses of the Land Proposed for Construction (use separate sheet if necessary):					

8. Quantitative Data: (Submit the following data if past or present land use provides a potential for contaminated runoff from the project site) N/A

Pollutant	Concentration w/Units	Source	Sample Type	Date(s) / Number of Samples
(1)				
(2)				

9. Description of any Fill Materials: Provide a brief description of all fill materials whether taken from on site or off site

10. Summary of Structural and Non-Structural E&S Control BMPs as detailed in the attached E&S Plan:

11. Stormwater Discharges to (during construction):

Waters of the Commonwealth

Municipal Separate Storm Sewer

Private Storm Sewer

12. Receiving Water/Watershed Name

Name of Municipal Storm Sewer Operator:

Name of Private Storm Sewer Operator:

13. Chapter 93 Receiving Water Classification:

Secondary Water:

Other:

14. Is your E&S Plan attached?

Yes

No

SECTION B. APPLICANT INFORMATION					
Owner's Last Name	First Name	Phone	FAX		
Mailing Address	City	State	ZIP + 4		
Additional Owner's Last Name	First Name	Phone	FAX		
Mailing Address	City	State	ZIP + 4		
Operator's Last Name	First Name	Phone	FAX		
Mailing Address	City	State	ZIP + 4		
Additional Operator's Last Name	First Name	Phone	FAX		
Mailing Address	City	State	ZIP + 4		
SECTION C. SITE INFORMATION					
Site Name					
Site Location					
Site Location -- City		State	ZIP+4		
Detailed Written Directions to Site					
Description of Site					
County Name	Municipality	City	Boro	Twp	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
County Name	Municipality	City	Boro	Twp	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SECTION D. OTHER POLLUTANTS; PREPAREDNESS PREVENTION AND CONTINGENCY (PPC) PLAN					
1. Will you use and/or store chemicals, solvents, other hazardous waste or materials with the potential to cause accidental pollution during earth disturbance activities? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, a PPC Plan is required)					
2. Will you disturb earth on-site that may lead to a discharge of hazardous waste or materials with the potential to cause accidental pollution? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, a PPC Plan is required)					

SECTION E. POST CONSTRUCTION STORMWATER MANAGEMENT (PCSM) PLAN

1. Attach a PCSM Plan, which should provide design features and BMPs that will manage any net increase in stormwater runoff volume from a 2-year/24-hour frequency storm. The PCSM Plan should be designed to maximize infiltration BMP technologies, eliminate (where possible) or minimize point source discharges to surface waters, preserve the integrity of stream channels, and protect the physical, biological and chemical qualities of the receiving surface water. At a minimum, the PCSM Plan should include the following information:

- a. A written narrative.
- b. Plan drawings.
- c. Identification and location of post construction stormwater management BMPs. Such BMPs should address:
 - Infiltration
 - Volume and rate control
 - Water quality treatment
- d. Operation and maintenance procedures.
- e. Supporting calculations and measurements.

Supporting calculations and measurements are required only if the answers to both questions 1 and 2, below, are NO.

- 1) The approximate original contours of the project site will be maintained or replicated and the disturbed areas will be revegetated or otherwise stabilized with pervious material. Yes No
- 2) PCSM BMPs which: use natural measures to eliminate pollution, do not require extensive construction efforts, promote pollutant reduction, and are capable of controlling the net increase in the volume and rate of stormwater runoff from a 2-year/24-hour storm event will be employed, and the net increase in the volume of post construction runoff is infiltrated and/or dissipated away from surface waters of the Commonwealth. Yes No

If the responses to both questions 1 and 2, above are NO, please provide the requested post construction stormwater information in the Data Table for Supporting Calculations and Measurements below:

DATA TABLE FOR SUPPORTING CALCULATIONS AND MEASUREMENTS

2-Year/24-Hour Frequency Storm Rainfall Amount = ____ inches	Pre-construction	Post-Construction	Net Change
Impervious area (%)			
Weighted Runoff coefficient			
Runoff from a 2-year/24-hour frequency storm (acre-feet)			
Volume of stormwater to be infiltrated through BMPs (acre-feet)			
Peak discharge rate (cubic feet/second) and duration			

Are the PCSM Plan and supporting calculations and measurements designed in accordance with local ordinances that incorporate measures to protect and maintain existing uses and water quality enacted under an Act 167 Stormwater Watershed Management Plan or a Municipal Separate Storm Sewer System (MS4) NPDES permit? Yes No

2. If the proposed post construction stormwater BMPs will not infiltrate the net increase in Stormwater Runoff volume from the 2-year/24-hour frequency storm, please provide a brief explanation:

3. Are there existing post construction stormwater management BMPs at this Location/Site? YES NO
 Do you plan to use and/or expand these existing post construction stormwater management BMPs? YES NO N/A

4. Provide a brief description of the proposed new, existing or expansion of existing post construction stormwater management BMPs identified in the attached PCSM Plan and the area of runoff treated by each BMP.

Structural BMPs N/A

Non-Structural BMPs N/A

SECTION F. CONSULTANT FOR THIS PROJECT

Last Name	First Name
-----------	------------

Title	Consulting Firm
-------	-----------------

Mailing Address

City	State	ZIP+4
------	-------	-------

Email	Phone	Ext
	FAX	

SECTION G. PERMIT COORDINATION AND COMPLIANCE REVIEW

Does the applicant (owner and/or operator) have or require any other Department permit or approval for this project?

Yes No If yes, list each permit or approval, permit number, and description.

Compliance History Review:

Is/was applicant in violation of any permits issued by DEP? Yes No

If yes, list each permit that is/was in violation and provide compliance status of the permitted activity (use additional sheets to provide information on all permits).

Permit Program:

Permit Number:

Brief description of Non-Compliance:

Steps taken to achieve compliance and date(s) compliance achieved:

Current Compliance Status: In-Compliance In Non-Compliance

If the applicant is not in compliance with any environmental law or regulation, permit, order or schedule of compliance of the Department, provide a narrative description of how the applicant will achieve compliance including the appropriate milestones.

SECTION H. CERTIFICATION

Applicant Certification

I certify under penalty of law that this application and all related attachments were prepared by me or under my direction or supervision by qualified personnel to properly gather and evaluate the information submitted. Based on my own knowledge and on inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. The responsible official's signature also verifies that the activity is eligible to participate in the NPDES permit, and that BMP's, E&S Plan, PPC Plan, PCSM Plan, and other controls are being or will be, implemented to ensure that water quality standards and effluent limits are attained. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment or both for knowing violations pursuant to Section 309(c)(4) of the Clean Water Act and, 18 Pa. C.S. §§4903-4904.

Print Name and Title of Person Signing

() _____

Telephone Number of Person Signing

Signature of Applicant

Date of Application Signed

Please note below the name, address and telephone number of the individual that should be contacted in the event additional information is required.

Name: _____

Address: _____

Telephone: () _____ FAX: () _____

Notarization: Commonwealth of Pennsylvania
County of _____

Sworn to and Subscribed to Before Me This
_____ Day of _____, 20_____

**NOTARY
SEAL**

My Commission Expires: _____

Notary Public