# 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)