



Notice of Intent (NOI) for Stormwater Discharges from Large and Small Construction Activities NPDES General Permit SCR100000



Florence County
MS4

For official use only

File number: _____ - _____ - _____ - _____

Permit number: SCR10 _____

Submission package complete: _____

For official use only

Submission of an NOI constitutes notice that the entity identified in Section I intends to be authorized under SCR100000. Instructions on page 4.

Date: __/__/20__

Project/ Site Name: _____

Location: _____

I. Project Information

Project Owner/ Operator (Company or person): _____

Permit Contact (if owner is company): _____ Company EIN: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Mobile) _____ (Fax) _____

Email address (optional): _____

II. Property Information

A. Site Location (street address, nearest intersection, etc.): _____

City/ Town (if in Limits): _____ Latitude: __°__'__" N Longitude: -__°__'__" W

Tax map # (list all): _____

B. Property Owner (if different from section I above): _____

Mailing Address: _____ City: _____ State: __ Zip: _____

Phone: (Day) _____

III. Site Information

A. Disturbed area (to the nearest tenth of an acre): _____ Total area: _____

B. Is this project part of a Larger Common Plan for Development or Sale (LCP)? Yes No

If yes, what is the previous state permit number? _____ Previous NPDES number: SCR10 _____

LCP/ Overall Development Name: _____

C. Start Date (MM/DD/YYYY): __/__/____ Completion Date: __/__/____

D. Is this site located on Indian Lands? Yes No If yes, name of reservation. _____

E. Type of Activity (check all that apply):

Commercial Residential: Single-family Linear (Roads, utility lines, etc.) Other: _____

Institutional Residential: Multi-family Site Preparation (No new impervious) _____

F. Are there any flooding problems downstream or adjacent to this site? Yes No

G. Has SCDHEC or Florence County issued a Notice to Comply or Notice of Violation for this site or LCP? Yes No

H. Is any part of the property located outside of the Limits of Florence County in another MS4? Yes No

If yes, list the MS4 operator name. _____

I. List all state and federal environmental permits or approvals applied for or obtained for this site (e.g., RCRA). _____

IV. Waterbody Information

A. Nearest receiving waterbody(s) [RWB]: _____ Distance to nearest RWB (feet): _____

Classification of nearest RWB: _____ Next/Nearest named RWB: _____

B. Wetlands/ Waters of the State

1. Waters of the U.S./ State	On the site?	If yes, delineated/identified	Impacts?	Amount of impacts
a. Jurisdictional wetlands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Ac
b. Non-jurisdictional Wetlands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Ac
c Other Waters (List): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Ac ___ Feet

2. If yes for impacts in item B.1, describe each impact and activity, and list all permits (e.g., USACOE Nationwide permit, SCDHEC General Permit) and certifications that have been applied for or obtained for each impact.

C. Impaired Waterbodies (See Instructions.)

List the nearest SCDHEC Water Quality monitoring station(s) [WQMS(s)] to which construction stormwater (SW) discharges will drain and the corresponding waterbody(s). (WQMS): _____ Waterbody(s): _____

- 1. Is this WQMS(s) listed on the most current 303(d) List for Impaired Waters? Yes No
 - a. If yes for (1), list the impairment(s). _____
 - b. If yes for (1), will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? Yes No
 - c. If yes for (b), list the impairment(s) affected by the pollutant(s) referenced in (b). _____
 - d. If yes for (b), will use of the proposed BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations for the impairment(s) listed in (c)? Yes No
- 2. Has a TMDL(s) been developed for this WQSM(s)? Yes No
 - a. If yes for (2), list the impairment(s). _____
 - b. If yes for (2), has the standard been attained for the impairment(s)? Yes No
 - c. If no for (b), will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? Yes No
 - d. If yes for (c), are your discharges consistent with the assumptions and requirements of the TMDL(s)? Yes No

D. Are S.C. Navigable Waters (SCNW) on the site? Yes No

- a. If yes, list the name of the SCNW: _____
- b. If yes, will any construction activities cross over, or occur in, under, or through the SCNW? Yes No
- c. If yes for (b), then describe activities: _____
- d. If yes for (b), are the activities in SCNW covered under a SCDHEC General Permit or other SCDHEC permit? Yes No
- e. If no for (d), has an SCNW permit been applied for or issued for the site? Yes, for all activities Yes, for some activities No
- f. If yes for (d), list permit number(s) and corresponding activities. _____

V. Operator Information

- A. SWPPP Preparer:** _____ S.C. Registration #: _____
 Company/ Firm: _____ S.C. COA #: _____
 Mailing Address: _____ City: _____ State: __ Zip: _____
 Phone: (Day) _____ (Mobile) _____ (Fax) _____
 Email address (optional): _____
- B. Operator of Day-to-Day Site Activities [ODSA] (Company or person):** _____
 Site Contact (if ODSA is company): _____
 Mailing Address: _____ City: _____ State: __ Zip: _____
 Phone: (Day) _____ (Mobile) _____ (Fax) _____

VI. Signatures and Certifications: DO NOT SIGN IN BLACK INK!

A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.) Please check one. Engineer Tier B Land Surveyor Landscape Architect

Printed name of SWPPP Preparer

Signature of SWPPP Preparer
(DO NOT SIGN IN BLACK INK)

S.C. Registration #

B. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision 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.

I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the Department of Health and Environmental Control and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity. (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)

Printed name of Project Owner/Operator

Signature of Project Owner/Operator
(DO NOT SIGN IN BLACK INK)

Title/Position

[For All Projects Located Within The County Of Florence Municipal Separate Storm Sewer System (MS4)]

Please print or type. Do not send payment in window envelope. DO NOT MAIL CASH. This schedule should be attached to DHEC Form 2617 – F.C. MS4. The Florence County Engineering Division will notify the Project Owner/ Operator if the required payment is not calculated correctly, or if the submitted check cannot be processed. The review clock will start when a complete application package, including full payment of the appropriate amount of required fees, is received.

1. Will this project or LCP ultimately disturb 1 acre or more? Yes No \$ _____.00
If "Yes", then enter \$250 in right-hand column and proceed to item 2.
(\$125 for SCDHEC and \$125 for the County)
If "No", then coverage under SCR100000 is not required.

2. Will this project or LCP ultimately disturb more than 2 acres? Yes No \$ _____.00
If this project is owned by S.C. Department of Transportation, then review fees are not initially required*. Proceed to item 3. If this project is exempt from S.C. Reg. 72-300 et seq., specifically 72-302, then review fees are not initially required**. Proceed to item 3. Otherwise, if yes, enter review fees of \$100/ disturbed acre (from item III.A of the application) in right-hand column. The review fees cannot exceed \$1,750.00. If no, then review fees are not initially required**. Proceed to item 3.

3. Total Required Fees \$ _____.00
Add the values in the right-hand column. Maximum required fees are **\$2,000**. The Department will not review this project until all required fees are received.

* If the SCDHEC will review the project, then SCDHEC will notify the Project Owner/ Operator in writing within 10 business days of receipt of the complete NOI and request review fees.
** If the SCDHEC will review the project, then SCDHEC will notify the Project Owner/ Operator in writing within 20 days of receipt of the complete NOI and request review fees.

Payment (By Check):

Fill out information and attach check below. The check should be made payable to "Florence County" in the amount of the required fees. Make sure the check is signed and is not past its presentment date. Make sure the check is for the correct amount.

STAPLE CHECK HERE

Make check payable to: Florence County