



PAG-10
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
GENERAL PERMIT FOR DISCHARGES FROM
HYDROSTATIC TESTING OF TANKS AND PIPELINES
NOTICE OF INTENT (NOI)

Before completing this form, read the step-by-step instructions provided in this application package.

Related ID#s (If Known)		DEP USE ONLY	
Client ID# _____	APS ID# _____	Date Received & General Notes	
Site ID# _____	Auth ID# _____		
Facility ID# _____		PAG _____	PDG?

GENERAL INFORMATION

NOI Type: New Renewal Amendment Permit No.: PAG10

Facility Status: New Facility Existing Facility

Type of Facility: Tank(s) No. _____ Volume: _____ gallons

Pipeline(s) Diameter: _____ inches Length: _____ feet

Description of normal contents:

CLIENT/OPERATOR INFORMATION

DEP Client ID#	Client Type/Code		
Organization Name or Registered Fictitious Name	Employer ID# (EIN)	Dun & Bradstreet ID#	
Individual Last Name	First Name	MI	Suffix
Additional Individual Last Name	First Name	MI	Suffix
Mailing Address Line 1	Mailing Address Line 2		
Address Last Line – City	State	ZIP+4	Country
Client Contact Last Name	First Name	MI	Suffix
Client Contact Title	Phone	Ext	
Email Address	FAX		

SITE INFORMATION

DEP Site ID#	Site Name				
Number of Employees Present at Site					
Description of Site					
County Name	Municipality Name	City	Boro	Twp	State
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
County Name	Municipality Name	City	Boro	Twp	State
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Site Location Address Line 1		Site Location Address Line 2	
Site Location City	State	ZIP+4	
Detailed Written Directions to Site			
Site Contact Last Name	First Name	MI	Suffix
Site Contact Title		Site Contact Firm	
Mailing Address Line 1		Mailing Address Line 2	
Address Last Line – City		State	ZIP+4
Phone	Ext	FAX	Email Address
SIC Code(s) (List All That Apply)		NAICS Code(s)	
Site-to-Client Relationship			

FACILITY AND DISCHARGE INFORMATION

Attach topographic map(s) with the facility (tank(s) and pipeline(s)) and anticipated discharge locations identified, if known.

Report the latitude and longitude of the facility (see instructions).

Latitude			Longitude		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

All discharge points for the permit term (check appropriate box): Are Known Are Not Known

Provide information requested in the tables below for all known discharge points. Attach additional sheets as necessary.

Outfall No.	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

Outfall No.	Anticipated Discharge Events				Receiving Water		
	Flow (GPM)	Duration (Hrs)	Volume (Gal)	No./Year	Name	Chapter 93 Existing Use	Flow (cfs)

NOTE: If the facility discharges to HQ or EV waters, the PAG-10 General Permit cannot be used.

Attach a Preparedness, Prevention and Contingency (PPC) Plan to the NOI.

PPC Plan Attached Date of Latest Update:

Describe the methods by which tanks and/or pipelines will be cleaned prior to hydrostatic testing. (Use additional sheets as necessary.)

Describe the source water(s) that will be used for hydrostatic testing. (Use additional sheets as necessary.)

Identify all anticipated best management practices (BMPs) that will be used to prevent stream bank erosion and stream bed scouring. (Attach diagrams as necessary.)

CHEMICAL RESULTS FOR HYDROSTATIC TEST WATER

Outfall	Parameter	Average	Maximum	No. Samples	No. Detected	Quantitation Limit

Does the applicant know or have reason to believe that any priority pollutants may be discharged in detectable quantities? (If Yes, attach results or rationale.) Yes No

Will the applicant use any chemical additives, biocides, dyes, etc. in the hydrostatic test water? (If Yes, attach a detailed description of usage and SDS sheets with toxicity data.) Yes No

Note – chemical additives may not be introduced unless the permittee completely removes the constituents of such additives from the effluent prior to discharge.

Existing Permits – Identify all existing environmental permits issued by DEP or EPA for this facility.

Type of Permit	Permit No.	Date Issued	Issued By

COMPLIANCE HISTORY

Was/Is the facility owner or operator in violation of any DEP regulation, permit, order or schedule of compliance at this or any other facility? Yes No

If "Yes," list each permit, provide a description of the non-compliance, steps taken to achieve compliance and provide current compliance status. Use additional sheets to provide information on all permits.

Permit Program: _____ Permit No.: _____

Brief Description of Non-Compliance: _____

Steps Taken to Achieve Compliance _____ Date(s) Compliance Achieved _____

Current Compliance Status: In Compliance In Non-Compliance

CERTIFICATION

I certify under penalty of law and subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) 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 gathered and evaluated 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 further acknowledge that the facility and operator described herein is eligible for coverage under DEP's General Permit. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (type or print legibly)

Official Title

Signature

Date Signed