

County Name	Municipality Name	City <input type="checkbox"/>	Boro <input type="checkbox"/>	Twp <input type="checkbox"/>	State
--------------------	--------------------------	----------------------------------	----------------------------------	---------------------------------	-------

County Name	Municipality Name	City <input type="checkbox"/>	Boro <input type="checkbox"/>	Twp <input type="checkbox"/>	State
--------------------	--------------------------	----------------------------------	----------------------------------	---------------------------------	-------

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	Email Address
--------------	------------	----------------------

Site-to-Client Relationship

Attach a site plan and topographic map with facilities and discharge locations identified (see instructions).

FACILITY AND DISCHARGE INFORMATION

1. Total area of site (sf): _____ % Pervious: _____ % Impervious: _____

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

Latitude			Longitude		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

Horizontal Reference Datum: NAD of 1927 NAD of 1983 WGS of 1984 Unknown

3. Attach a Preparedness, Prevention and Contingency (PPC) Plan to the NOI (if applicable; see instructions).
 PPC Plan Attached Date of Latest Update: _____
 Note for existing facilities: if there have been leaks or spills on-site within the past five years, report in the PPC Plan the cause of leaks or spills, the substance(s) released, measures taken to remediate the incident(s) and preventative measure(s) taken to reduce the possibility of future incidents.

4. Identify and describe all non-stormwater discharges that are expected to occur during the five years following permit coverage or No Exposure Certification approval. Describe the frequency and volume of all such anticipated discharges.

No non-stormwater discharges are anticipated during the five years following coverage or approval

5. Describe how often stormwater outfalls are inspected and routine maintenance performed.

STORMWATER QUALITY INFORMATION

PAG-03 applicants (existing facilities) only: Complete the following tables for each outfall that has been or will be sampled under the General Permit (see instructions).

OUTFALL NO.:	APPENDIX:
---------------------	------------------

1. Summarize pollutant concentration data for outfalls monitored in the past two years in the table below (see instructions). Specify units with your results (e.g., mg/L, S.U.). Attach additional pages as necessary.

Pollutant	Average Concentration		Maximum Concentration		No. Storm Events Sampled	Quantitation Limit
	Grab Samples	Composite Samples	Grab Samples	Composite Samples		

2. Identify all pollutants that have not been analyzed within the past two years, but the applicant has reason to suspect their presence in stormwater discharges to the outfall identified above.

Pollutant	Rationale for Selection

EXISTING PERMITS

Identify all 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 within the past five years? Yes No

If "Yes," list each permit, order or schedule of compliance and provide current compliance status. Use additional pages 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 FOR PAG-03 APPLICANTS

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