

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

### **PAG-03**

# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) GENERAL PERMIT FOR DISCHARGES OF STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITY NOTICE OF INTENT (NOI)

Before completing this form, read the step-by-step instructions provided in the PAG-03 NOI package.

Related ID#s Client ID# Site ID# Facility ID#	(If Known) APS ID# Auth ID#	PAG_	DEP USE ONLY  Date Received & General Notes  NOEX PDG?					
GENERAL INFORMATION								
Facility Status: New	Existing with PAG-03 (PA_	)	Existing with No Exposure (NOEX)					
☐ Existing wi	thout prior coverage	Existing wi	th individual permit (PA)					
Type of Approval:  PAG-03 C	overage:	☐ Rene	ewal					
☐ No Exposu	ure Certification: New	☐ Renewal						
Brief Description of Primary Industri	al Activities:							
Primary SIC Code:	Secondary SIC Code(s):		PAG-03 Appendices::					
Primary NAICS Code:	Secondary NAICS Code(s):							
	CLIENT/OPERATOR	INFORMAT	TION					
DEP Client ID#	Client Type/Code							
Organization Name or Registered	r 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								
	SITE INFORM	MATION						
DEP Site ID#	Site Name							
Number of Employees Present at	Site							
Description of Site								

Cou	unty Name		Municipa	lity Name			City	Boro	Twp	State
Cou	unty Name		Municipa	lity Name			City	Boro	Twp	State
Site	Location Add	ress Line 1	Site L	ocation Addr	ess Line 2		<u> </u>	<u> </u>		
Site	Location City		State		l					
Det	ailed Written D	irections to Site	е							
Site	Contact Last	Name	Fir	st Name	MI	Su	ffix			
Site	Contact Title			Site C	ontact Firm					
Mai	ling Address L	ine 1		Mailin	g Address Line	2				
Add	dress Last Line	e – City		State	ZIP+4					
Pho	one	Ext		Email	Address					
Site	e-to-Client Rela	tionship				7				
Atta	ach a site plan	and topograph	ic map with	facilities and	discharge locat	ions	identified	(see inst	ruction	ıs).
			•		HARGE INFORM			(000		
1.	Total area of si	te (sf):			% Pervious: % Impervious:					
2.	Report the latit	ude and longitud	le of the faci	lity below (see	instructions).					
		Latitude	_				Long	jitude		
	Degrees	Minutes	!	Seconds	Degrees		Min	utes		Seconds
	Horizontal Refe	erence Datum:	☐ NAD c	of 1927	NAD of 1983		WGS of	1984	Unkı	nown
3.	Attach a Prepa	redness, Preven	ition and Cor	ntingency (PPC	C) Plan to the NO	l (if a	pplicable;	see instru	ctions).	
	☐ PPC Plan	Attached	Date	of Latest Upda	ate:					
					lls on-site within					
		s or spills, the en to reduce the			neasures taken t nts.	o rer	nediate th	e inciden	t(s) and	d preventative
4.					t are expected to the frequency a					
		¥								
	☐ No non-sto	rmwater dischar	ges are antid	cipated during	the five years foll	owing	g coverage	or appro	val	
5.	Describe how	often stormwater	outfalls are	inspected and	routine maintena	ance p	performed.			

#### 3800-PM-BCW0083b NOI

6. List all stormwater discharge points (outfalls) and provide the information requested below (see instructions). Attach additional pages as necessary.

		LATITUDE		L	ONGITUDI	E	RECEIVING WATERS			
Outfall No.	Deg	Min	Sec	Deg	Min	Sec	Name of Receiving Waters	Chapter 93 Classification	Impaired?	TMDL?
				1						

NOTE: If there are one or more direct discharges to HQ or EV waters, DEP cannot approve coverage under PAG-03 or approve No Exposure Certification.

7. List all stormwater outfalls in the same order as #6, above, and provide the information requested below (see instructions). Attach additional pages as necessary.

Outfall No.	No Exp.?	Non- SW?	Sampling?	Rep. Outfall	DA (sf)	% Imp.	Description of Materials/Activities in Drainage Area Exposed to Precipitation	Description of BMPs in Drainage Area to Control Pollutants in Stormwater
								*
						_		
			tified above dis	scharge to	a storm se	ewer system		rm sewer an MS4?
ivame	of Storm S	sewer own	er/operator:				Outfalls discharging to storm sewer:	

### 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:					
	tant concentration dat n your results (e.g., mo				able below (se	e instructions).		
	Average C	oncentration	Maximum C	oncentration	No. Storm	Quantitation		
Pollutant	Grab Samples	Composite Samples	Grab Samples	Composite Samples	Events Sampled	Limit		
	ants that have not bee nwater discharges to t			rs, but the applica	nt has reason t	o suspect their		
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?							
If "Yes," list each permit, order or schedule of compliance and provide current compliance status. Use additional page 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:							
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 authorities) that this document and all attachments were prepared under my direction or supervision in accordance with system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on minquiry 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 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							