DEP

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

PAG-06
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) GENERAL PERMIT FOR WET WEATHER OVERFLOW DISCHARGES FROM COMBINED SEWER SYSTEMS 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

☐ New Facility   ☐ Existing Facility   ☐ Expanded Facility

Renewal of NPDES Permit No _____

Is the receiving water classification either a "High Quality" or "Exceptional Value"   ☐ YES ☐ NO
water?

NOTE: If the facility discharges to a "High Quality" or "Exceptional Value" water, the General Permit <u>cannot</u> be used.

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**	**SSN**

Additional Individual Last Name	**First Name**	**MI**	**Suffix**	**SSN**

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**

E-mail Address	**FAX**

SITE INFORMATION

DEP Site ID#   **Site Name**

EPA ID#   **Estimated Number of Employees to be Present at Site**

Description of Site

County Name	**Municipality**	**City**	**Boro**	**Twp**	**State**
		☐	☐	☐	

County Name	Municipality		City ☐	Boro ☐	Twp ☐	State

Site Location Line 1	Site Location Line 2

Site Location Last Line – 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	E-mail Address

NAICS Codes (Two- & Three-Digit Codes – List All That Apply)	6-Digit Code (Optional)

Site to Client Relationship

FACILITY INFORMATION

Operator Status: ☐ MUNICPAL   ☐ NON-MUNICIPAL   ☐ OTHER

Facility Type: ☐ CONVEYANCE and/or TREATMENT   ☐ CSO DIVERSION STRUCTURE(S)
☐ COLLECTION and/or CONVEYANCE ONLY   ☐ OTHER _____

Name of POTW providing treatment to sewage collected from this system: _____   NPDES No. _____

Is there a written service agreement with the treatment facility? _____

Facility Description: Provide a brief description of CSO discharge point(s) and attach a site plan to this application. Submit any CSO study or report completed within last 5 years. Use separate sheet if necessary.

Outfall Number or Name	Outfall Location			Receiving Water		Treatment Provided
	Municipality	Latitude	Longitude	Name	Water Uses Protected	

Horizontal Reference Datum Code	☐ **North American Datum of 1927**
	☐ **North American Datum of 1983**
	☐ **World Geodetic System 1984**
Horizontal Collection Method Code	
Reference Point Code	

Service Area(s): Provide the following information regarding your service area(s). Use separate sheets if necessary.

Municipality	County	Type of System (CS/SS)	Population Served	Total Number of Overflows	Average Dry Weather Flow	Average Wet Weather Flow
				TOTAL		

Quantitative Data: If there is available monitoring data for one or more outfalls, please summarize the data, complete Table 1 and attach it to this NOI Form. Table 1 is not required if there were no discharges.

☐ TABLE 1 ATTACHED   ☐ NO DATA, TABLE 1 IS NOT ATTACHED

No. of overflow events (last 5 years) _____   Average events/year _____

DESCRIPTION OF CURRENTLY IMPLEMENTED BEST MANAGEMENT PRACTICES (BMPS) AND SEWER ORDINANCES:
Please describe any BMP measures used to reduce pollutants to control or eliminate overflow(s) from the CSO system. Use separate sheets as necessary.   ☐ NMCs implemented   ☐ LTCP completed   ☐ LTCP implemented

Facility Improvements. Describe any system improvements including efforts to eliminate CSO discharge point(s) currently underway, and/or planned, and give an estimated schedule of completion. Use separate sheets as necessary.

Is this facility under a DEP order? YES ☐   NO ☐

NMC AND LTCP STATUS AND REPORTING SUMMARY

Date NMC Report Submitted _____   Date LTCP Approved by DEP _____

Date LTCP Submitted _____

Number of Annual Reports Submitted in Last 5 Years _____

Number of Monthly Reports Submitted in Last 5 Years _____

Attach NMC Documentation and the LTCP.

CHAPTER 93 RECEIVING WATER CLASSIFICATION

Provide **ALL** requested information in this area. For outfalls discharging to waters of the Commonwealth, indicate the "Water Uses Protected" provided in the Chapter 93 regulations. If any receiving water is protected as "**HQ**" or "**EV**", **file an individual permit application.**

Outfall# or Name	Receiving Water	Water Uses Protected

COMPLIANCE HISTORY REVIEW

Is/was the facility owner or operator in violation of any DEP permit(s), order(s) or schedule(s) of compliance during the previous 5 years?   ☐ Yes   ☐ No

If "Yes," list each permit and provide its compliance status. Use additional sheets to provide information on all permits.

Permit Program | **Permit No.**

Brief Description of Non-Compliance

Steps Taken or to be Taken to Achieve Compliance	Date(s) Compliance Achieved

Current Compliance Status   ☐ In Compliance   ☐ In Non-Compliance

CERTIFICATION

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 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 described herein is eligible for coverage under DEP's General Permit and that the best management practices, pollution prevention plans, and other control measures are designed, installed, and maintained in accordance with the General Permit requirements and in compliance with the state water quality standards. I also acknowledge that any facility construction needed to comply with the General Permit requirements shall be designed, built, operated, and maintained in accordance with operative laws and regulations. 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**

(Use corporate or professional seal as appropriate.)

Taken, sworn, and subscribed before me, this _____ day of _____ 20 _____

Notary Seal

TABLE 1
SUMMARY OF AVAILABLE QUANTITATIVE DATA
If you have available monitoring data, please complete this table and attach to the NOI form.

Sample Date	Outfall Number or Name	Actual/ Estimated Flow	Pollutant Name	Concentration (mg/l)	Sample Type	Number of Samples