



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)**  
**INSTRUCTIONS**

**In order to be covered under the General Permit, applicants cannot discharge to exceptional value (EV) or high quality (HQ) waters.**

**GENERAL INFORMATION**

**To Obtain DEP Application Packages.** To expedite the processing of the applicant's request, the Department of Environmental Protection (DEP) asks that the applicant use the most up-to-date application package available. The most recent version of this package can be obtained by contacting the appropriate DEP office, or through our Web site noted below. This package, as well as other DEP-wide and/or program-specific permit application form packages are available in Microsoft Word format at this same web location. Applicants can download the appropriate form to a personal computer, complete the form electronically and print the document for submittal to DEP using the following steps:

- Type in DEP's Web site address: [www.depweb.state.pa.us](http://www.depweb.state.pa.us)
- Under Quick Access Select: Permits, Licensing, and Certification
- Select: Program-Specific Permit/Authorization Packages
- Select: Water Management
- Select: NPDES
- Select: General Permits
- Select: PAG06

**General Instructions.** This package is designed to assist the applicant in completing the application form identified above. Type or print clearly when completing the form. If information needed is more than space allows, attach additional sheets as necessary. If a question is not applicable, write NA in the appropriate box.

**Who must apply for an NPDES Combined Sewer Overflow (CSO) Permit?** All persons identified in 40 CFR Part 122 who operate facilities or activities which discharge pollutants into surface waters of the Commonwealth (including intermittently flowing streams and drainage channels), including discharges to municipal separate storm sewers or non-municipal separate storm sewers are required to have the discharges authorized by an NPDES permit. A discharger must obtain an individual or General Permit prior to discharging. All municipalities which operate facilities with existing CSOs discharging into surface waters of the Commonwealth (including intermittently flowing streams and drainage channels) are required to have the discharges authorized by an NPDES permit.

**Who may use the Notice of Intent form?** All municipalities and satellite municipal systems serving populations of less than 75,000 which meet the eligibility requirements of the General Permit may utilize the General Permit for discharges of CSOs in lieu of an individual NPDES permit.

DEP may deny coverage under the General Permit and require submittal of an application for an individual NPDES permit, based on a review of the NOI or other information.

**Who is not eligible to apply for the General Permit?** Discharges from CSOs are NOT authorized by the General Permit when one or more of the following conditions exist:

- a. The discharges contain toxic or hazardous pollutants, or any other substance which - because of its quantity, concentration, or physical, chemical, or infectious characteristics - may cause or contribute to an increase in mortality or morbidity in either an individual or the total population, or pose a substantial present or future hazard to human health or the environment when discharged into surface waters;
- b. The discharges - individually or cumulatively - have the potential to cause significant adverse environmental impact;
- c. The discharges are to waters classified as "High Quality" (HQ) or "Exceptional Value" (EV) under Chapter 93 of DEP Rules and Regulations;
- d. The discharges are not, or will not be, in compliance with any of the terms or conditions of the General Permit;
- e. The applicant has failed, and continues to fail, or has shown a lack of ability or intention to comply with a regulation, permit, schedule of compliance, or order issued by DEP;
- f. The discharges do not, or will not, result in compliance with applicable effluent limitations or water quality standards;
- g. Discharges which DEP determines require an individual NPDES permit to ensure compliance with the Clean Water Act, the Clean Streams Law, and rules and regulations promulgated thereto; or where a change has occurred in the availability of demonstrated technology or practices for the control or abatement of pollutants applicable to the point source;
- h. The discharges are associated with an activity that would adversely affect a listed endangered or threatened species or its critical habitat;
- i. CSOs during periods of dry weather flow;
- j. Overflows from sewer systems designed and built as separate sanitary systems (SSOs) or overflow discharges resulting in sewage bypass(es) at the wastewater treatment plant;
- k. Any CSO from a municipality or other incorporated place with a sewered population served equal to or greater than 75,000 persons according to the latest decennial census by the United States Bureau of the Census;
- l. The discharges would interfere with a downstream riparian landowner's reasonable use of surface waters, or property rights, or otherwise cause a private or public nuisance; or

- m. The discharges are associated with an activity that is subject to an existing NPDES individual or General Permit, except as allowed herein; or are from a facility where an NPDES permit has been terminated or denied.

**Where to file the Notice of Intent.** Three (3) copies of the NOI are to be submitted to the appropriate DEP regional office. A listing of the regional offices can be found on DEP's Web site.

**When to file the Notice of Intent.** Operators or owners of existing combined sewer systems with wet weather overflow discharges which are eligible for, and are seeking coverage under the general permit, must file an administratively complete and acceptable NOI as soon as possible after the publication date of the availability of the final NPDES general permit (PAG-06) to obtain NPDES permit coverage. It should be noted that CSOs are point source discharges subject to the NPDES permitting requirements of the Clean Water Act. CSOs discharging to surface waters of the Commonwealth without NPDES permit coverage are unlawful and may lead to enforcement action and/or third party litigation.

**Notice of Intent Filing Fee.** With the exception of Commonwealth agencies, a check for \$500.00 must be included with the NOI. The check should be made payable to the "Commonwealth of Pennsylvania." It is to be dated within 10 days of the NOI submittal date.

**Applicant Responsibility.** It is the applicant's responsibility to demonstrate eligibility for coverage under the General Permit. The demonstration must be made as part of the NOI submittal.

## DEFINITIONS

To provide the applicant with a better understanding of terminology, we are including the following definitions.

**eFACTS (Environment, Facility, Application, Compliance Tracking System).** DEP's electronic application system to document and maintain client, site and facility data for purposes of authorizing regulated activities and tracking compliance.

**eNotice.** DEP has developed a comprehensive environmental compliance information reporting system to give the public access to permitting and compliance information on individual facilities by program and by geographic area. This system is available by logging on to the DEP Web site and selecting eNOTICE.

**Client (Responsible Party).** A client (also referred to as applicant or permittee) is a person or organization that requests approval from DEP to perform a regulated activity. Client information is documented and assigned an internal DEP Client ID# for tracking purposes.

**Site (Place).** A site is a physical location of importance to DEP. A site may include locations where a regulated facility is physically located or where a regulated activity occurs that has the potential to impact the health and safety of the citizens and/or the natural resources of the Commonwealth. A site is not solely defined by geographical location (can span several municipalities and even counties in some cases) but rather by the client/applicant's purpose of doing business. All DEP programs' involvement at a physical location of importance to DEP is grouped under one 'entity' – site. This holistic view of site will promote an understanding of the interrelationships of facilities to support pollution prevention, multi-media inspections, a DEP-wide view of compliance, and public understanding and access of information. Site information is documented and assigned an internal DEP Site ID# for tracking purposes.

**Site-to-Client Relationships.** DEP will create internal records to relate (link) each site with all clients associated with the site and/or its facilities.

**Facility.** A facility (also referred to as Primary Facility (PF)) is a logical bridge between sites and sub-facilities that allows DEP to provide a framework for a facility's or an activity's regulation. PF is a way to group a program's involvement at a site (what it regulates) under one heading. For example: One area of the water program groups all of their involvement (regulated entities) under a PF type of "Water Pollution Control Facility." Facility information is documented and assigned an internal DEP Facility ID# for tracking purposes.

**Sub-Facility.** A sub-facility (SF) is program-specific. A SF is what DEP regulates. For example: An Outfall Structure and a Production Service Unit are just two examples of SF of a Water Pollution Control Facility PF.

**Authorization.** Any DEP approval. For example: permits, plans, approvals, licenses, registrations, certifications, etc. Authorization information is documented and assigned an internal DEP Auth ID# for tracking purposes.

**NOI FORM**

Check if a new or renewal of an existing discharge. If renewal, indicate existing Permit Number.

Check if the receiving water classification is either a "HQ" or "EV" water. Information on receiving water classifications can be obtained from Chapter 93 of DEP regulations available electronically at <http://www.pacode.com> or by calling or writing to the appropriate DEP regional office.

**CLIENT/OPERATOR INFORMATION**

**DEP Client ID#.** DEP-wide unique identification number assigned by DEP to the client after client information is entered into DEP's computer system. This one number identifies the client regardless of the program with which the client is working. This identification number will be identified on future correspondence from DEP as well as on client information available on our DEP Web site. When replying to DEP, inclusion of this number will make it easier to process requests in a timely manner. If known, enter the Client ID#. Otherwise, skip to the next request for information.

**Client Type/Code.** Enter the code that represents the type of client acting as the responsible authority for the permitted activity.

Government		Non-Government		Individual
AUTH	Authority	ASSOR	Association/Organization	INDIV Individual
CNTY	County	LLC	LtdLi ability Company	
FED	Federal Agency	LLP	LtdLi ability Partnership	
MUNI	Municipality	NPACO	Non-Pennsylvania Corporation	
NONPG	Non-PA Govt	OTHER	Other (Non-Govt)	
OTHG	Other (Govt)	PACOR	Pennsylvania Corporation	
SCHDI	School District	PARTG	Partnership-General	
STATE	State Agency	PARTL	Partnership-Limited	
		SOLEP	Sole Proprietorship	

**Organization Name or Registered Fictitious Name.** Clients other than individuals must provide the name under which they conduct the activity or business for which the permit or other authorization will be issued.

Individuals should complete the "Organization Name" if they conduct their business or activity under a name other than their own (for example, "Jones Construction Company," rather than "Mary Jones").

For partnerships, list the business name of the partnership as it appears on legal partnership papers.

If the applicant is an individual(s) or partnership, also provide the appropriate information on the individual name lines.

**Employer ID#.** Also referred to as “Federal Tax ID#.” The Employer ID# (EIN) aids DEP in identifying the organization and prevents duplicate data entry from occurring. This information is required.

**Dun & Bradstreet ID#.** If known, supply the applicant’s Dun & Bradstreet Identification Number. This information is optional.

**Individual Last Name, First Name, MI, Suffix, Social Security Number.** This information, with the exception of the SSN, must be provided for applicants who are individuals or partnerships. The SSN aids DEP in identifying the individual and prevents duplicate data entry, although it is optional. This information is not accessible by the public or other government agencies.

**Additional Individual Last Name, First Name, MI, Suffix, Social Security Number.** This information, with the exception of the SSN, must be provided for additional applicants who are individuals or partnerships. The SSN aids DEP in identifying the individual and prevents duplicate data entry, although it is optional. This information is not accessible by the public or other government agencies.

**Mailing Address.** The mailing address of the client identified above (this should *not* include locational data that is not appropriate for a mail piece). In addition to the street number and name, PO Box#, RR#, Box#, or Highway Contract# designations, use any appropriate designation and number to further define the mailing address of the applicant.

e.g.,	APT (Apartment)	DEPT (Department)	RM (Room)
	BLDG (Building)	FL (Floor)	STE (Suite)

**City, State, ZIP+4, Country.** Enter an appropriate city, borough, or town designation (do not enter a township designation in this area). Do *not* use abbreviations for the city name. Use the two-character abbreviation for the state. Include the four-digit extension to the ZIP code. If other than USA, provide country.

**Client Contact Information.** Clients that are organizations must provide the name of a person representing the client (organization). This client contact must be an employee of the organization and must be located at the mailing address of the client and may receive correspondence on behalf of the client. Include the individual’s name, title, daytime phone number, and email address. DEP will use this contact information for maintaining client data. This individual should be a high-level employee such as CEO, VPs, Operations Manager, etc. or someone capable of answering informational questions regarding the organization such as EIN, fictitious name ownership, address data, related organizations, corporate changes, etc. Project contact information should be entered in the Site Contact found in the Site Information section.

## SITE INFORMATION

**DEP Site ID#.** DEP-wide unique identification number assigned to the site after site information is entered into DEP’s computer system. This one number identifies the site regardless of the program with which the applicant is working. This identification number will be identified on future correspondence from DEP as well as on site information available on our DEP Web site. When replying to DEP, inclusion of this number will make it easier to process the application in a timely manner. If known, enter the Site ID#. Otherwise, skip to the next request for information.

**Site Name.** The name of the site at the specific physical location. Do not use abbreviations, acronyms, etc.

**EPA ID#.** If known, supply the EPA ID# for the site (this number is also referred to as a FINDS ID#). This is optional.

**Estimated Number of Employees to be Present at Site.** To assist with future Pollution Prevention and Compliance Assistance initiatives, please include the estimated number of employees to be present at the site once it is active.

**Description of Site.** Provide a written description of the proposed site (e.g., water treatment plant, sewage treatment plant, toy factory, etc.).

**County, Municipality, State.** Indicate the county(ies) and municipality(ies) in which the site is located. Check the appropriate box to identify the type of municipality entered (city, borough, township). Include the two-character abbreviation for the state.

**Site Location.** Provide the physical address of the location where the permitted activities will occur. No PO Box Numbers will be accepted for site location information. Provide the City (or Municipality), State, and the ZIP+4, if known.

**Detailed Written Directions to Site.** When providing written directions, do not use PO Box address data. Include landmarks and approximate distances from the nearest highway.

**Site Contact Information.** Provide the name of the person having overall responsibility for environmental matters at the site. Include the individual's name, title, firm, mailing address, daytime phone number, and email address (optional).

**NAICS Codes.** Clients applying for an authorization from DEP need to provide the appropriate North American Industry Classification System (NAICS pronounced nākes) code(s) at the Sector level (at a minimum). Enter all NAICS codes that pertain to the activity for which the application is being completed. More than one two-digit or three-digit NAICS code may be entered in the box provided. If known, enter the six-digit NAICS code in the optional box provided. This list of NAICS Sector and Subsector level codes may be found on DEP's Web site under "Permit and Authorization Packages."

**Site to Client Relationship.** Enter the relationship code that best describes how the client is related to the activity or operation at the site for which the permit or other authorization is being sought.

Code	Type	Code	Type
OWN	Owner	LESOP	Lessee/Operator
OPR	Operator	CONTR	Contractor for Owner or Operator
OWNOP	Owner/Operator	AGENT	Agent for Owner or Operator
LESSEE	Lessee	OTHER	Other (Explain

**FACILITY INFORMATION**

**Operator Status.** Please indicate if the operator is (1) a local municipal government (city, borough, township, county, incorporated town), (2) non-municipal (non-local governing body) or (3) other entity.

**Facility Type.** Please indicate if the applicant owns and/or operates (1) a conveyance system of combined sewage and a combined sewage wastewater treatment plant or (2) a collection network of combined sewers only, a conveyance system of combined sewers only, or both, (3) CSO diversion structures only, or (4) other. If applicable, please name the POTW that provides treatment to sewage collected by your system and its NPDES number. Also, please indicate whether or not there is a written agreement entered with the operator/owner of the treatment facility.

**Facility Description.** Please provide a brief description of CSO discharge points from the system. If available, submit any CSO study or report completed within the last 5 years. Also, provide location for the point of discharge for each combined sewer outfall, outline the drainage area which serves each outfall, indicate the direction of the overflows within the drainage area and indicate the names, classifications of the receiving waters into which the outfalls discharge and any treatment currently being provided.

Also provide a narrative description of management practices or controls used to minimize CSOs, and include volumes, frequencies and durations of the overflow events.

**Outfall Number** – Please provide an identification number or name for each combined sewer outfall from the facility.

**Outfall Location** – Municipality, Latitude, and Longitude – For each combined sewer outfall, list the municipality that the outfall is located in, and the latitude and longitude of the outfall to the nearest second.

**Receiving Water** – Provide the name of the receiving water and the water uses protected.

**Treatment Provided** – Please list all treatment processes applicable to the combined sewer outfall indicated.

**Additional Locational Data Information** – This information is being requested in order to determine the method, accuracy and description of the latitude and longitude information that is being provided with the application. If known, please provide this information for the locational data. The first of the locational data codes and descriptions can be found electronically on DEP’s Web site under “Permit and Authorization Packages.”

**Service Area(s).** If applicable, please indicate (1) all municipalities that the system serves, (2) county that the municipality is located in, (3) type of each municipality’s system (i.e., sanitary sewer, separate sewer, or combined sewer), (4) the population each municipality’s system serves, (5) number of overflows in the municipality’s systems, (6) average dry weather flow from municipality’s system, and (7) average wet weather flow from municipality’s system. Use separate sheet(s) if necessary.

**Quantitative Data.** If there is available data on combined sewer overflow(s) from the facility, please complete Table 1 (of the NOI), check the appropriate box in this block and submit it with the NOI form. Provide total number of overflow events in last 5 years and an average number of events/year.

For the purpose of filling out Table 1, please provide (1) the date(s) sample(s) were taken, (2) outfall number or name where samples were collected from, (3) actual or estimated flow, (4) pollutants that were analyzed for, (5) pollutant concentrations present in the CSO outfall tested, (6) the sample type (i.e., grab or composite), and (7) number of samples that were taken.

**Description of Best Management Practices (BMPs) and Sewer Ordinances.** Describe any Best Management Practices (BMPs) currently being implemented at the facility or outfalls, including a description of: (1) measures to minimize or eliminate overflow(s) from the combined sewer system; (2) any other measures or documentation which ensures that water quality standards and effluent limitations are attained; and (3) any existing ordinances and/or management practices, measures currently implemented (practices other than which control the source of pollutants) to control infiltration and inflow, water runoff, and groundwater from entering the CSS system. Check appropriate blocks on Nine Minimum Controls (NMC) and Long-Term Control Plan (LTCP) completion status. Attach NMC Documentation and the LTCP.

**Facility Improvements.** Please describe any improvements or efforts currently underway or planned at the facility which may change, reduce or eliminate the CSO discharges. If they were planned activities, please provide an estimated schedule of completion for these improvements. Check appropriate box concerning a DEP order.

**NMC and LTCP Status and Reporting Summary.** Provide information concerning NMC and LTCP submittals and their approval. Provide information concerning annual and monthly report submittals during the last 5 years.

## CHAPTER 93 RECEIVING WATER CLASSIFICATION

Be sure to provide **ALL** requested information in this area. Provide the "water uses protected" listed in the Chapter 93 regulations for those outfalls discharging to surface waters of the Commonwealth. Information on "water uses protected" can be obtained from Chapter 93 of DEP regulations available electronically at [www.pacode.com](http://www.pacode.com) or by calling or writing to the appropriate DEP regional office.

Once the NOI has been submitted, the discharger may assume that the "water uses protected" will not change for the length of the permit term unless notified by DEP to the contrary. If the existing use of receiving water is determined to be exceptional value (EV) or high quality (HQ), the applicant will be required to submit an individual NPDES permit application.

## COMPLIANCE HISTORY REVIEW

Check appropriate box to indicate if the facility owner or operator is/was in violation of any permit(s), orders(s), or schedule(s) of compliance during the previous 5 years in connection with activities at this, or ANY OTHER facility. If the answer is "No," no further information is needed in this section. If "Yes," list each permit and provide compliance status of the permitted facility or operation. If needed, use additional sheets to provide information on ALL permits.

## CERTIFICATION

The applicant must certify that the information contained in the NOI is true, accurate and complete and agree to abide by the terms and conditions of the General Permit. In addition, the responsible official's signature also certifies that the facility is eligible for coverage under the General Permit, and BMP, PPC Plans, and other controls are, or will be, implemented to ensure that water quality standards and effluent limits are attained.

**The NOI shall be signed as follows:**

*For individually owned operations* - the owner of the facility must sign the application.



*For a Corporation* - by a responsible corporate officer. For purposes of this section, a responsible corporate officer means a principal executive officer of at least the level of vice president or an authorized representative, if the representative is responsible for the overall operation of the facility from which the discharge described in the NOI originates.

*For a Partnership or Sole Proprietorship* - by a general partner or the proprietor, respectively.

*For a Municipality* - state, federal or other public agency - by either a principal executive officer, ranking elected official or other authorized employee. For purposes of this NOI, a principal executive officer of a federal agency includes:

- a. The chief executive officer of the agency, or
- b. A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).

The certification signatures must be notarized.

### APPLICANT'S CHECKLIST

To assure the NOI is complete, we are providing a convenient checklist (3800-PM-WSFR0076c) to be attached and returned with the completed NOI. [This checklist is to be returned with the completed NOI.](#)