



**NOTICE OF INTENT TO OBTAIN
 COVERAGE UNDER NDPDES GENERAL PERMIT
 FOR STORMWATER DISCHARGES ASSOCIATED
 WITH INDUSTRIAL ACTIVITY**
 NORTH DAKOTA DEPARTMENT ENVIRONMENTAL QUALITY
 DIVISION OF WATER QUALITY
 SFN 18686 (03/2024)

FOR DEPT. USE ONLY

Application Number

Date Received

GENERAL INFORMATION

| | | | | | |
|--|--|--|--|----------------------|--------------|
| 1. Which Permit Is Being Applied For? <input type="checkbox"/> NDR05-0000 <input type="checkbox"/> NDR32-0000 | | | | | |
| 2. Name of Owner or Operator | | 3. Owner/Operator Contact | | 4. Telephone Number | |
| 5. Mailing Address | | 6. City | | 7. State/Province | 8. ZIP Code |
| 9. Owner or Operator Email Address | | | | | |
| 10. Name of Facility | | 11. Facility Contact | | 12. Telephone Number | |
| 13. Facility Contact Email Address | | | | | |
| 14. Mailing Address | | 15. City | | 16.State/Province | 17. ZIP Code |
| 18. Does this application pertain to a permit re-issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 19. If pertaining to permit re-issuance enter existing Coverage Number | | | |

NATURE OF DISCHARGE

| | | | | | | |
|--|-----------------------------|--------------|---------------------------|---------------|---------------------------|------------|
| 20. Four Digit Standard Industrial Classification (SIC) code (see Part III(B) of permit for sampling parameters) | | | | | | |
| 21. Six Digit North American Industry Classification System (NAICS) code | | | 22. Facility Size (Acres) | | | |
| 23. Brief Description of Nature of Business | | | | | | |
| Facility Location | 24. Physical Street Address | | 25. City | | | |
| | OR | 26. Township | 27. Range | 28. Section | 29. Quarter (ABCD format) | 30. County |
| | OR | 31. Latitude | | 32. Longitude | | 33. County |

DISCHARGE POINT (attach additional pages for more than one discharge point)

| | | | | | |
|------------------|---|--|---|------------------------------|------------|
| 34. Point ID | 35. Latitude | | 36. Longitude | | 37. County |
| OR | 38. Township | 39. Range | 40. Section | 41. Quarter (ABCD Format) | 42. County |
| Receiving Waters | <input type="checkbox"/> 43. Natural Surface Drainage | | 44. Name or Description of Receiving Waters | | |
| | OR | <input type="checkbox"/> 45. Municipal Storm Sewer | 46. Name of City | 47. Ultimate Receiving Water | |

SIGNATURE INFORMATION

| | | | | | |
|---|---|--|--|-----------|--|
| RETURN COMPLETED APPLICATION TO: North Dakota Dept. of Env. Quality Division of Water Quality, 3rd floor 4201 Normandy Street Bismarck, ND 58503-1324 Telephone: (701) 328-5210 | 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 gather and evaluate 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | |
| | 48. Printed Name of Applicant | | | 49. Title | |
| | 50. Signature of Applicant | | | 51. Date | |

(Attach additional pages if needed)

Instructions

Submission of this application is notice that the owner(s) and operator(s) identified on the application intend to discharge stormwater associated from industrial activity to waters of the state in accordance with conditions set forth in North Dakota Pollution Discharge Elimination System general permits NDR05-0000 and NDR32-0000.

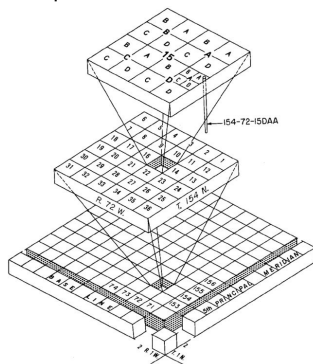
Permit coverage becomes effective seven (7) days after a complete application is submitted (based on receipt date by the department) unless otherwise notified by the department.

General Information

1. **Which Permit is Being Applied for?** Select the which permit coverage is being applied for.
2. **Name of Owner or Operator.** Enter the company, organization, party or operator of the facility.
3. **Owner/Operator Contact.** Provide the contact person for the owner or operator.
4. **Telephone Number.** Provide a valid phone number for the contact person.
- 5-8. **Mailing Address.** Provide a valid mailing address for the owner or operator.
9. **Owner/Operator E-mail Address.** Provide a valid e-mail address for the contact.
10. **Name of Facility.** Provide the name of the facility.
11. **Facility Contact.** Provide the contact person for the facility.
12. **Telephone Number.** Provide a valid phone number for the facility contact person.
13. **Facility Contact E-mail Address.** Provide a valid e-mail address for the contact.
- 14-17. **Mailing Address.** Provide a valid mailing address for the facility contact.
18. **Does this application pertain to a permit re-issuance.** Check the appropriate box to indicate if the NOI is for permit re-issuance.
19. **If pertaining to a permit re-issuance enter existing coverage number.** Provide the existing general permit coverage number.

Nature of Discharge

20. **Four Digit Standard Industrial Classification (SIC) code.** Provide the four-digit SIC code for primary industrial activity occurring at the facility.
21. **North American Industry Classification System (NAICS) code.** Provide the NAICS code for the primary industrial activity occurring at the facility.
22. **Facility size (acres).** Provide the size of the facility in acres.
23. **Brief description of Nature of Business.** Provide a brief description of the nature of business conducted at the facility. If necessary attached additional pages.
24. **Physical Street Address.** Provide the physical street address of the facility.
25. **City.** Enter the city for the physical street address.
- 26 - 29. **Township, Range, Section, Quarter Section.** Provide the numerical township, range and section of the construction project. Provide the quarter section in the ABCD format.



30. **County.** Provide the county in which the facility is located.
- 31-32. **Latitude and Longitude.** Provide the latitude and longitude in decimal degrees at the center of the site.
33. **County.** Provide the county in which the facility is located.

Discharge Point

34. **Point ID.** Provide the discharge point ID (e.g. 001).
- 35-36. **Latitude and Longitude.** Provide the latitude and longitude in decimal degrees of the discharge point.
37. **County.** Provide the county in which the discharge point is located.
- 38-41. **Township, Range, Section, Quarter Section.** Provide the numerical township, range and section of the construction project. Provide the quarter section in the ABCD format.
42. **County.** Provide the county in which the discharge point is located.
43. **Natural Surface Drainage.** Check the box if the facility discharges to a natural surface drainage.
44. **Name or Description of Receiving Waters.** Enter the name or the description of the receiving water.
45. **Municipal Storm Sewer.** Check the box if the facility is located within city limits.
46. **Name of City.** Enter the name of the city if the facility is within city limits.
47. **Ultimate Receiving Water.** Enter the name of the receiving water which the city storm sewer system discharges to.

Signature Information

48. **Printed Name of Applicant.** Enter the full name of the applicant. The signatory must be a responsible corporate officer, general partner, principal executive officer, or ranking elected official.
49. **Title.** Enter the title of the printed name of applicant.
50. **Signature of Applicant.** Signature of the applicant.
51. **Date.** Enter the date the application (NOI) was signed.

Submission Process

New submittal: Complete the signatory section of the form and mail in the original "wet ink" signature to the NDDEQ at:

North Dakota Dept. of Env. Quality
Division of Water Quality, 3rd floor
4201 Normandy Street
Bismarck, ND 58503 - 1324

ERIS (for permit reissuance): Once the fields are completely filled out, save the pdf to your computer. Log into ERIS and change your report type to NDPDES_Reports_General. From the main menu click on the Add Report link. In the Report Type drop down, select "Notice of Intent to be covered under a General Permit. Under the Contact section select the NDPDES Contact button and select yourself under the NDPDES contact drop down. In Section 2 of the form, attach this form. The form does not need to be signed as the submittal process in ERIS is the signature.

For information on how to setup an ERIS account please visit: <https://deq.nd.gov/eReporting.aspx>

Temporary Waiver: If the facility has obtained a temporary waiver from electronic reporting, complete the signatory section of the form and mail in the original "wet ink" signature to the NDDEQ at:

North Dakota Dept. of Env. Quality
Division of Water Quality, 3rd floor
4201 Normandy Street
Bismarck, ND 58503 - 1324

Stormwater Pollution Prevention Plan (SWPPP) Requirements

As part of the permit, a SWPPP must be developed and available for review at the time of application. You are not required to submit the SWPPP with the application unless otherwise notified by the department.