



**APPLICATION (NOTICE OF INTENT) TO OBTAIN
 COVERAGE UNDER NDPDES GENERAL PERMIT
 FOR STORMWATER DISCHARGES ASSOCIATED
 WITH INDUSTRIAL ACTIVITY**

NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF WATER QUALITY
 SFN 18686 (02/10)

FOR DEPT. USE ONLY

Application No.

Date Received

This form may be used to obtain coverage under NDPDES general permit NDR05-0000, stormwater discharges associated with industrial activity; or NDPDES general permit NDR32-0000, stormwater discharges associated with mining, extraction or paving material preparation activities.

GENERAL INFORMATION

Name of Owner or Operator	Owner/Operator Contact	Phone No.	
Mailing Address	City	State/Province	Zip Code
Name of Facility	Facility Contact	Phone No.	
Mailing Address	City	State/Province	Zip Code

NATURE OF DISCHARGE

STANDARD INDUSTRIAL CLASSIFICATION (SIC)	Four Digit SIC Code(s):	Facility Size in Acres:	
Has a SWPPP been developed in accordance with Part II.C of the applicable permit (NDR05-0000 or NDR32-0000)? <input type="checkbox"/> Yes <input type="checkbox"/> No		STOP: A SWPPP must be prepared and available for review at the time of application. See Part I.D.3 of the applicable permit for submittal information.	
Brief Description of Nature of Business:			
Facility Location	Street		City
	OR	Township Range Section	$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ County
	OR	Latitude	Longitude County
Receiving Waters	<input type="checkbox"/> Natural Surface Drainage		Name or Description of Receiving Waters
	OR	<input type="checkbox"/> Municipal Storm Sewer	Name of City
			Ultimate Receiving Waters

Signature Information

RETURN COMPLETED APPLICATION TO: North Dakota Department of Health Division of Water Quality 918 East Divide Ave. 4 th Floor Bismarck, ND 58501-1947 Telephone: 701-328-5210 Fax: 701-328-5200	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.	
	Printed Name of Applicant	Title
	Signature of Applicant	Date

(Attach additional pages if needed)