Suggested Format for Submitting a Change Notice of Intent (NOI)

Instructions:

✓ **Step 1:** Provide your NPDES ID Number and Operator Name from your original NOI.

NPDES ID Number:

Operator Name:

- ✓ Step 2: Use the NOI form on the subsequent pages to indicate the items for which you are submitting this modification. Only enter information you wish to change. You may only use this form to modify an NOI that you submitted to EPA for coverage under the 2015 MSGP.
- ✓ Step 3: If necessary, use the box below to provide additional information about the change you are reporting if you are unable to annotate the change directly in the form. For example: "Per Part 7.4 our facility has met all of our benchmark monitoring requirements for Outfalls 001 and 002, and the average over the last four quarters is below each respective benchmark criteria, as such we are submitting this Change NOI to request that our benchmark monitoring be discontinued for the remainder of the permit term".

Additional Information on Change NOI:

- Step 4: A certifying official must complete the certification information section and sign in wet ink. This form must have an original signature in ink <u>do not sent a photocopy!</u>
- ✓ **Step 5:** Mail your Change NOI form to one of the following addresses:

For Regular U.S. Mail Delivery:

Stormwater Notice Processing Center Mail Code 4203M, ATTN: 2015 MSGP U.S. EPA 1200 Pennsylvania Avenue, NW Washington, DC 20460

For Overnight/Express U.S. Mail Delivery:

Stormwater Notice Processing Center William Jefferson Clinton East Building – Room 7420 ATTN: 2015 MSGP U.S. EPA 1201 Constitution Avenue, NW Washington, DC 20004

NPDES FORM 3510-6	€PA	UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 NOTICE OF INTENT (NOI) FOR STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY UNDER THE NPDES MULTI-SECTOR GENERAL PERMIT	Form Approved. OMB No. 2040-0004
the NPDES Stormwo the operator identii obtain authorization	ater Multi-Sector General Perm fied in Section C of this form m n, you must submit a complet	es notice that the operator identified in Section C of this form requests authorization to disc iit (MSGP) permit number identified in Section B of this form. Submission of this NOI also con neets the eligibility conditions of Part 1.1 of the MSGP for the facility identified in Section D c e and accurate NOI form. Discharges are not authorized if your NOI is incomplete or inacc nstructions at the end of this form to complete your NOI.	stitutes notice that of this form. To
A. Approval to U	se Paper NOI Form		
1. Have you been g	granted a waiver from electro	nic reporting from the EPA Regional Office*? 🛛 YES 🗌 NO	
If yes, check wh	nich waiver you have been gr	anted, the name of the EPA Regional Office staff person who granted the waiver, and the	date of approval:
Waiver grant	as under-served	ator's headquarters is physically located in a geographic area (i.e., ZIP code or census trac for broadband Internet access in the most recent report from the Federal Communication	
	The owner/oper	ator has issues regarding available computer access or computer capability.	
Name of EPA	A staff person that granted the	e waiver:	
Date approv	val obtained:		
must file this form	• • • •	n the applicable EPA Regional Office prior to using this paper NOI form. If you have not obt ES eReporting Tool (NeT) at <u>http://water.epa.gov/polwaste/npdes/stormwater/Stormwater</u>	.,
B. Permit Informa		NPDES ID (EPA Use Only):	
1. Master Permit Nu	ımber:	(see Appendix C of the MSGP for the list of eligible master permit numbers)	
2 Are you a new d	ischarger or a new source as	→ defined in Appendix A? → YES → NO (If yes, skip to Part C of this form).	
,	0	e, have stormwater discharges from your facility been covered previously under an NPDES	S permit?
YES N	0		
If yes, provide individual per		rage under EPA's 2008 MSGP or the NPDES ID if you had coverage under an EPA	
C. Facility Opera	tor Information		
1. Operator Informa	ation:		
Operator Name:			
Mailing Address:			
Street:			
City:		State: ZIP Code:	-
County or Similar G	overnment Subdivision:		
Phone:			
E-mail:			
	f Contact Information:		
First Name, Middle			
Title:			
3. NOI Preparer Info		s prepared by someone other than the certifier):	
Circle Manage Addressed			
First Name, Middle	Initial, Last Name:	······································	
First Name, Middle Organization:			
	Initial, Last Name:		

D. Facility Information
1. Facility Name:
2. Facility Address:
Street/Location:
City: Image: State in the stat
County or Similar Government Subdivision:
3. Latitude/Longitude for the facility:
Latitude: ^ N (decimal degrees) Longitude: ^ W (decimal degrees)
Latitude/Longitude Data Source: 🗌 Map 🔤 GPS 🔹 Other
If you used a USGS topographic map, what was the scale?
Horizontal Reference Datum: 🗌 NAD 27 📄 NAD 83 🔤 WGS 84
4. Is your facility located on Indian Country lands? 🛛 YES 🗋 NO If yes, provide the name of the Indian tribe associated with the area of Indian country (including name of Indian reservation, if applicable):
5. Are you requesting coverage under this NOI as a "federal operator" as defined in Appendix A? 🛛 YES 🗌 NO
6. What is the ownership type of the Federal Facility (U.S. Government) Privately Owned Facility Municipality County Government
Corporation State Government Tribal Government School District
DistrictMixed Ownership (e.g.Municipal or WaterPublic/Private)District
7. Estimated area of industrial activity at your facility exposed to stormwater: (to the nearest quarter acre)
8. Sector-Specific Information
Identify the 4-digit Standard Industrial Classification (SIC) code or 2-letter Activity Code that best represents the products produced or services rendered for which your facility is primarily engaged, as defined in the MSGP, and the applicable sector and subsector of your primary industrial activity (See Appendix D) Primary SIC Code: OR Primary Activity Code: OR Primary Activity Code: Sector: Subsector: Subsector
Identify the applicable sector(s) and subsector(s) of any co-located industrial activity for which you are requesting permit coverage:
Sector: Subsector: Sector: Subsector: Subsector: Subsector:
Sector: Subsector: Sub
If you are a Sector S (Air Transportation) facility, do you anticipate using more than 100,000 gallons of pure glycol in glycol-based deicing fluids and/or 1 tons or more of urea on an average annual basis? 🛛 YES 🗌 NO
If you are a Sector G (Metal Mining) facility, do you have discharges from waste rock and overburden piles? 🛛 YES 🗌 NO
Check the type of ore you mine at your facility:
Mercury Ore I Iron Ore I Platinum Ore I Titanium Ore Vanadium Ore Molybdenum I Uranium, Radium, and/or Vanadium Ore
9. Is your facility presently inactive and unstaffed?* 🔲 YES 📄 NO
* Note that if your facility becomes inactive and unstaffed during the permit term, you must submit an NOI modification to reflect the change.
E. Discharge Information
1. By indicating "Yes" below, I confirm that I understand that the MSGP only authorizes the allowable stormwater discharges in Part 1.1.2 and the allowable non-stormwater discharges listed in Part 1.1.3. Any discharges not expressly authorized in this permit cannot become authorized or shielded from liability under CWA section 402(k) by disclosure to EPA, state, or local authorities after issuance of this permit via any means, including the Notice of Intent (NOI) to be covered by the permit, the Stormwater Pollution Prevention Plan (SWPPP), during an inspection, etc. If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must be covered under anothe NPDES permit. NPDES permit. YES
2. Federal Effluent Limitation Guidelines
Are you requesting permit coverage for any stormwater discharges subject to effluent limitation guidelines? 🛛 YES 🗌 NO

If yes, which effluer	t limitation guide	elines apply to your stormwater discharges?			
40 CFR Part/Subpart		Eligible Discharges	Affected MSGP Sector	New Source Date	Check if Applicable
Part 411, Subpart C	Runoff from manufactur	material storage piles at cement ing facilities	Е	2/20/1974	
Part 418 Subpart A Runoff from p that comes in		phosphate fertilizer manufacturing facilities into contact with any raw materials, finished -products or waste products (SIC 2874)	с	4/8/1974	
Part 423	Coal pile ru	noff at steam electric generating facilities	0	11/19/1982 10/8/1974 ¹	
		resulting from spray down or intentional wetting et deck storage areas	- A	1/26/1981	
Part 436 Subpart B. C. or Mine dewate		tering discharges at crushed stone mines, n sand and gravel mines, or industrial sand	J	N/A	
Part 443, Subpart A	Runoff from	asphalt emulsion facilities	D	7/28/1975	
Part 445, Subparts A & E	Runoff from landfills	hazardous waste and non-hazardous waste	K, L	2/2/2000	
Part 449 Runoff conte existing and		aining urea from airfield pavement deicing at new primary airports with 1,000 or more annuc er aircraft departures			
List all of the stormw	ater outfalls	a separate list if necessary) For each outfall, provide the following re	eceiving water informat	ion:	
from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002). Also provide the latitude and longitude in degrees decimal for each outfall.		directly from the outfall and/or from the MS4 that the outfall discharges	If the receiving water is impaired (on the CWA 303(d) list), list the pollutants that are causing the impairment:		
Ouffall ID				TMDL	lame and ID:
Latitude				11	nt(s) for which s a TMDL:
Longitude					
Outfall ID				TMDL	lame and ID:
Latitude					nt(s) for which s a TMDL:
Longitude					
If substantially ident	ical to other o	ll utfall, list identical outfall ID:		I	

Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				
If substantic	Ily identical to other ou	utfall, list identical outfall ID:		
Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				
lf substantia	Ily identical to other ou	utfall, list identical outfall ID:		
Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				
If substantially identical to other outfall, list identical outfall ID:				
Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				
If substantia	lly identical to other ou	utfall, list identical outfall ID:		

4. Provide the following Information about your outfall latitude longitude:
Latitude/Longitude Data Source: 🗌 Map 🔤 GPS 🔤 Other
If you used a USGS topographic map, what was the scale?
Horizontal Reference Datum: 🗌 NAD 27 🔲 NAD 83 🔤 WGS 84
5. Does your facility discharge into a Muncipal Separate Storm Sewer System (MS4)? 🗌 YES 🛛 🗌 NO
If yes, provide the name of the MS4 operator:
6. Check if you discharge to any of the waters of the U.S. that are designated by the state or tribal authority under its antidegradation policy as a Tier 2 (or Tier 2.5) water (water quality exceeds levels necessary to support propagation of fish, shellfish, and wildlife and recreation in and on the water) or as a Tier 3 water (Outstanding National Resource Water)? (See Appendix L).
Tier 2/2.5. Provide the name(s) of receiving water(s):
Tier 3 (Outstanding National Resource Waters)*
 Note: You are ineligible for coverage if you are a new discharger or new source to waters designated as Tier 3 (outstanding national resource waters) for antidegradation purposes under 40 CFR 131.13(a)(3). If you are subject to benchmark monitoring requirements for a hardness-dependent metal, what is the hardness of your receiving water(s) (see Appendix J)? (mg/L)
8. If you are subject to benchmark monitoring requirements for a hardness-dependent metal, does your facility discharge into any saltwater receiving waters?
9. Does your facility discharge to a federal CERCLA site listed in Appendix P? 🗌 YES 🛛 🗌 NO
If yes, did you notify the EPA Regional Office in advance of filing your NOI, and did the EPA Regional Office determine that you are eligible for permit coverage pursuant to Part 1.1.4.10*? 🗌 YES 👘 NO
* Note: If you discharge to a federal CERCLA site listed in Appendix P, you are ineligible for coverage under this permit unless you notify the EPA Regional Office in advance and the EPA Regional Office determines you are eligible coverage under this permit. In determining your eligibility for coverage under this Part, the EPA Regional Office may evaluate whether you have included adequate controls and/or procedures to ensure that your discharges will not lead to recontamination of aquatic media at the CERCLA Site such that it will to cause or contribute to an exceedance of a water quality standard.
F. Stormwater Pollution Prevention Plan (SWPPP) Information
1. Has the SWPPP been prepared in advance of filing this NOI, as required? \square YES \square NO
2. SWPPP Contact Information:
First Name, Middle Initial, Last Name:
Professional Title:
Phone: Ext
3. SWPPP Availability: Your current SWPPP or certain information from your SWPPP must be made available through one of the following two options. Select one of the options and provide the required information*:
* Note: You are not required to post any confidential business information (CBI) or restricted information (as defined in Appendix A) (such information may be redacted), but you must clearly identify those portions of the SWPPP that are being withheld from public access.
Option 1 : Maintain a current copy of your SWPPP on an Internet page (Universal Resource Locator or URL).
Provide the web address URL:
Option 2 : Provide the following information from your SWPPP:
A. Describe your onsite industrial activities exposed to stormwater (e.g., material storage; equipment fueling, maintenance, and cleaning; cutting steel beams), and potential spill and leak areas:

B. List the pollutant(s) or pollutant constituent(s) associated with each industrial activity exposed to stormwater that could be discharged in stormw authorized non-stormwater discharges listed in Part 1.1.3:	/ater and any
C. Describe the control measures you will employ to comply with the non-numeric technology-based effluent limits required in Part 2.1.2 and Part 8 other measures taken to comply with the requirements in Part 2.2 Water Quality-Based Effluent Limitations (see Part 5.2.4):	3, and any
D. Provide a schedule for good housekeeping and maintenance (see Part 5.2.5.1) and a schedule for all inspections required in Part 4 (see Part 5.2	2.5.2):
G. Endangered Species Protection	
 Using the instructions in Appendix E of the MSGP, under which endangered species criterion listed in Part 1.1.4.5 are you eligible for coverage unpermit (only check 1 box)?* 	nder mis
* Note: After you submit your NOI and before your NOI is authorized, EPA may notify you if any additional controls are necessary to ensure your d have no likely adverse affects on listed species and critical habitat.	lischarges
2. Provide a brief summary of the basis for the criterion selected in Appendix E (e.g., communication with U.S. Fish and Wildlife Service or National A Fisheries Service to determine no species in action area; implementation of controls approved by EPA and the Services):	Marine
3. If you select criterion B, provide the NPDES ID from the other operator's NOI authorized under this permit:	
 If you select criterion C, you must answer the following questions: a. What federally-listed species or designated critical habitat are located in your "action area": 	
b. Using the Appendix E worksheet, check which of the following is applicable to your facility and answer any corresponding questions:	
□ I submitted my completed Criterion C Eligibility Form to EPA at least 30 days prior to submitting this NOI and agree to implement any addition that were determined by EPA to be necessary to ensure that my discharges and/or discharge-related activities will not have likely adverse at listed species and critical habitat.	
Date your Criterion C Eligibility Form was sent to EPA:	
Describe any EPA-approved measures you will implement to ensure no likely adverse affects on listed species and critical habitat:	
 I submitted my completed Criterion C Eligibility Form to EPA at least 30 days prior to submitting this NOI and have not been notified of any ac measures necessary to ensure no likely adverse affects on listed species and critical habitat. Date your Criterion C Eligibility Form was sent to EPA: 	ditional
 If you select criterion D or E, you must attach copies of any letters or other communications with the U.S. Fish and Wildlife Service or National Ma Service. 	arine Fisheries

H. Historic Preservation				
 If your facility is not located on Indian country lands, is your facility located on a property of religious or cultural significance to an Indian tribe? YES NO If yes, provide the name of the Indian tribe associated with the property: 				
 Using the instructions in Appendix F of the MSGP, under which historic properties preservation criterion listed in Part 1.1.4.6 are you eligible for coverage under this permit (only check 1 box)? 				
I. Certification Information				
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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
First Name, Middle Initial, Last Name:				
Title:				
Signature: Date: / / / /				
E-mail:				

Instructions for Completing EPA Form 3510-6

Notice of Intent (NOI) for Stormwater Discharges

Associated with Industrial Activity Under the NPDES Multi-Sector General Permit

NPDES Form Date (06/15)

This Form Replaces From 3510-6 (09/08)

Form Approved OMB No. 2040-0004

Who Must File an NOI Form

Under section 402(p) of the Clean Water Act (CWA) and regulations at 40 CFR Part 122, stormwater discharges associated with industrial activity are <u>prohibited</u> to waters of the United States unless authorized under a National Pollutant Discharge Elimination System (NPDES) permit. You can obtain coverage under the MSGP by submitting a completed Notice of Intent (NOI) if you are an operator a facility:

- that is located in a jurisdiction where EPA is the permitting authority, listed in Appendix C of the MSGP,
- that discharges stormwater associated with industrial activities, identified in Appendix D of the MSGP.
- that meets the eligibility requirements in Part 1.1 of the permit,
- that has developed a stormwater pollution prevention plan (SWPPP) in accordance with Part 5 of the MSGP; and
- that installs and implements control measures in accordance limits

Completing the Form

Obtain and read a copy of the 2015 MSGP, viewable at http://water.epa.gov/polwaste/npdes/stormwater/EPA-Multi-

Sector-General-Permit-MSGP.cfm. To complete this form, type or print, using uppercase letters, in the appropriate areas only. Please place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use only one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response. Please submit original document with signature in ink - do not send a photocopied signature.

Section A. Approval to Use Paper NOI Form

You must indicate whether you have been granted a waiver from electronic reporting from the EPA Regional Office. Note that you are not authorized to use this paper NOI form unless the EPA Regional Office has approved its use. Where you have obtained approval to use this form, indicate the waiver that you have been granted, the name of the EPA staff person who granted the waiver, and the date that approval was provided.

See http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-Contacts.cfm for a list of EPA Regional Office contacts.

Section B. Permit Information

Provide the master permit number of the permit under which you are applying for coverage (see Appendix C of the general permit for the list of eligible master permit numbers).

You must indicate whether you are a new discharger or a new source (see Appendix A for the definitions). If you are not a new discharger or a new source, you must indicate whether stormwater discharges from your facility have been previously covered under another NPDES permit. If yes, you must provide the unique NPDES ID (i.e., covered under.

Section C. Facility Operator Information

Provide the legal name of the person, firm, public organization, or any other entity that operates the facility described in this NOI. An operator of a facility is the legal entity that controls the operation of the facility. Refer to Appendix A of the permit for the definition of codes that describe these other industrial activities. "operator". Provide the operator's mailing address, phone number,

and e-mail. Correspondence for the NOI will be sent to this address. Also provide the name and title for the operator point of contact (note that the point of contact name may be the same as the operator name).

If the NOI was prepared by someone other than the certifier (for example, if the NOI was prepared by the facility SWPPP contact or a consultant for the certifier's signature), include the full name, organization, phone number, and email address of the NOI preparer.

Section D. Facility Information

Enter the official or legal name and complete address, including city, state, ZIP code, and county or similar government subdivision of the facility. If the facility lacks a street address, indicate the general location of the facility (e.g., Intersection of State Highways 61 and 34). Complete facility information must be provided for permit coverage to be aranted.

with Part 2 and Part 8 to meet numeric and non-numeric effluent Provide the latitude and longitude of your facility in decimal degrees format. The latitude and longitude of your facility can be determined in several different ways, including through the use of global positioning system (GPS) receivers, U.S. Geological Survey (U.S.G.S.) topographic or quadrangle maps. Refer to http://transition.fcc.gov/mb/audio/bickel/DDDMMSSdecimal.html/ for assistance in providing the proper latitude/longitude format. For consistency, EPA requests that measurements be taken from the approximate center of the facility. Specify which method you used to determine latitude and longitude. If a U.S.G.S. topographic map is used, specify the scale of the map used. Enter the horizontal reference datum for your latitude and longitude. The horizontal reference datum used on USGS topographic maps is shown on the bottom left corner of USGS topographic maps; it is also available for GPS receivers.

> Indicate whether the facility is on Indian country lands, and if so, provide the name of the Indian tribe associated with the area of Indian country (including name of Indian reservation, if applicable).

> Indicate whether you are seeking coverage under this permit as a "federal operator" as defined in Appendix A. Also check the ownership type for the facility (e.g., Federal Facility, Privately Owned Facility, Municipality, County Government, Corporation, State Government, Tribal Government, School District, District, Mixed Ownership [e.g., public/private], Municipal or Water District).

> Enter the estimated area of industrial activity at your facility exposed to stormwaterto the nearest quarter acre.

List the four-diait Standard Industrial Classification (SIC) code or two character activity code that best describes the primary industrial activities performed by your facility under which you are required to obtain permit coverage. Your primary industrial activity includes any activities performed on-site which are (1) identified by the facility's primary SIC code and included in the descriptions of 40 CFR 122.26(b)(14)(ii), (iii), (vi), or (viii); or (2) included in the narrative descriptions of 40 CFR 122.26(b)(14)(i), (iv), (v), (vii), or (ix). See Appendix D of the MSGP for a complete list of SIC codes and activities codes permit tracking number) for the previous permit your facility was covered under the MSGP. Also provide the applicable sector and subsector associated with the SIC code or activity code for your primary industrial activities. For a complete list of sector and subsector codes, see Appendix D of the MSGP.

> If your facility has co-located industrial activities that are not identified as your primary industrial activity, identify the sector and subsector

Instructions for Completing EPA Form 3510-6				
Notice of Intent (NOI) for Stormwater Discharges Associated with Industrial Activity Under the NPDES Multi-Sector General Permit				
NPDES Form Date (06/15) This Form Replaces From 3				
For Sector S facilities (Air Transportation), indicate whether you anticipate that the entire airport facility will use more than 100,000 gallons of pure glycol in glycol-based deicing fluids and/or 100 tons or more of urea on an average annual basis. If so, additional effluent limits and monitoring conditions apply to your discharge (see Part 8.S of the permit).	If you are subject to any benchmark monitoring requirements for metals (see the requirements applicable to your Sector(s) in Part 8 of the permit), indicate the hardness for your receiving water(s). See Appendix J of the permit for information about determining waterbody hardness. If you are subject to benchmark monitoring requirements for hardness-			
For Sector G facilities (Metal Mining), check the type of ore(s) mined at the facility.	dependent metals you must also answer whether your facility discharges into any saltwater receiving waters.			
Indicate whether your facility is currently inactive and unstaffed. Note that if your facility becomes inactive and unstaffed during the permit term, you must submit an NOI modification to reflect the change.	Indicate whether your facility will discharge to a federal CERCLA site listed in Appendix P. Note that if your facility will discharge into a federal CERCLA site listed in Appendix P, you are not eligible for coverage under this permit unless you notify the EPA Regional Office in advance and the EPA Regional Office authorizes overage under this permit after you have included adequate controls and/or procedures designed to ensure that discharges will not lead to recontamination of aquatic media at the CERCLA site such that your discharge will cause or contribute to an exceedance of a water quality standard.			
Section E. Discharge Information You must confirm that you understand that the MSGP only authorizes the allowable stormwater discharges listed in Part 1.1.2 and the allowable non-stormwater discharges listed in Part 1.1.3. Any				
discharges not expressly authorized under the MSGP are not covered by the MSGP or the permit shield provision of the CWA Section 402(k) and they cannot become authorized or shielded by disclosure to EPA, state, or local authorities via the NOI to be covered by the permit or by any other means (e.g., in the SWPPP or during an inspection). If any discharges requiring NPDES permit coverage other than the	Section F. Stormwater Pollution Prevention Plan (SWPPP) Information All facilities eligible for coverage under this permit are required to prepare a SWPPP in advance of filing the NOI, in accordance with Part 5. Indicate whether the SWPPP has been prepared in advance of filing the NOI.			
allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must either be eliminated or covered under another NPDES permit.	Indicate the contact information (name, phone, and email) for the person who developed the SWPPP for this facility.			
Depending on your industrial activities, your facility may be subject to federal effluent limitation guidelines which include additional effluent limits and monitoring requirements for your facility. Please review these requirements, described in Part 2.1.3 of the MSGP, and check any appropriate boxes on the NOI form.	You identify how your SWPPP information will be made available, consistent with Part 5.4 and 7.3 of the permit. If you are making your SWPPP publicly available on a web site, check Option 1 and provide the appropriate Internet URL address. If you are not providing a URL, check Option 2 and provide the selected SWPPP information on this NOI form. You may copy and paste this information directly from your SWPPP.			
You must identify all the outfalls from your facility that discharge stormwater. Each outfall must be assigned a unique 3-digit ID (e.g., 001, 002, 003). You must also provide the latitude and longitude for each outfall from your facility. Indicate whether any outfalls are substantially identical to an outfall already listed, and identify the outfall it is identical to. For each unique outfall you list, you must specify the name of the first water of the U.S. that receives stormwater directly from the outfall	Section G. Endangered Species Protection Using the instructions in Appendix E, indicate the Part 1.1.4.5 criterion (i.e., A, B, C, D, or E) you are eligible under with regard to the protection of federally listed endangered and threatened species and designated critical habitat. A description of the basis for the criterion selected must also be provided.			
and/or from the MS4 that the outfall discharges to. You must specify whether any receiving waters that you discharge to are listed as "impaired" as defined in Appendix A, and the pollutants for which the water is impaired. You must also check identify any Total Maximum Daily Loads (TMDL) that have been completed for any of the waters of	If criterion B is selected, provide the NPDES ID (i.e., permit tracking number) for the other operator who has certified their eligibility under this permit. The NPDES ID was assigned when the operator received coverage under this permit.			
the U.S. that you discharge to. You must also provide information about the outfall latitude/longitude, including data source, the scale (if applicable), and the horizontal reference datum. See the instructions in Section D for more information about determining the latitude and longitude.	If criterion C is selected, you must specify the federally-listed species or designated critical habitat that are located in the "action area" of the facility. You must also indicate under which scenario you determined you were eligible to submit your NOI under criterion C using Appendix E, and answer any corresponding questions.			
Identify whether your facility discharges into a Municipal Separate Storm Sewer System (MS4). If yes, provide the name of the MS4 operator. If you are uncertain of the MS4 operator, contact your local	If criterion D or E is selected, attach copies of any communications between you and the U.S. Fish and Wildlife Service and National Marine Fisheries Service to this NOI.			
government for that information. Indicate whether discharges from the facility will enter into a water of the U.S that is designated as a Tier 2, Tier 2.5, or Tier 3 water. A list of Tier 2, 2.5, and 3 waters is provided as Appendix L. If the answer is "yes", name all waters designated as Tier 2, Tier 2.5, or Tier 3 to which the facility will discharge. Note that you are ineligible for coverage if you are a new discharger or a new source to waters designated as Tier 3 (outstanding national resource waters) for antidegradation purposes under 40 CFR 131.13(a)(3).	Section H. Historic Preservation If the project is not located in Indian country lands, indicate whether the project is located on a property of religious or cultural significance to an Indian tribe, and if so, provide the name of the Indian tribe associated with the property. Use the instructions in Appendix F to complete the questions on the NOI form regarding historic preservation.			

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Notice of Intent (NOI) fo Associated with Industrial Activity Und		
NPDES Form Date (06/15) This Form Replaces From 3	3510-6 (09/08)	Form Approved OMB No. 2040-0004
Section I. Certification Certification statement and signature (see Section B.11 of Appendix B of the MSGP for more information). Enter certifier's printed name, title and email address. Sign and date the form. (CAUTION: An unsigned or undated NOI form will prevent the granting of permit coverage.) Federal statutes provide for severe penalties for submitting false information on this application form. Federal regulations require this application to be signed as follows: For a corporation: by a responsible corporate officer, which means: (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively; or For a municipality, state, federal, or other public agency: By either a principal executive officer or taking elected official. For purposes of this Part, a principal executive officer of a federal agency includes (i) the chief executive officer or taking elected official. For purposes of this Part, a principal executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geo	Paperwork Redu Public reporting plus an addition hardness data. searching existin needed, and co An agency may respond to, a co OMB control nur any other aspect improving this for reduce this bur Environmental Pr Washington, D.C correspondence Submitting Your I If you have beer a paper NOI for following address For Regular U.S. M Stormwater Notife Mail Code 4203N U.S. EPA 1200 Pennsylvan Washington, DC For Overnight/Exp Stormwater Notife William Jefferson ATTN: 2015 MSGF U.S. EPA 1201 Constitution Washington, DC Visit this website http://water.epo	Action Act Notice burden for this NOI is estimated to average 3.7 hours and 2 hours for certain respondents required to gathe This estimate includes time for reviewing instructions and data sources, gathering and maintaining the data completing and reviewing the collection of information not conduct or sponsor, and a person is not required to perform the collection of information unless it displays a currently valid mber. Send comments regarding the burden estimate of the collection of information, or suggestions for orm, including any suggestions which may increase or rotection Agency (2822T), 1200 Pennsylvania Ave., NW C. 20460. Include the OMB control number on any e. Do not send the completed form to this address. Form In granted a waiver from your Regional Office to submit orm, you must send your NOI by mail to one of the sses: Nail Delivery: ce Processing Center M, ATTN: 2015 MSGP Reports ia Avenue, NW 20460 press Mail Delivery: ce Processing Center In Clinton East Building - Room 7420 P Reports In Avenue, NW