



# Notice of Intent (NOI) For Coverage Under Ohio EPA Industrial Storm Water General Permit (OHR000005)

Read accompanying instructions carefully before completing this form.

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized to discharge into state surface waters under Ohio EPA's NPDES general permit program. Becoming a permittee obligates a discharger to comply with the terms and conditions of the permit. Complete all required information as indicated by the instructions. Forms transmitted by fax will not be accepted. A check for \$350 must accompany this form and be made payable to "Treasurer, State of Ohio."

### I. Applicant Information/Mailing Address

Company (Applicant) Name: \_\_\_\_\_

Mailing (Applicant) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

### II. Facility/Site Location Information

Facility Name: \_\_\_\_\_

Facility Address/Location: \_\_\_\_\_

City: \_\_\_\_\_ State: Ohio Zip Code: \_\_\_\_\_

County(ies): \_\_\_\_\_ Township(s): \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Facility Contact E-Mail Address: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: - \_\_\_\_\_ (Approximate Center of Facility)

Receiving Stream or MS4: \_\_\_\_\_

### III. General Permit Information

General Permit Number: Industrial Storm Water (OHR000005), Fee = \$350 Initial Coverage: \_\_\_\_\_ Renewal Coverage: \_\_\_\_\_

Existing NPDES Permit Number (if applicable): \_\_\_\_\_ Primary SIC Code: \_\_\_\_\_

Outfall	SIC Code(s)	Subsector	Federal Effluent Limitation (if applicable)	Latitude	Longitude
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Example	2421	Metals A1	Variable EFC - Discharges resulting from spray down or intentional wetting of [ ]	40 15 35	- 80 41 22
001	_____	_____	_____	_____	_____
002	_____	_____	_____	_____	_____
003	_____	_____	_____	_____	_____
004	_____	_____	_____	_____	_____
005	_____	_____	_____	_____	_____

### IV. Payment Information

Check #: \_\_\_\_\_

Check Amount: \$350.00

Date of Check: \_\_\_\_\_

For Ohio EPA Use Only	
Check ID (OFA): _____	ORG #: _____
Rev ID: _____	DOC #: _____

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.

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_