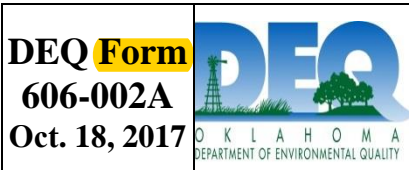


Always New Application



Oklahoma Department of Environmental Quality Notice of Intent (NOI) for Stormwater Discharges Associated with Construction Activity under the OPDES Construction General Permit OKR10

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized by DEQ for stormwater discharges associated with construction activity on land disturbance of equal to or greater than 1 or more acres, or less than 1 acre of total land area that is part of a larger common plan of development or sale in the State of Oklahoma. Becoming a permittee obligates such discharger to comply with the terms and conditions of the OKR10 permit. To obtain an authorization from DEQ, this form must be complete with all the pertinent information.

All associated fees must be submitted with this NOI. See instructions for completing the NOI on pages 3 and 4 of this form.

NEW APPLICATION, MODIFICATION or RENEWAL of current permit, enter the authorization number: OKR10 Leave Blank

I. Operator Information Leave this information blank - To be filled in by Contractor.

Operator Name: Leave Blank Phone: Leave Blank

Mailing Address: Leave Blank

City: Leave Blank State: Leave Blank Zip Code: Leave Blank

Operator's Point of Contact : Leave Blank Title: Leave Blank

Phone: Leave Blank E-mail: Leave Blank

II. Site/Project Information Match the projects SMP sheet, as required.

Site/Project Name: O.D.O.T. - Job Piece No. #####(0#) Phone: Leave Blank

Site/Project Address: *Use a description clear enough to locate the site.

City: *Indicate if within a city. County: *County name. State: OK Zip Code: *Always enter a Zip Code, refer to DEQ Maps

Site/Project's Point of Contact : Leave Blank Title: Leave Blank

Phone: Leave Blank E-mail: Leave Blank

Site/Project's purpose: Road/Bridge Wind Farm Residential Subdivision Commercial building Others

Latitude: # Deg. # Min. # Sec. N Longitude: # Deg. # Min. #Sec. W at the center of the Site/Project or starting and ending points for Linear Project

Estimated construction start date: Leave Blank Estimated construction end date: Leave Blank

Total area of the construction site: ## (acres) Estimated area to be disturbed: ## (acres)

Current total impervious area: ## (acres) Post-construction total impervious area: ## (acres)

Post-construction runoff coefficient of the site: O.## Soil and fill material description: *Best guess based on soil reports.

Is this site part of the common plan of development or sales? Yes No <<< Always No.

Check DEQ Maps(ARC) on website & select a. or b. Endangered Species Eligibility

- a. My site/project is not located within any of the corridors of Federal and State identified Aquatic Resources of Concern (ARC);
- b. My site/project is located within a corridor of Federal and State identified ARC and I agree to implement the control measures specified in Step 2 of Part 10.2 of this OKR10 Permit;
- c. If one of eligibility criteria cannot be met, I may use Addendum H for equivalent sediment controls or contact DEQ at (405)702-8100 for further assistance;
- d. I am required to have an Endangered Species Act Section 7 consultation process and
- e. I am relying on another permittee's certification of eligibility and agree to comply with the conditions of that certification.

Only enter the center Lat. & Long. of the project. Only enter the City's Name if project enters the City Limits.

Use named creek(s) within project extent and/or tributary to first named creek(s) downstream.

These 6 check boxes for BMPs are common to all ODOT Projects.

III. Site/Project Discharge Information Match the projects SMP sheet, as required.

Does the facility discharge stormwater into a MS4? Yes No, If yes, name of the MS4 Operator: _____
Check DEQ Website or ODOT Website for MS4 locations

Receiving Water Information Note: use additional sheet of paper if necessary.
Check DEQ Maps on website for impairments (303d) and TMDL.

Name of the Receiving Waterbody	Is this waterbody impaired? If so, what are its impairments?	Is there a TMDL for that impairment?
*Named Creek or Tributary	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>Refer to DEQ Website for impairments.</small>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Additional Creek/Trib., if req'd.	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Refer to DEQ Website.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Additional Creek/Trib., if req'd.	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Refer to DEQ Website.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Additional Creek/Trib., if req'd.	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Refer to DEQ Website.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Match the projects SMP sheet, as required.

IV. Stormwater Pollution Prevention Plan (SWP3) Information

Has the SWP3 been prepared and available on site? Yes No <<<Always Yes.

Is the operator registered for construction activities with the Secretary of State of Oklahoma? Yes No <<< Always Yes.

Proposed Best Management Practices to control pollution in the stormwater discharges, check all that apply:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Construction phased | <input type="checkbox"/> Sediment basin/trap | <input type="checkbox"/> Mulching/seeding/sodding | <input type="checkbox"/> Vegetated buffer |
| <input checked="" type="checkbox"/> Vehicle/concrete wash-out | <input checked="" type="checkbox"/> Site inspection | <input type="checkbox"/> Diversion dikes | <input type="checkbox"/> Inlet protection |
| <input checked="" type="checkbox"/> Construction entrances | <input type="checkbox"/> Silt fence | <input checked="" type="checkbox"/> Waste management | <input type="checkbox"/> Stream crossings |
| <input checked="" type="checkbox"/> Spill prevention/cleanup | <input checked="" type="checkbox"/> Employee training | <input type="checkbox"/> Compost blanket/geotextiles | <input type="checkbox"/> Check dams |
| <input type="checkbox"/> Construction sequencing | <input type="checkbox"/> Riprap | <input type="checkbox"/> Gradient terraces | <input type="checkbox"/> Silt dikes |
- Other BMPs: _____

Post-construction Best Management Practices for construction activities, Check all that apply:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Narrow street /turnaround | <input type="checkbox"/> Wet/dry pond | <input type="checkbox"/> Protected natural features | <input type="checkbox"/> Vegetated filter trips |
| <input type="checkbox"/> Eliminated curbs & gutters | <input type="checkbox"/> Wetland | <input type="checkbox"/> Infiltration basin/trench | <input type="checkbox"/> Porous pavement |
| <input type="checkbox"/> Bio-retention/rain gardens | <input type="checkbox"/> Riparian | <input type="checkbox"/> Redevelopment/retrofit | <input type="checkbox"/> Grassed swales |
| <input type="checkbox"/> Low impact development | <input type="checkbox"/> Green designs | <input type="checkbox"/> Conservation easements | <input type="checkbox"/> Retrofit |
- Other BMPs: _____

V. Certification Leave this information blank - To be filled in by Contractor.

"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 have no personal knowledge that the information submitted is other than 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."

Print Name: _____ Leave Blank Title: _____ Leave Blank

Signature: _____ Leave Blank Date: _____ Leave Blank

For DEQ use only: Assigned Authorization Number: OKR10 _____ Leave Blank