



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

PAG-05
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
GENERAL PERMIT FOR DISCHARGES FROM
PETROLEUM PRODUCT CONTAMINATED
GROUNDWATER REMEDIATION SYSTEMS
NOTICE OF INTENT (NOI)

Before completing this form, read the step-by-step instructions provided in this application package.

Related ID#s (If Known)		DEP USE ONLY	
Client ID# _____	APS ID# _____	Date Received & General Notes	
Site ID# _____	Auth ID# _____	PAG	
Facility ID# _____			

CLIENT/OPERATOR INFORMATION

DEP Client ID#	Client Type/Code			
Organization Name or Registered Fictitious Name			Employer ID# (EIN)	Dun & Bradstreet ID#
Individual Last Name	First Name	MI	Suffix	SSN
Additional Individual Last Name	First Name	MI	Suffix	SSN
Mailing Address Line 1	Mailing Address Line 2			
Address Last Line – City	State	ZIP+4	Country	
Client Contact Last Name	First Name	MI	Suffix	
Client Contact Title		Phone	Ext	
E-mail Address			FAX	

SITE INFORMATION

DEP Site ID#	Site Name				
EPA ID#	Estimated Number of Employees to be Present at Site				
Description of Site					
County Name	Municipality	City	Boro	Twp	State
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
County Name	Municipality	City	Boro	Twp	State
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Location Line 1	Site Location Line 2				
Site Location Last Line – City	State	ZIP+4			

Detailed Written Directions to Site

Site Contact Last Name	First Name	MI	Suffix
Site Contact Title		Site Contact Firm	
Mailing Address Line 1		Mailing Address Line 2	
Address Last Line – City		State	ZIP+4
Phone	Ext	FAX	E-mail Address
NAICS Codes (Two- & Three-Digit Codes – List All That Apply)			6-Digit Code (Optional)
Site to Client Relationship			

FACILITY INFORMATION

Facility Name (if applicable)

Existing Permits. Identify all Earth Disturbance permits, NPDES permits, or any other environmental quality permits issued by DEP or EPA for this facility.

Permit Type	Permit#	Date Issued	Issued By

Facility Description. Provide a brief summary of the contaminated groundwater remediation activities performed at the facility.

Attached is a map or sketch indicating the point of discharge at the facility. Yes No

Attached is a facility location & drainage map. Yes No

USGS Quadrangle Name

Latitude/Longitude Point of Origin	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

Horizontal Accuracy Measure Feet --or-- Meters

Horizontal Reference Datum Code

North American Datum of 1927

North American Datum of 1983

World Geodetic System of 1984

Horizontal Collection Method Code

Reference Point Code

Altitude Feet --or-- Meters

Altitude Datum Name

The National Geodetic Vertical Datum of 1929

The North American Vertical Datum of 1988 (NAVD88)

Altitude (Vertical) Location Datum Collection Method Code

Geometric Type Code

Data Collection Date

Source Map Scale Number Inch(es) = Feet

--or-- Centimeter(s) = Meters

CHAPTER 93 WATER QUALITY STANDARDS

Be sure to provide ALL requested information in this area. For outfalls discharging to waters of the Commonwealth, indicate the "Water Uses Protected" provided in the Chapter 93 regulations. If any receiving water is protected as a "High Quality" or "Exceptional Value Waters", you must file an individual permit application for discharges to that water.

Outfall# or Name	Receiving Water	Water Uses Protected

WASTEWATER CHARACTERISTICS

Provide qualitative information by completing the applicable table(s) below. For gasoline remediation, complete Table 1. For other petroleum products, complete Table 2. If completing Table 2, reference the instructions for applicable discharge parameters for testing.

TABLE 1 – FOR GASOLINE REMEDIATION

Parameter	Untreated Groundwater (mg/L)	Number of Samples	EPA Analytical Method#	Detection Level Used (mg/L)	Treated Groundwater (Estimate) (mg/L)
Flow					
Benzene					
Total BTEX					
Toluene					
Ethylbenzene					
Xylenes, Total					
MTBE					
pH (standard units)					
Oil & Grease					
Iron, Dissolved					
Total Suspended Solids					
Cumene					
Naphthalene					
1, 2-Dichloroethane					
1, 2-Dibromoethane					
Lead (dissolved)					

TABLE 2 – FOR PETROLEUM PRODUCTS OTHER THAN GASOLINE

Discharge Parameter	Untreated Groundwater (mg/L)	Number of Samples	EPA Analytical Method#	Detection Level Used (mg/L)	Treated Groundwater (Estimate) (mg/L)
Flow					
Benzene					
Naphthalene					
Fluorene					
Toluene					
Ethylbenzene					
Cumene					
Phenanthrene					
pH (standard units)					
Oil & Grease					
Iron, Dissolved					
Total Suspended Solids					
Pyrene					
Chrysene					
Benzo (a) anthracene					
Benzo (b) fluoranthene					
Benzo (a) pyrene					
Indeno (1,2,3-cd) pyrene					
Benzo (g,h,i) perylene					
Lead (dissolved)					

Attached is a tabular summary of all sampling data obtained at the facility. Yes No

PROPOSED TREATMENT FACILITY

Provide a brief description of the proposed treatment system.

Attached is a Design Engineer's Report, including a schematic of the groundwater remediation system. Yes No

REMEDIATION ACTIVITIES

Provide a narrative describing all remediation activities conducted at the facility, including discussions with DEP and any other regulatory involvement. Include the name of the contact person(s).

COMPLIANCE HISTORY REVIEW

Is/was the facility owner or operator in violation of any of the permits listed under FACILITY INFORMATION? Yes No

If "Yes," list each permit and provide compliance status. Use additional sheets to provide information on all permits.

Permit Program	Permit No.
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Brief Description of Non-Compliance

Steps Taken to Achieve Compliance	Date(s) Compliance Achieved

Current Compliance Status In Compliance In Non-Compliance

If the owner or operator is not in compliance with any permit requirement of DEP regulations, provide narrative description of how the owner or operator will achieve compliance with the permit requirement, including the schedule for achieving compliance with appropriate milestones.

CERTIFICATION

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 further acknowledge that the facility described herein is eligible for coverage under DEP's General Permit and that the best management practices, pollution prevention plans, and other control measures are designed, installed and maintained in accordance with the General Permit requirements and in compliance with the state water quality standards. I also acknowledge that any facility construction needed to comply with the General Permit requirements shall be designed, built, operated and maintained in accordance with operative laws and regulations. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (type or print legibly)

Official Title

Signature

Date

(Use corporate or professional seal as appropriate.)

Taken, sworn, and subscribed before me, this _____ day of _____ 20 _____

Notary Seal

DRAFT