



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

PAG-06
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
GENERAL PERMIT FOR WET WEATHER OVERFLOW DISCHARGES
FROM COMBINED SEWER 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) Client ID# _____ APS ID# _____ Site ID# _____ Auth ID# _____ Facility ID# _____			DEP USE ONLY Date Received & General Notes PAG			
<input type="checkbox"/> New Facility		<input type="checkbox"/> Existing Facility		<input type="checkbox"/> Expanded Facility		
Renewal of NPDES Permit No _____						
Is the receiving water classification either a "High Quality" or "Exceptional Value" water? <input type="checkbox"/> Yes <input type="checkbox"/> No						
NOTE: If the facility discharges to a "High Quality" or "Exceptional Value" water, the General Permit <u>cannot</u> be used.						
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						
Operator Status: <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> NON-MUNICIPAL <input type="checkbox"/> OTHER						
Facility Type: <input type="checkbox"/> CONVEYANCE and/or TREATMENT <input type="checkbox"/> CSO DIVERSION STRUCTURE(S) <input type="checkbox"/> COLLECTION and/or CONVEYANCE ONLY <input type="checkbox"/> OTHER _____						
Name of POTW providing treatment to sewage collected from this system: _____ NPDES No. _____						
Is there a written service agreement with the treatment facility? _____						
Facility Description: Provide a brief description of CSO discharge point(s) and attach a site plan to this application. Submit any CSO study or report completed within last 5 years. Use separate sheet if necessary.						
Outfall Number or Name	Outfall Location			Receiving Water		Treatment Provided
	Municipality	Latitude	Longitude	Name	Water Uses Protected	
Horizontal Reference Datum Code				<input type="checkbox"/> North American Datum of 1927 <input type="checkbox"/> North American Datum of 1983 <input type="checkbox"/> World Geodetic System 1984		
Horizontal Collection Method Code						
Reference Point Code						

Service Area(s): Provide the following information regarding your service area(s). Use separate sheets if necessary.

Municipality	County	Type of System (CS/SS)	Population Served	Total Number of Overflows	Average Dry Weather Flow	Average Wet Weather Flow
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
				TOTAL	_____	_____

Quantitative Data: If there is available monitoring data for one or more outfalls, please summarize the data, complete Table 1 and attach it to this NOI Form. Table 1 is not required if there were no discharges.

TABLE 1 ATTACHED
 NO DATA, TABLE 1 IS NOT ATTACHED

No. of overflow events (last 5 years) _____ Average events/year _____

DESCRIPTION OF CURRENTLY IMPLEMENTED BEST MANAGEMENT PRACTICES (BMPS) AND SEWER ORDINANCES:
 Please describe any BMP measures used to reduce pollutants to control or eliminate overflow(s) from the CSO system. Use separate sheets as necessary.

NMCs implemented
 LTCP completed
 LTCP implemented

Facility Improvements. Describe any system improvements including efforts to eliminate CSO discharge point(s) currently underway, and/or planned, and give an estimated schedule of completion. Use separate sheets as necessary.

Is this facility under a DEP order? YES NO

NMC AND LTCP STATUS AND REPORTING SUMMARY

Date NMC Report Submitted _____ Date LTCP Approved by DEP _____

Date LTCP Submitted _____

Number of Annual Reports Submitted in Last 5 Years _____

Number of Monthly Reports Submitted in Last 5 Years _____

Attach NMC Documentation and the LTCP.

CHAPTER 93 RECEIVING WATER CLASSIFICATION

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 "HQ" or "EV", file an individual permit application.

Outfall# or Name	Receiving Water	Water Uses Protected

COMPLIANCE HISTORY REVIEW

Is/was the facility owner or operator in violation of any DEP permit(s), order(s) or Yes No schedule(s) of compliance during the previous 5 years?

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

Permit Program	Permit No.
Brief Description of Non-Compliance	
Steps Taken or to be Taken to Achieve Compliance	Date(s) Compliance Achieved
Current Compliance Status <input type="checkbox"/> In Compliance <input type="checkbox"/> In Non-Compliance	

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

**TABLE 1
SUMMARY OF AVAILABLE QUANTITATIVE DATA**

If you have available monitoring data, please complete this table and attach to the NOI form.

Sample Date	Outfall Number or Name	Actual/ Estimated Flow	Pollutant Name	Concentration (mg/l)	Sample Type	Number of Samples