



Division of Surface Water - Notice of Intent (NOI) For Coverage Under Ohio Environmental Protection Agency General NPDES Permit

(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. Do not use correction fluid on this form. Forms transmitted by fax will not be accepted. A check for the proper amount must accompany this form and be made payable to "Treasurer, State of Ohio." (See the fee table in Attachment C of the NOI instructions for the appropriate processing fee.)

I. Applicant Information/Mailing Address

Company (Applicant) Name: XYZ Marina
Mailing (Applicant) Address: 50 West Town Street
City: Columbus **State:** Ohio **Zip Code:** 43215
Contact Person: John Doe **Phone:** (555) 555-5555 **Fax:** (555) 555-5555
Contact E-mail Address: john.doe@epa.state.oh.us

II. Facility/Site Location Information

Facility Name: XYZ Marina
Facility Address/Location: 50 West Town Street
City: Columbus **State:** Ohio **Zip Code:** 43215
County(ies): Franklin **Township(s):** Click here to enter text.
Facility Contact Person: John Doe **Phone:** (555) 555-5555 **Fax:** (555) 555-5555
Facility Contact E-mail Address: john.doe@epa.state.oh.us
(For Construction & Coal, must complete **Latitude:** Click here to enter text. **Longitude:** Click here to enter text.
lat/long & attach map)
Receiving Stream or MS4: Scioto River

III. General Permit Information

General Permit Number: OHRM00002 Marina Storm Water **Initial Coverage:** **Renewal Coverage:**
Type of Activity: Marina Storm Water Fee = \$350 **SIC Code(s):** 4493
Existing NPDES Permit Number: _____ **ODNR Coal Mining Application Number:** _____
If Household Sewage Treatment System, is system for: new home construction or replacement of failed

Outfall:	Design Flow (MGD):	Associated Permit Effluent Table:	Latitude:	Longitude:
#.	Flow.	Choose an item.	Click here.	Click here.

Are These Permits Required? PTI Choose item. **Individual 401 Water Quality Certification** Choose item.
Isolated Wetland Choose item. **USACE Nationwide Permit** Choose item. **Individual NPDES** Choose item.
Proposed Project Start Date: Click here to enter a date. **Estimated Completion Date:** Click here to enter a date.
Total Land Disturbance (Acres): _____ **MS4 Drainage Area (Sq. Miles):** _____

IV. Payment Information	For Ohio EPA Use Only	
Check #: <u>123</u>	Check ID (OFA): _____	ORG #: _____
Check Amount: <u>\$350.00</u>	Rev ID: _____	DOC #: _____
Date of Check: <u>2/7/2013</u>		

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: John Doe **Title:** Owner
Applicant Signature: _____ **Date:** Click here to enter a date.