



**SECTION IV. ADDRESS FOR CORRESPONDENCE**

Facility Operator Mailing Address (Section II)       Facility Mailing Address (Section III, B.)       Both

**SECTION V. BILLING ADDRESS INFORMATION**

SEND BILL TO:     Facility Operator Mailing Address (Section II)     Facility Mailing Address (Section III, B.)     Other (*enter information below*)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

**SECTION VI. RECEIVING WATER INFORMATION**

Your facility's storm water discharges flow: (*check one*)     Directly    OR     Indirectly to waters of the United States.

Name of receiving water: \_\_\_\_\_  
(river, lake, stream, ocean, etc.)

**SECTION VII. IMPLEMENTATION OF PERMIT REQUIREMENTS**

**A. STORM WATER POLLUTION PREVENTION PLAN (SWPPP) (*check one*)**  
 A SWPPP has been prepared for this facility and is available for review.  
 A SWPPP will be prepared and ready for review by (enter date): \_\_\_\_/\_\_\_\_/\_\_\_\_.

**B. MONITORING PROGRAM (*check one*)**  
 A Monitoring Program has been prepared for this facility and is available for review.  
 A Monitoring Program will be prepared and ready for review by (enter date): \_\_\_\_/\_\_\_\_/\_\_\_\_.

**C. PERMIT COMPLIANCE RESPONSIBILITY**  
Has a person been assigned responsibility for:

1. Inspecting the facility throughout the year to identify any potential pollution problems? ..... YES \_\_\_ NO \_\_\_
2. Collecting storm water samples and having them analyzed?..... YES \_\_\_ NO \_\_\_
3. Preparing and submitting an annual report by July 1 of each year? ..... YES \_\_\_ NO \_\_\_
4. Eliminating discharges other than storm water (*such as equipment or vehicle wash-water*) into the storm drain?..... YES \_\_\_ NO \_\_\_

**SECTION VIII. SITE MAP**

I HAVE ENCLOSED A SITE MAP    YES     A new NOI submitted without a site map will be rejected.

**SECTION IX. CERTIFICATION**

"I certify under penalty of law that this document and all attachments were prepared under my direction and 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. In addition, I certify that I have read the entire General Permit, including all attachments, and agree to comply with and be bound by all of the provisions, requirements, and prohibitions of the permit, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan will be complied with."

Printed Name: \_\_\_\_\_

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

Title: \_\_\_\_\_