



Construction Storm Water Notice of Intent (CSW-NOI)

Readiness to Apply (Circle “yes” or “no” as it applies to this project)

Does a reasonable potential exist for permit authorization to be limited? [Part I.C.3] YES NO

If the answer to this question is Yes, contact NDEQ at 402-471-4220 before proceeding with this CSW-NOI.

Storm water Pollution Prevention Plan (SWPPP) Part III

a. Has a **Storm Water** Pollution Prevention Plan been developed for this project? YES NO

b. Has a qualified individual [Part III A] prepared the **SWPPP**? YES NO

Has the following been incorporated into the SWPPP?

c. Site and activity descriptions as per Part III.B; YES NO

d. Sediment and pollution control measures and record keeping as per Part III.C; YES NO

e. **Erosion prevention** measures and record keeping as per Part III.C; YES NO

f. Inspections, maintenance of **BMPs** and associated record keeping as per Part III.E, I-J; YES NO

g. **Final stabilization** addressed as per Part III.M; YES NO

h. Does the SWPPP include documentation supporting a determination of permit eligibility with regards to endangered and threatened species and critical habitat? YES NO
(Guidance is available on the NDEQ website: www.deq.state.ne.us)

If any questions in Storm Water Pollution Prevention Plan (SWPPP), “a – h” above, have been answered No, complete those requirements before proceeding with this CSW-NOI.

A. Construction Site Description

a. **Project Name:** _____

b. **Physical Address and County** (Indicate general location description if no address is available):

c. **Project Type:** Residential ___ Commercial/Industrial ___ Linear ___ Other _____

d. **Project Size:** Total Area (acres): _____ Area to be disturbed (acres): _____

e. **Identify surface waters within ½ mile of project boundary that will received storm water or discharge from permanent storm water management system.**

f. **Name of Receiving Waters** (Add attachments if more than two (2) bodies of water and/or Outfalls): _____
Waterbody Type _____ (ditch, pond, stream, river etc.).

g. **Legal Description** ⁽¹⁾: _____ **Quarter of the** _____ **Quarter,**
 _____ **Section** _____, **Township** _____ **N, Range** _____ **(E or W)**

(1) Applicants may enter a legal description in terms other than those requested. For example: N1/2, Section 8, Township 8 N, Range 6 W.

h. Include a general location map with enough detail to identify the location of the construction site and waters of the state within one mile of the site. Has the map been included? **YES** **NO**
 (e.g., USGS 7.5 minute quad map, a portion of a city or county map, or equivalent map)

i. **SWPPP Designer, company, address and phone number:**

_____	_____
First and Last Name	Company Name
_____	_____
Mailing Address	City, State, Zip Code
_____	_____
Phone Number	Email

j. **SWPPP Location:**

k. **Project start date** (approximate): _____

l. **Project end date** (estimated): _____

m. List any state or federally-listed threatened or endangered species, or state or federally-designated critical habitat that is in your project area to be covered by this permit.

n. For sites previously authorized under a Construction Storm Water (CSW) permit **and** undergoing a transfer of **owner and / or certifying official**. List the previous NPDES CSW Permit Number:
NER 1 _____.

C. Certification

The appropriate individuals must sign information submitted on this **CSW-NOI** form as required in **NPDES** General Permit NER110000 Part VI.D.6, and below or the application will not be authorized. If more than one certifying official, submit multiple copies of the following information.

All permit applications shall be signed as per Title 119, Chapter 13 *Applications; Signatories* as follows:

002.01 For a corporation. By a **Responsible Corporate Officer**, which means:

- A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or
- The manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

002.02 For a partnership or sole proprietorship: By a general partner or proprietor, respectively.

002.03 For a municipality, State, Federal, or other public agency.

- By either a principal executive officer of the agency, or
- A senior executive officer having responsibility for the operations of a principal geographic unit of the agency.

Certifying Official:

"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 am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Certifying Official / Date: _____ / _____

Certifying Official, company name, address, and phone number:

_____	_____
First and Last Name	Company Name/Applicant
_____	_____
Phone Number	Title
_____	_____
Mailing Address	City, State, Zip Code

Certifying Official #2 (optional)/ Date: _____ / _____

Certifying Official #2, company name, address, and phone number:

_____	_____
First and Last Name	Company Name/Applicant
_____	_____
Phone Number	Title
_____	_____
Mailing Address	City, State, Zip Code

Authorized Representative, company name, address, and phone number:

_____	_____
First and Last Name	Company Name
_____	_____
Phone Number	Title
_____	_____
Mailing Address	City, State, Zip Code

Submit this form to:

Water Quality Division
Storm Water
Suite 400, The Atrium
1200 'N' Street
PO Box 98922
Lincoln NE 68509-8922