



Recertification
Notice of Intent (NOI) for Stormwater Discharges Associated with
Industrial Activities (Except Construction)
NPDES General Permit SCR000000

This form is for use by those facilities seeking recertification under the Re-issued NPDES Industrial General Permit. Submission of this Notice of Intent constitutes notice that the party identified in Section A of this form intends to be authorized by a NPDES permit issued for storm water discharges associated with industrial activity in a State location identified in Section B of this form. Becoming a permittee obligates such a discharge to comply with the terms and conditions of the permit. ALL NECESSARY INFORMATION MUST BE PROVIDED ON THIS FORM. NO FEE IS REQUIRED WITH THIS FORM.

Date: ____/____/____

A. Facility Operator Information

1. Name: _____
2. Company EIN: ____ - ____ - ____ Phone: ____ - ____ - ____ Fax: ____ - ____ - ____
3. Mailing Address: _____
 City: _____ State: ____ Zip: _____
4. Facility Contact: _____ Phone: ____ - ____ - ____ Ext. _____
5. Facility Contact Email address: _____
6. Facility Billing Address (If different from Mailing address): _____
 City: _____ State: ____ Zip: _____

B. Facility Information

1. Facility Name: _____
2. Are stormwater discharges from your facility covered under the Industrial Stormwater General Permit? Yes No
 If yes, provide your coverage number: SCR00 _____
3. Facility Location:
 - a. Street: _____
 - b. City: _____
 - c. County: _____ Zip Code _____
 - d. Latitude: ____° ____' ____" N e. Longitude: - ____° ____' ____" W
 - e. Lat/Long Data Source: USGS topographic map GPS website: _____
 - f. Estimated area of industrial activity at your site exposed to stormwater: _____ (acres)
 - g. Is this a Federal facility? Yes No
 - h. Is this facility located on Indian lands? Yes No If yes, name: _____

C. Discharge Information

1. Does your facility discharge stormwater to a permitted Municipal Separate Storm Sewer System (MS4)? Yes No
 If yes, name of MS4 operator: _____
2. Does your facility have stormwater discharges that are mixed with non-stormwater discharges covered under another NPDES permit? Yes No If yes, provide permit number(s): _____
3. Receiving Waters (if additional space is needed for this question, fill out Attachment 1)

a. What are the names of your receiving waters that receive stormwater from your facility and/or through an MS4?	b. Distance to receiving waters	c. Classification of receiving waters

4. Impaired waters found on the most current 303(d) List of Impaired Waters (use the table below for only those waters found on the most current 303(d) List of Impaired Waters – if additional space is needed for this question, fill out Attachment 1)

a. Name of Impaired Water (303(d) Listed)	b. Name of Impaired Water Quality Monitoring Stations (WQMS) that receives stormwater from your facility and/or through an MS4?	c. What pollutants are causing the impairment?	d. Are the pollutants causing the impairment present in your discharge?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Impaired waters with an EPA approved or established TMDL (use the table below for only those waters covered under an EPA approved or established TMDL – if additional space is needed for this question, fill out Attachment 1)

a. Name of Impaired Water covered by a EPA approved or established TMDL	b. Name of Impaired Water Quality Monitoring Stations (WQMS) that receive stormwater from your facility and/or through an MS4?	c. What pollutants are listed in the TMDLs for this waterbody?	d. Are the pollutants causing the impairment present in your discharge?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Effluent Limitation Guidelines and Sector-Specific Requirements

- a. Is this facility subject to the effluent limitation guidelines found in SCR000000? Yes No
 b. If yes, identify in the table below which effluent limitation guidelines apply to your stormwater discharges?

40 CFR Part/Subpart	Eligible Discharges	Affected IGP Sector	Check if Applicable
Part 411, Subpart C	Runoff from material storage piles at cement manufacturing facilities	E	<input type="checkbox"/>
Part 418 Subpart A	Runoff from phosphate fertilizer manufacturing facilities that comes into contact with any raw materials, finished product, by-products or waste products (SIC 2874)	C	<input type="checkbox"/>
Part 423	Coal pile runoff at steam electric generating facilities	O	<input type="checkbox"/>
Part 429, Subpart I	Discharges resulting from spray down or intentional wetting of logs at wet deck storage areas	A	<input type="checkbox"/>
Part 443, Subpart A	Runoff from asphalt emulsion facilities	D	<input type="checkbox"/>
Part 445, Subparts A & B	Runoff from hazardous waste and non-hazardous waste landfills	K, L	<input type="checkbox"/>

7. If you are a Sector S (Air Transportation) facility, do you anticipate using more than 100,000 gallons of glycol-based deicing/ anti-icing chemicals and/or 100 tons or more of urea on an average annual basis? Yes No N/A

8. Identify the applicable SIC Code(s), Sector(s) and Subsector(s) of industrial activity, including co-located industrial activity, for which you are requesting permit coverage. List your facility's primary SIC Code in Line a:

- a. SIC Code: _____ Sector __ Subsector __ b. SIC Code: _____ Sector __ Subsector __
 c. SIC Code: _____ Sector __ Subsector __ d. SIC Code: _____ Sector __ Subsector __
 e. SIC Code: _____ Sector __ Subsector __ f. SIC Code: _____ Sector __ Subsector __

D. NOI Preparer

1. Prepared by: _____ Company: _____
 2. Mailing Address: _____
 3. City: _____ State: __ Zip: _____
 4. Phone: _____ Ext. _____ E-mail: _____

E. Certifier Name and Title

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 (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)

Printed Name: _____ Title: _____
 Signature: _____ Date: _____

INSTRUCTIONS

If you are uncertain whether you need to obtain coverage under the NPDES General Permit for Stormwater Discharges Associated with Industrial Activities (Except Construction), SCR000000 (IGP), if you cannot access the websites listed in these instructions, or if you have any other questions, contact the Bureau of Water Stormwater Permitting Section at (803) 898-4300. Please see the Bureau of Water, Stormwater Permitting website (<http://www.scdhec.gov/stormwater>) for guidance and additional information regarding the IGP.

Where To File the NOI:

SC Department of Health & Environmental Control
Bureau of Water
Stormwater Permitting Section
2600 Bull Street
Columbia, SC 29201-1708

Section A:

Give the legal name of the firm, public organization, or any other entity that operates the facility described in this application. The name of the operator may or may not be the same name as the facility. The operator of the facility is the legal entity that controls the facility's operation.

The Company EIN is the Employer Identification Number as established by the U.S. Internal Revenue Service and is commonly referred to as the taxpayer ID. The Company EIN must be for the company listed as the facility operator. If the company does not have an EIN (e.g., single member LLC, sole proprietorship), **DO NOT** list a Social Security Number. Put "not applicable" instead.

The Facility Billing Address will be the address to which the Department will send annual invoices.

Section B:

Enter the facility's legal name and complete address. If the facility has had previous coverage, enter the coverage number in the appropriate blanks in B.2. The four blanks provided should be filled with numbers 0 through 9. If the facility lacks a street address, list the road name(s) on which the site is located, the nearest intersection, or other detailed description of the site location.

Latitude (from 32° to 35°) and longitude (-78° to -83°) should be for the center of the site. Minutes (') and seconds (") should be from 0 to 59.

For the area of industrial activity exposed to stormwater, if this is unknown, use the size of the site.

Section C:

Permitted Municipal Separate Storm Sewer Systems (MS4) can be found at:

<http://www.scdhec.gov/environment/water/swnsms4.htm>. Review the lists to see if your site falls into one of the urbanized areas.

Per 1.1.4.1 of the permit, the IGP does not cover the types of discharges requested in Item C.2. Please include all applicable NPDES permit numbers.

The receiving waterbody (RWB) is the Waters of the State (WoS—see definition in §122.2 of S.C. Regulation 61-9— <http://www.scdhec.gov/environment/water/regs/r61-9.pdf>) to which the site's stormwater discharges will drain. The RWB must be listed in reference to a named waterbody if the RWB is unnamed. For example, if the site's stormwater discharges drain to a stream on the site, then the nearest RWB would be the stream. If the stream is not named, then determine the nearest named waterbody (e.g., Grove Creek) into which the stream will flow and list the nearest RWB as a tributary to the named waterbody (e.g., Tributary to Grove Creek). Then, the next/ nearest named RWB would be Grove Creek. If the site's stormwater discharges drain to multiple waterbodies, then list all such waterbodies. The classifications of the RWB are found in S.C. Regulation 61-69 (<http://www.scdhec.gov/environment/water/regs/r61-69.pdf>). If a RWB is unnamed, then search the document for the nearest named RWB. If the nearest, named RWB is not listed, then continue searching the document for the next, named waterbody, proceeding downstream from the site. For example,

a site in Anderson County drains to a tributary of Hornbuckle Creek, then to Hornbuckle Creek, then to Middle Branch, and then to Brushy Creek/ Big Brushy Creek. First, search the document for Hornbuckle Creek, then Middle Branch, then Brushy Creek until one of the RWB appears. In this example Brushy Creek is the first classified waterbody and has the classification of “FW—Freshwaters.” Therefore, the classification of the tributary to Hornbuckle Creek is FW. Use attachment 1, if necessary.

For C.4. see the following website for the most current 303(d) List for Impaired Waters and related information: <http://www.scdhec.gov/environment/water/tmdl/index.htm> - 303d. The 303(d) list is available in Microsoft Excel and Adobe Reader formats. Maps showing WQMS locations are available for each watershed at this website as well. To search the 303(d) List to determine whether a WQMS is listed, select “Edit” from the top toolbar of your web browser. Then, select “Find.” Enter the WQMS exactly as listed on the map and hit enter. If none of the WQMS(s) are found, then put “Not Applicable” in C.4.a. If a WQMS is found, list the cause(s) of the impairment (see last column labeled “CAUSE”) in C.4.c. Use attachment 1, if necessary.

For the impairment “bio,” **DO NOT** answer C.4.d. An impairment of the macroinvertebrates or biology of any given waterbody is an effect based on other pollutants. As referenced in 6.2.4.1.d. of the IGP, until an EPA approved/established Total Maximum Daily Load (TMDL) specifies the pollutant(s) of concern, there is no way to definitively answer C.4.d.

For C.5. see the following website for a list of Approved S.C. TMDLs: <http://www.scdhec.gov/environment/water/tmdl/tmdlsc.htm> The TMDLs are categorized on this site alphabetically, by pollutant of concern, and by watershed for ease of searching. As in item C.4 above, to search these lists, select “Edit” from the top toolbar of your web browser. Then, select “Find.” These lists are updated roughly every two years and should be reviewed for changes periodically. Use attachment 1, if necessary.

For C.8. refer to Part 8 of the IGP or Appendix D for a tabular summary. If you are unable to determine your SIC code(s), refer to the following link: (http://www.osha.gov/pls/imis/sic_manual.html)

Section D:

A South Carolina registered Professional Engineer is NOT required to complete this NOI or to prepare the Stormwater Pollution Prevention Plan (SWPPP). The NOI Preparer can be the same as the Facility Contact as requested in A.4.

Section E:

DO NOT SIGN IN BLACK INK! The NOI submitted to DHEC must have original signatures. If the Operator is a company, print the name of the person who is signing the NOI. A person with signatory authority for the Operator must sign the application. The SWPPP Preparer cannot sign the application for the Operator. See below for a summary and §122.22 of S.C. Reg. 61-9 for complete information about signatory authority requirements.

- Corporation: A responsible corporate officer (e.g., president, vice-president, certain managers)
- Partnership or Sole Proprietorship: A general partner or the proprietor, respectively
- Municipality, State, Federal or Other Public Agency: Principal executive officer or ranking elected official

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Attachment 1**

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			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No