

Suggested Format for Submitting Modifications to a Notice of Intent (NOI) for EPA's 2012 National Pollutant Discharge Elimination System General Permit for Discharges from Construction Activities

Instructions for Completing a Modification to Your NOI Under EPA's 2012 CGP

You may use this form to modify a paper NOI that you submitted to EPA for coverage under EPA's Construction General Permit. Note that if you submitted your NOI through EPA's electronic Notice of Intent (eNOI) system, you should modify your NOI electronically at www.epa.gov/npdes/stormwater/cgpenoi

In Part I of this form, please copy over the information exactly as it appeared on your original NOI form. In Part II of this form, only enter in information that you wish to update or correct from your original NOI form.

Refer to this website for mailing instructions: www.epa.gov/npdes/stormwater/application_coverage

Note: If you modify your NOI form to increase your original disturbed acreage by one or more acres, your coverage under this permit for the new disturbed acreage will take effect 14 days after EPA has acknowledged receipt of your modified NOI on the Agency's website (www.epa.gov/npdes/stormwater/cgpnoisearch), unless EPA notifies you that your authorization has been delayed or denied. During the 14-day waiting period, your permit coverage will continue for the original disturbed acreage indicated on your original NOI, but you must wait until your coverage under this permit for the new acreage has become "active." You can determine when your permit coverage becomes active by checking EPA's website (www.epa.gov/npdes/stormwater/cgpnoisearch).

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Part I. Provide the following information from your current NOI:
A. Permit Tracking Number:
B. Operator Information (as it appears on your NOI)
Name: [
Phone: Ext. Fax (optional):
E-mail:
IRS Employer Identification Number (EIN):
Point of Contact:
First Name, Middle Initial, Last Name:
Mailing Address:
Street:
City: State: Zip Code:
C. Project/Site Information (as it appears on your NOI):
Project/Site Name:
Project/Site Address:
Street/Location:
City: State: Zip Code:
County or similar government subdivision:

Part II. For the following, only enter information that you need to correct or update from your original NOI form. Please see the original NOI form for instructions on filling out the following fields.
A. Updated Operator Information
Name: [
Phone: Ext. Fax (optional):
E-mail:
IRS Employer Identification Number (EIN):
Point of Contact:
First Name, Middle Initial, Last Name:
Mailing Address:
Street:
City: State: Zip Code:
B. Updated Project/Site Information
Project/Site
Project/Site Address:
Street/Location:
City: State: Zip Code:
County or similar government subdivision:
For the project/site for you are seeking permit coverage, provide the following information:
Latitude/Longitude (Use one of three possible formats, and specify method)
Latitude 1°'" N (degrees, minutes, seconds) Longitude 1°'" W (degrees, minutes, seconds) 2°
Latitude/Longitude Data U.S.G.S. topographic map
If you used a U.S.G.S. topographic map, what was the scale?
Horizontal Reference Datum: NAD 27 NAD 83 or WGS 84 Unknown
Is your project/site located in Indian Country lands, or located on a property of religious or cultural significance to an Indian tribe? 🗌 YES 👚 NO
If yes, provide the name of the Indian tribe associated with the area of Indian country (including name of Indian reservation, if applicable), or if not in Indian country, provide the name of the Indian tribe associated with the property:
Are you requesting coverage under this NOI as a "federal operator" as defined in Appendix A? 🗌 YES 👚 NO
Estimated Project Start Date: / / / Estimated Project Completion Date: / / / / / / / / / / / / / / / / / / /
Estimated Area to be Disturbed (to the nearest quarter acre):
Have earth-disturbing activities commenced on your project/site? TES NO
If yes, is your project an "emergency-related project? 🔲 YES 🔲 NO

Have stormwater disc	harges fro	om your proj	ject/site been co	vered previously under ar	NPE	DES	permit? YES 1	10							
	If yes, provide the Tracking Number if you had coverage under EPA's CGP or the NPDES permit number if you had coverage under an EPA individual permit:														
C. Updated Discharge Info	C. Updated Discharge Information														
Does your project/site disch	narge stoi	rmwater into	a Municipal Sep	parate Storm Sewer System	(MS	S4)?	P YES NO								
Are there any surface wate	ers within s	50 feet of yo	ur project's earth	n disturbances? 🗌 YES 🛛] NO	0									
Receiving Waters and Wetl	ands Info	mation: (Att	ach a separate l	ist if necessary)	_										
Provide the name(s) of the first surface water that received		•	mpaired waters to which lutant(s) for which they are	•	Provide the names of any waters to which you discha which there is an EPA approved or established TMDL, name of the TMDL, and the pollutant(s) for which there TMDL										
stormwater directly from y site and/or from the MS4:	our	Surface w	ater name:	Pollutant(s) causing the impairment:		Si	urface water name:	TMDL name:	Pollutant(s) for which there is a TMDL:						
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Impaired Waters															
Describe the methods you	used to c	omplete the	e above table:												
Are any of the surface wat (water quality exceeds leve (Outstanding Natural Reson	els necess	sary to suppo	ort propagation o												
If yes, name(s) of rec	eiving wa	ter(s) and its	designation (Tie	r 2, Tier 2.5 or Tier 3):											
D. Updated Chemical Treat	lment Info	ormation													
Will you use polymers, floco	culants, or	other treatr	ment chemicals o	at your construction site? [] YE	S	□NO								
If yes, will you use cat	ionic trea	tment chem	nicals* at your co	nstruction site? 🗌 YES 📗	□ NO	0									
If yes, have you been ☐ YES ☐ NO	authorize	ed to use ca	tionic treatment	chemicals by your applica	able	EP <i>A</i>	A Regional Office in ad	vance of filing you	r NOI*\$						
	on of the	appropriate	controls and imp	micals by your applicable plementation procedures											
Please indicate the treatme	ent chem	icals that yo	ou will use:												
	permit afte	er you have	included approp	ess you notify your applice oriate controls and implemality standards.											
E. Updated Stormwater Poll	ution Prev	ention Plan	(SWPPP) Informat	tion											
Has the SWPPP been prepa	ared in ac	Ivance of fili	ng this NOI?	YES NO											
SWPPP Contact Information	ı :														
First Name, Middle Initial															
Last Name: Organization Name:															
Phone:	-	-	Ext.	Fax (op	tiona	ـــ :(اد		-							
E-mail:		 	 												

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F. Updated Endan	nge	red	Spe	ecie	es P	rote	ecti	on	Info	rmo	ation	ı																											
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