



**APPLICATION (NOTICE OF INTENT) TO OBTAIN
 COVERAGE UNDER NDPDES GENERAL PERMIT
 FOR STORMWATER DISCHARGES ASSOCIATED
 WITH CONSTRUCTION ACTIVITY (NDR10-0000)**
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF WATER QUALITY
 SFN 19145 (01/10)

FOR DEPT. USE ONLY

Application No.

Date Received

GENERAL INFORMATION

Name of Owner of Construction Project	Contact Person Name (Mr / Ms)	Contact Phone No.	
Mailing Address	City	State/Province	Zip Code
Name of Operator Working at Site (attach additional, if needed)	Contact Person Name (Mr / Ms)	Contact Phone No.	
Mailing Address	City	State/Province	Zip Code

PROJECT INFORMATION

Name of Construction Project								
Brief Description of Construction Activity								
Project Start Date	Estimated Completion Date	Estimated Total Area of Site (acres)			Estimated Area of Disturbance (acres)			
Project Location	Street Address				City			
	OR	Township	Range	Section	1/4	1/4	1/4	County
		Latitude				Longitude		
Receiving Waters	Name of Municipal Storm Sewer System, Including Receiving Water							
	OR	Name or Description of Receiving Water						

Stormwater Pollution Prevention Plan (SWPPP) Requirements

Has a SWPPP been developed in accordance with Part II.C of NDR10-0000?	<input type="checkbox"/> YES <input type="checkbox"/> NO	STOP: A SWPPP must be prepared and available for review at the time of application. See Part I.D.2 of NDR10-0000 for submittal information.
SWPPP Contact (NDR10-0000, Part II.C.2.a)	SWPPP Contact Phone No.	SWPPP Location (NDR10-0000, Part III.B)

Signature Information

RETURN COMPLETED APPLICATION TO: North Dakota Department of Health Division of Water Quality, 4 th Floor 918 East Divide Avenue Bismarck, ND 58501-1947 Telephone: (701) 328-5210 Fax: (701) 328-5200	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.	
	Printed Name of Owner(s)	Title
	Signature of Owner(s)	Date
	Printed Name of Operator(s)	Title
	Signature of Operator(s)	Date

(Attach additional pages if needed)