APPLICATION (NOTICE OF INTENT) TO OBTAIN COVERAGE UNDER NDPDES GENERAL PERMIT FOR STORM WATER DISCHARGES ASSOCIATED WITH CONSTRUCTION ACTIVITY (NDR10-0000)

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 19145 (2/05)

FOR DEPT. USE ONLY

Application No.

Date Received

Clear Entire Form

GENERAL INFORMATION

Name of Owner of Construction Project	Contact Person Name	Contact Person No.	
Mailing Address	City	State	Zip Code

Type of Owner or Operator: ☐ Developer/Builder ☐ State of ND ☐ General Contractor ☐ Federal ☐ Municipality ☐ Other (Specify):

This NOI is to obtain coverage under Small Construction Activity (see Part I.D of permit): ☐ YES ☐ NO

Small Construction Activity requires the submittal of an Annual Location Record as per Part III.B of the permit

Name of Construction Project (Large Construction Activity only)

Brief Description of Construction Activity (Please fill out for **both** Large and Small Construction Activity)

LARGE CONSTRUCTION ACTIVITY INFORMATION (Skip for small construction activity)

Name of Operator Working at Site (i.e. general contractor, if known)	Contact Person Name	Contact Phone No.	
Mailing Address	City	State	Zip Code

Project Start Date:	Estimated Completion Date:	Estimated Area of Total Disturbance in Acres:

Project Location	Street			City		
	OR	1/4 1/4	Section	Township	Range	County
Receiving Waters	☐ Natural Surface Drainage		Name or Description of Receiving Waters			
	OR	☐ Municipal Storm Sewer	Name of City			

SIGNATURE INFORMATION

RETURN COMPLETED APPLICATION TO:

North Dakota Department of Health
Division of Water Quality
1200 Missouri Ave., Rm. 203
PO Box 5520
Bismarck, ND 58506-5520

Telephone: (701) 328-5210

I certify that I am familiar with NDR10-0000 and NDCC 61-28-08, and with the possibility of fines and imprisonment for submitting false information. To the best of my knowledge and belief, the information in this application is true, complete, and accurate.

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)