



DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

NOTICE OF INTENT (NOI)
to Obtain Coverage Under the SWD General Permit for
Storm Water Discharges Associated with Industrial Activities

Return to: SD Department of Environment and Natural Resources
Surface Water Quality Program
523 East Capitol Avenue
Pierre, South Dakota 57501-3181
Telephone: (605) 773-3351 or 1-800-SDSTORM

PLEASE PRINT OR TYPE

I. Applicant/Owner Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_
Responsible Contact Person \_\_\_\_\_
Street \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

II. Facility/Site Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_
Responsible Contact Person \_\_\_\_\_
Street \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Ownership: Private Federal
State Public (Other than Federal or State)

III. Type of Permit Requested: Check (X) the appropriate response:

Industrial Activity Sand/Gravel Mining Activity

IV. Pollution Prevention Plan

A. Has the Pollution Prevention Plan been developed as Required? Yes No
If No, when will it be developed? \_\_\_\_\_
Please note: The plan must be developed before any industrial or construction activity begins
B. Please include a brief description of best management practices (pollution control measures) being used at the facility/site:

V. Facility/Site Location:

A. Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_
County \_\_\_\_\_ [If available: Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ ]
B. Site/Project Name: \_\_\_\_\_
C. What is the total area covered by the site (in acres) \_\_\_\_\_

FOR DENR USE ONLY
Postmark Date: Permit Number: Date Permitted:

**VI. Receiving Waters:**

Please list all possible receiving waters of the storm water discharge (if discharging to a Municipal Storm Sewer, indicate which municipality and the ultimate receiving water):

**VII. Nature of Discharge**

A. **Standard Industrial Classification (SIC) codes of this facility** (Include at least one, and up to four, SIC or 6-digit North American Industry Classification (NAIC) codes which best describe the facility. For example, the SIC Code for a sand/gravel pit is **1442**. For construction activities, no codes are assigned; therefore, indicate **CO**):

B. Please include a brief description of the activities conducted at this facility or construction site: \_\_\_\_\_

**VIII. Operational History (Industrial Only)**

Date Constructed: \_\_\_\_\_

Operational Start-up: \_\_\_\_\_

**Construction Project History (Construction or sand/gravel mining)**

Project Start Date (MM/DD/YY): \_\_\_\_\_

Estimated Area of Total Disturbance (in acres): \_\_\_\_\_

Estimated Completion Date (MM/DD/YY): \_\_\_\_\_

**IX. Existing Environmental Permits**

Please check (X) all other Environmental Permits which are held by this facility/activity. Include permit numbers in the space provided:

SWD or NPDES (Discharges to Surface Water) \_\_\_\_\_

UIC (Underground Injection of Fluids) \_\_\_\_\_

RCRA (Hazardous Wastes) \_\_\_\_\_

PSD (Air Emissions from Proposed Sources) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**X. Certification** (Authorized representative should *initial* the box)

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 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 revocation of the permit and the possibility of fine and imprisonment for knowing violations. In addition, I certify that I am aware of the terms and conditions of the General Storm Water permit and I agree to comply with those requirements.

**CERTIFICATION OF APPLICANT (COA)**

I, \_\_\_\_\_, the applicant in the above matter after being duly sworn upon oath hereby certify the following information in regard to this application:

South Dakota Codified Laws Section 1-40-27 provides:

*"The secretary may reject an application for any permit filed pursuant to Titles 34A or 45, including any application by any concentrated swine feeding operation for authorization to operate under a general permit, upon making a specific finding that:*

*(1) The applicant is unsuited or unqualified to perform the obligations of a permit holder based upon a finding that the applicant, any officer, director, partner or resident general manager of the facility for which application has been made:*

- (a) Has intentionally misrepresented a material fact in applying for a permit;*
- (b) Has been convicted of a felony or other crime involving moral turpitude;*
- (c) Has habitually and intentionally violated environmental laws of any state or the United States which have caused significant and material environmental damage;*
- (d) Has had any permit revoked under the environmental laws of any state or the United States; or*
- (e) Has otherwise demonstrated through clear and convincing evidence of previous actions that the applicant lacks the necessary good character and competency to reliably carry out the obligations imposed by law upon the permit holder; or*

*(2) The application substantially duplicates an application by the same applicant denied within the past five years which denial has not been reversed by a court of competent jurisdiction. Nothing in this subdivision may be construed to prohibit an applicant from submitting a new application for a permit previously denied, if the new application represents a good faith attempt by the applicant to correct the deficiencies that served as the basis for the denial in the original application.*

*All applications filed pursuant to Titles 34A and 45 shall include a certification, sworn to under oath and signed by the applicant, that he is not disqualified by reason of this section from obtaining a permit. In the absence of evidence to the contrary, that certification shall constitute a prima facie showing of the suitability and qualification of the applicant. If at any point in the application review, recommendation or hearing process, the secretary finds the applicant has intentionally made any material misrepresentation of fact in regard to this certification, consideration of the application may be suspended and the application may be rejected as provided for under this section.*

*Applications rejected pursuant to this section constitute final agency action upon that application and may be appealed to circuit court as provided for under chapter 1-26."*

Pursuant to SDCL 1-40-27, I certify that I have read the forgoing provision of state law, and that I am not disqualified by reason of that provision from obtaining the permit for which application has been made.

**NOTE:** The Notice of Intent must be signed by the authorized chief elective, an executive officer or a corporate responsible official of the applicant, or by the applicant, if an individual.

***I declare and affirm under the penalties of perjury that this certification has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.***

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE ATTACH SHEET DISCLOSING ALL FACTS PERTAINING TO SDCL 1-40-27 (1) (a) THROUGH (e).  
ALL VIOLATIONS MUST BE DISCLOSED, BUT WILL NOT  
AUTOMATICALLY RESULT IN THE REJECTION OF AN APPLICATION.**

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**DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES**

**NOTICE OF INTENT (NOI) for REAUTHORIZATION**  
of Coverage Under the SWD General Permit for Storm Water  
Discharges Associated With Industrial Activities

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The following facility currently has coverage under the General Permit for Storm Water Discharges Associated with Industrial Activities. ***This form must be submitted if you wish to continue coverage under the General Permit.*** Submission of this form shall in no way relieve the permittee of permit obligations required prior to submission of this form. Please submit this form to the following address:

original to: SD Department of Environment and Natural Resources  
Surface Water Quality Program  
PMB 2020  
523 East Capitol Avenue  
Pierre, South Dakota 57501-3181  
Telephone: (605) 773-3351

***PLEASE PRINT OR TYPE (Update Information below as needed)***

**I. Permittee Information**

Permittee Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**II. Project Information**

Project Name: \_\_\_\_\_  
Project Description: \_\_\_\_\_  
Project Start Date: \_\_\_\_\_  
Estimated Completion Date: \_\_\_\_\_

**III. Permit Number:**

**IV. Signature of Applicant**

By signing this form, you are requesting to continue permit coverage under the reissued General Permit. You are certifying you will comply with the new General Permit and update your Storm Water Pollution Prevention Plan if necessary to meet the reissued General Permit conditions.

***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 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 revocation of the permit and the possibility of fine and imprisonment for knowing violations. In addition, I certify that I am aware of the terms and conditions of the General Storm Water permit and I agree to comply with those requirements.***

**NOTE:** NOI must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant, if an individual.

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_