



DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

NOTICE OF INTENT &
CERTIFICATE OF APPLICANT FORM
TO RECEIVE COVERAGE UNDER THE
GENERAL PERMIT FOR TEMPORARY DISCHARGES
AND A TEMPORARY WATER USE PERMIT

This form is provided by the Secretary of the South Dakota Department of Environment and Natural Resources in accordance with §74:52:02:09 of the Administrative Rules of South Dakota. No South Dakota Surface Water Discharge Permit will be issued except under completion and submittal of this form to the following addresses:

original to: South Dakota Department of Environment and Natural Resources
Surface Water Quality Program
Joe Foss Building
523 East Capitol Avenue
Pierre, South Dakota 57501-3181
Telephone: (605) 773-3351 FAX: (605) 773-4068

PLEASE PRINT OR TYPE

I. Primary Contact Information

Owner Operator Contractor

Name Phone

Responsible Contact Person

Street

City State County Zip Code

II. Secondary Contact Information (If different from above)

Owner Operator Contractor

Name Phone

Responsible Contact Person

Street

City State County Zip Code

III Facility/Site Location

Name Phone

Responsible Contact Person

Street

City State County Zip Code

Is this facility located in Indian Country? Yes No

Section Quarter Township Range

Latitude Longitude

IV. Standard Industrial Classification (SIC) Code of facility:

FOR SDDENR USE ONLY

Permit Number: Date Received:
Date Permitted: PCS:

V. Please list all the activities which require the applicant to obtain a discharge permit. (Attach additional sheets if necessary.)

VI. Discharge Information

A. Estimate the following:

Date water withdrawal will commence: _____

Date for commencement of discharge: _____

Termination date of withdrawal: _____

Termination date of discharge: _____

Total volume of withdrawal: _____

Total volume of discharge: _____

Average flow rate of withdrawal: _____

Average flow rate of discharge: _____

B. Source of water which is to be discharged: _____

C. Name of Receiving Waters: _____

D. Brief description of water treatment processes employed, if any:

E. Describe the discharge and the type of wastewater from each outfall. Include all overflows, bypasses, or discharges from holding ponds, trenches, excavations, vessels, pipelines, etc.:

Outfall 001 _____

Outfall 002 _____

Outfall 003 _____

Attach additional sheets if necessary.

NOTE: Please place points of withdrawal and discharge on a topographic map, or other map if a topographic map is unavailable. This map should extend to one (1) square mile beyond the property boundaries of the facility and each of its discharge facilities, and those wells, springs, and other surface water bodies, drinking water wells, and surface water intake structures listed in public records, or otherwise known to the applicant in the map area.

F. Is there any reason to believe that the discharge may contain any pollutant other than those limited in the permit (i.e. TSS, pH, Chlorine, BTEX, Benzene, and TPH)? Yes No

If yes, list any pollutants that may be present: _____

NOTE: Attach any analytical data which indicate levels of pollutants present in water to be discharged.

VII. Pollution Prevention Plan

A. Has the facility written a pollution prevention plan in lieu of sampling for TSS and pH?

Yes No

B. Brief description of best management practices being used in lieu of sampling:

VIII. Hydrostatic Testing

- A. Type of vessel being tested: _____
- B. Material from which vessel is constructed: _____
- C. Check appropriate box: Vessel has been previously used Vessel is virgin material
- D. Description of fluid material normally contained/transported through the vessel:

IX. List other information which you feel should be brought to the attention of the SDDENR regarding coverage under this general permit.

Attach additional sheets if necessary.

X. Certification – authorized representative should initial the check box.

I certify under penalty of law that this document and all attachments were prepared under my direction (*initial*) 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.

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

I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Name _____ Title _____

Date _____

Signature _____

NOTE: In addition to this form, you also need to complete [this Certification of Applicant form](#) and submit it with your application.