



DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
NOTICE OF INTENT (NOI)
 to Obtain Coverage Under the SWD General Permit for
 Temporary Discharge Activities and a Temporary Water Rights Use Permit

Original to: SD Department of Environment and Natural Resources
 Surface Water Quality Program
 523 East Capitol Avenue
 Pierre, South Dakota 57501
 Telephone: 1-800-SDSTORM

ALL QUESTIONS MUST BE ANSWERED COMPLETELY FOR THIS FORM TO BE VALID

I. Primary Contact Information: Owner Operator Contractor

Contact Person: _____

Company Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

II. Other Contact Information: Owner Operator Contractor

Contact Person: _____

Company Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

III. Project Information:

Project/Facility Name: _____

On-Site Contact Person: _____ Phone Number: _____

Physical Project Address or Description of Construction Site Location: _____

City: _____ County: _____ State: _____ Zip Code: _____

Latitude: _____ Longitude: _____ Source (GPS, Google, etc.): _____

Quarter(s): _____ Section(s): _____ Township(s): _____ Range(s): _____

Is this project/facility located on Tribal Lands? Yes No

IV. Project Activities:

Please describe the activities which require the applicant to obtain a discharge permit:

FOR DENR USE ONLY

Permit Number: _____ Limit Classifications: _____ Date Approved: _____ Approved by: _____

V. Discharge Information:

Estimate the following information:

- A. Date water **withdrawal** will commence: _____
- B. Date water **withdrawal** will cease: _____
- C. Total volume of **withdrawal** (in gallons): _____
- D. Date water **discharge** will commence: _____
- E. Date water **discharge** will cease: _____
- F. Total volume of **discharge** (in gallons): _____
- G. Average flow rate of **discharge** (in gpm): _____

Source of water being withdrawn/discharged: _____

Name of receiving waters: _____

Treatment processes employed, if any: _____

Describe the discharge and type of wastewater from each discharge location (including overflows, bypasses or discharges from holding ponds, trenches, excavations, vessels, pipelines, etc.) Attach additional sheets if necessary.

- A. Discharge 1: _____
- B. Discharge 2: _____
- C. Discharge 3: _____

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.

VI. Stormwater Pollution Prevent Plan (SWPPP):

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

Has the SWPPP been developed in lieu of sampling for TSS or TRC? Yes No

Describe the best management practices being used in lieu of, or along with, sampling:

VII. Hydrostatic Testing:

- A. Type of vessel being tested: _____
- B. Material vessel is constructed from: _____
- C. Check the appropriate box: Vessel has been previously used Vessel is virgin material

VIII. Other Information:

Please list other information you feel should be brought to the attention of the SDDENR regarding coverage under this general permit. Attach additional sheets if necessary.
