



NOTICE OF INTENT (NOI)
For Coverage(s) of Primary Permittees
Under South Carolina NPDES General Permit
For Stormwater Discharges From Construction
Activities SCR100000
 (Maintain As Part of On-Site SWPPP)



FLORENCE COUNTY
MS4

For Official Use Only

File Number: _____
Permit Number: SCR10 _____
Submittal Package Complete: _____

Submission of this Notice of Intent constitutes notice that the Applicant identified in Section II intends to be authorized as a Primary Permittee in the state of South Carolina under NPDES General Permit SCR1000000. Fees required for review and NPDES coverage of each application type are as listed on page 2 of the Instructions.

Date: _____
 Project/Site Name: _____ County: _____
 (Modification or Change of Information Only) Prior Approved NPDES Permit or File Number: _____

Do you want this project to be considered for the Expedited Review Program (ERP)? Yes or No (See instructions)

I. Notice of Intent (NOI) Application Type(s)

- A. **Project (Application/Review) Type(s)** (Select **ALL** that apply):
 New Project (Initial Notification) Ongoing Project: Permitted or Un-Permitted
 Late Notification Low Impact Development (LID) or Project Design Above Regulatory Requirements
 New Owner/Operator or Company Name Change (see instructions, attach Form A (Transfer of Ownership))
 Major Modification: (see instructions, attach Form B (Major Modifications))
 MS4 Project Review
 Ocean and Coastal Resource Management (OCRM) Review
 Change of Information/Other (Specify): _____

B. If Applicable, identify the entity designated as **MS4 Reviewer** and **MS4 Operator** (i.e., Lexington County, City of Greer, etc.): **MS4 Reviewer** _____ **MS4 Operator** _____

II. Primary Permittee Information

Change of Information

<input type="checkbox"/> Person or <input type="checkbox"/> Company	If a Company, are you a <input type="checkbox"/> Lending Institution or <input type="checkbox"/> Government Entity? Company EIN (if applicable): EIN: _____
---	--

- A. **Primary Permittee Name:** _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email Address: _____
- B. **Contact /ODSA Name** (if different from above OR if owner is a company): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email Address: _____
- C. **Property Owner Name** (if different from above): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email Address: _____

III. Comprehensive Stormwater Pollution Prevention Plan (C-SWPPP) Preparer Information

Change of Information

- A. **C-SWPPP Preparer Name:** _____
- B. **Registered Professional** Engineer Landscape Architect Tier B Land Surveyor **S. C. Registration #:** _____
- C. **Company/Firm Name:** _____ **S. C. COA # :** _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email Address: _____

IV. Project/Site Information

Change of Information

- A. **Type of Construction Activity(ies)** (Select **ALL** that apply):
 Commercial Industrial Institutional Mass Grading Linear Utility/Infrastructure
 Residential: Single-family Residential: Multi-family Multi-use (Commercial & Residential)
 Site Preparation (No New Impervious Area) Other (Specify) _____
- B. **Site Address/Location** (street address, nearest intersection, etc.) _____
 City/Town (if in limits): _____ Zip Code: _____
 Latitude: ____° ____' ____" N Longitude: - ____° ____' ____" W (Source): GPS Web Site: _____
Tax Map Number (s) (List all): _____

DHEC 2617 (10/2012)

- C. Is this site located on **Indian Land**? Yes No
- D. **Proposed Start Date:** _____ **Proposed Completion Date:** _____
- E. **Disturbed Area (nearest tenth of an acre):** _____ **Total Area (acres):** _____
- F. **Modification Only:(nearest tenth of an acre):** **Disturbed Area: Current (Approved) Area:** _____
Disturbed Area Change (Increase Only): _____ **Total Disturbed Area (After Change):** _____
- G. Is this project part of a **Larger Common Plan for Development or Sale (LCP)**? Yes No
LCP/ Overall Development Name: _____ Check here if this is the **First Phase.**
Previous State Permit/File Number: _____ **Previous NPDES Coverage Number:** SCR10 _____
- H. Any **Flooding Problems** exist downstream of or adjacent to this site? Yes No (If yes, provide detailed description of flooding problems and applicable floodway/flood zone information in the C-SWPPP).
- I. Active **S.C. DHEC Warning Notice, Notice to Comply or Notice of Violation** for this site or LCP? Yes No
- J. List Relevant **State and Federal Environmental Permits or Approvals** applied for or obtained for this site (e.g., **RCRA, USACOE, Nationwide**, etc.). If None, list None.

K. **Any Waiver(s)/Variances/Exceptions Requested for this Project?** (If yes, identify below and include **Waiver Request and Justifications in the C-SWPPP for each proposed request**).

1. Small Construction Activity Waiver(s) From NPDES permitting (Section 1.4 & Appendix B)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Identify requested waiver: <input type="checkbox"/> Rainfall Erosivity Waiver <input type="checkbox"/> TMDL Waiver <input type="checkbox"/> Equivalent Analysis Waiver		
2. Detention Waiver (72-302(B))? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Other (Specify): _____	

V. Waterbody Information (Attach additional sheet(s) as needed) **Change of Information**

A. **Receiving Waterbody(s) (RWB) Information** (List the nearest and next nearest receiving waterbodies to which the sites stormwater discharges will drain. If stormwater discharges drain to multiple waterbodies, list all such waterbodies).

1. Name of Receiving Waterbodies (RWB)	2. Distance to RWB (feet)	3. Classification of RWB
a. Nearest: _____		
b. Next Nearest: _____		
c. Coastal Zone ONLY: Coastal Receiving Water (CRW): _____		Not Applicable
d. Other Waterbodies: _____		

B. **Waters of the U.S. / State Information** (Attach additional sheet(s) as needed)

Waters of the U.S./ State	1. On the site?	2. Delineated/ Identified?	3. Impacts?	4. Amount of impacts
a. Jurisdictional wetlands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Ac
b. Non-jurisdictional wetlands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Ac
c. Other Water(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Ac ___ Feet
d. Coastal Zone ONLY: Direct Critical Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Ac ___ Feet

5. If yes for impacts in B.3, describe each impact and activity, and list all permits (e.g., USACOE Nationwide Permit, DHEC General Permit) and certifications that have been applied for or obtained for each impact:

C. **S.C. Navigable Waters (SCNW) Information (Section 2.6.5)** The Department will address any issues related to State Navigable Waters' Program under SC Regulation 19-450 during the review of the C-SWPPP for activities that will **NOT** require a 404 permit or a 401 certification. (Attach additional sheet(s) as needed).

1. Are S. C. Navigable Waters (SCNW) on the site: <input type="checkbox"/> Yes <input type="checkbox"/> No a. If no, do not complete this question. Proceed to Section D (Impaired Waterbodies). b. If yes, provide the name of S.C. Navigable Waters (SCNW) on the site: _____		
2. If yes for C.1, will construction activities cross over or occur in, under, or thru the SCNW? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe SCNW activities (e.g., road crossing, sub-aqueous utility line, temporary or permanent structures, etc.) and proceed to Section C.3: _____		
3. Identify permits providing coverage of SCNW activities proposed for your site. If NONE, list none.		
Permits/Certifications	Permit or Certification No.	Corresponding Covered SCNW Activity(ies)
a. DHEC General/ Other DHEC Permit		
b. USACOE 404 Permit or 401 Certification		
c. SCNW Permit If applied for or issued, identify Date applied for or issued: _____		<input type="checkbox"/> All Activities or <input type="checkbox"/> Some Activities (Describe):
d. If a SCNW Permit has NOT been applied for provide an additional plan sheet that shows plan and profile views (drawn to scale) of the SCNW and associated activities. Include a description of all proposed activities on this plan.		

D. Impaired Waterbodies Information (Attach additional sheet(s) as needed)

1. 303(d) Listed Impaired Waterbodies							
a. Name of Nearest DHEC Water Quality Monitoring Stations (WQMS)(s) that receives stormwater from your construction site and/or thru an MS4 and the Name of the Corresponding Waterbody?		b. Is this WQMS(s) listed on the <u>most current</u> 303(d) List? If No , proceed to Section 2 of this table. If Yes , complete items c thru f.	c. List the pollutant(s) identified as "CAUSES" of the impairment	d. Will any pollutants causing the impairment be present in your site's construction stormwater discharges?	e. If yes for d , list the "USE SUPPORT" impairment(s) affected by the pollutant(s) identified in c.		
Nearest DHEC WQMS(s)	Corresponding Waterbody					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. If yes for d above, will use of the BMPs proposed for your project ensure the site's discharges will NOT contribute to or cause further WQS violations for the impairment(s) listed in c? <input type="checkbox"/> Yes <input type="checkbox"/> No (NOTE: If no for f , this site is NOT eligible for coverage under the CGP). See Instructions.							
2. TMDL Impaired Waterbodies							
a. Name of Nearest DHEC Water Quality Monitoring Stations (WQMS)(s) that receives stormwater from your construction site and/or thru an MS4?		b. Has a TMDL(s) been developed for this WQMS(s)? If No , identify as such below and proceed to Section VI. If Yes , complete items c thru f of this table.	c. If yes for b , what pollutants are listed as "CAUSES" or causing the impairment?	d. If yes for b , has the standard been "ATTAINED" or "Fully Supported" for the impairment(s)?	e. If no for d (Not Attained) , will any pollutants causing the impairment be present in your site's construction stormwater discharges?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. If yes for e above, are your discharges consistent with the assumptions and requirements of the TMDL(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (NOTE: If no for f , this site is NOT eligible for coverage under the CGP). See Instructions.							

VI. Signatures and Certifications DO **NOT** SIGN IN BLACK INK! Read the Certifications below (in entirety). Provide date, printed name, and signatures below. If you are a **New Owner/Operator**, as Primary Permittee you must also sign and date the applicable Comprehensive SWPPP Acceptance & Compliance Agreement below.

C-SWPPP PREPARER: "One copy of the C-SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq. (if applicable), and in accordance with the terms and conditions of SCR100000." (This should be the person identified in Section III).

_____ Printed Name of C-SWPPP Preparer	_____ Signature of C-SWPPP Preparer	_____ S. C. Registration #
---	--	-------------------------------

PRIMARY PERMITTEE: "I or I (on behalf of my company and its contractors and agents), as the case may be, 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 persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I understand that DHEC enforcement actions may be taken if the terms and conditions of the C-SWPPP are not met and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

"I or I (on behalf of my company and its contractors and agents), as the case may be, also hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the to S. C. Department of Health and Environmental Control (DHEC) and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity." (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.) Having understood the above information, I am signing this certification as Primary Permittee to the aforementioned NPDES general permit."

_____ Printed Name of Primary Permittee	_____ Title/Position
_____ Signature of Primary Permittee	_____ Date Signed

NPDES CGP FEE SCHEDULE A

(For All Projects Located Within Florence County Municipal Separate Storm Sewer System (MS4))

Please fill out the fillable version or print/type. This schedule should be attached to DHEC Form 2617-FC MS4 2012. Do not send payment in window envelope. **DO NOT MAIL CASH.** The Florence County Engineering Division will notify the Project Owner/ Operator if the required payment is not calculated correctly or if the submitted check cannot be processed. **The review clock will start when a complete application package, including full payment of the appropriate amount of required fees, is received.**

1. Identify (✓) the <u>Project Review Type(s)</u> Enter NPDES Coverage Fee of \$250 in the right-hand column if <u>any</u> of the following project/review types apply to this application. Proceed to Item 2. (\$125 for DHEC (separate check) and \$125 for Florence County)	(✓)	NPDES Coverage Fee
a. Project or LCP (Item IV.G) that will ultimately disturb one (1) acre or more Note: If your project will ultimately disturb less than one (1) acre AND is NOT a part of a Larger Common Plan, coverage under SCR100000 is <u>not</u> required; see (Florence County Simplified Stormwater and Land Disturbance Application - For Sites With Less Than 1 Acre of Disturbance)	<input type="checkbox"/>	\$ _____ .00
b. New Owner/Operator (Transfer of Ownership)/Company Name Change	<input type="checkbox"/>	
c. Unpermitted Ongoing Project or Late Notification	<input type="checkbox"/>	
d. MS4 Project Review (Item I.A and I.B)	<input type="checkbox"/>	
e. Other (Specify): _____	<input type="checkbox"/>	

2. Determine the <u>Project Review Fees</u> (Review fees cannot exceed \$2250 for a project)		
PROJECT OR LCP THAT WILL ULTIMATELY DISTURB ONE (1) ACRE OR MORE	(✓)	Review Fees
a. Enter the disturbed area (Item IV.E) for this project. Proceed to Items 2.b and 2.c.	_____ (Nearest tenth of an acre)	
b. Will this project or LCP (Item IV.G) ultimately disturb more than 1.0 acres	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Is this project exempt from S. C. Reg. 72-300 et seq.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1. If this project will not ultimately disturb more than 1.0 acre, and is not part of an LCP, your project is automatically covered under this permit and the NPDES coverage fee and review fee are not required. See the BOW-SPWS for "Less Than 1-Acre of Land Disturbance - Non-Coastal Counties". 2. If this project will ultimately disturb more than 1.0 acre, proceed to Item 2.d.		
d. Enter the project review fees (based on \$100/disturbed area) in the right-hand column. (Multiply the disturbed area (Item 2.a) by \$100/disturbed area). If the disturbed area for this project (Item 2.a.) totals 20.0 acres or more, enter \$2000 in the right-hand column. <u>Review fees cannot exceed \$2250 for a project.</u>		\$ _____ .00

3. Total Required Fees Add the values in the right-hand columns of Items 1 and 2.d. Proceed to Item 4. (The Florence County Engineering Division will not review this project until all required fees are received).	\$ _____ .00
---	--------------

4. Identify the Method of Payment:

Payment by Check:

Attach a **signed and dated check payable to FLORENCE COUNTY** to the front on this Fee Schedule. Include a **Separate Check for \$125.00 made payable to SC DHEC.** Please note that all checks must be **less than 30 days old** and must be for the **entire required fees.**

Payment by Credit Card to Florence County:

Please provide your telephone number and/or e-mail information so the Department can contact you to determine how and where you want your receipt and/or invoice sent: _____

Payment by Credit Card to DHEC:

The Department will contact you to provide instructions and the invoice number necessary for online payment. Please provide an e-mail address where the invoice number may be sent: _____

For official use only:	Invoice Number _____
-------------------------------	-----------------------------