



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)

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: _____
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- 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): _____

- 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.		

NPDES CGP FEE SCHEDULE B

(ONLY for Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, and Jasper Counties)

Submit payment for NPDES Coverage fees only to DHEC.

The schedule should be attached to DHEC Form 2617. Do not send payment in window envelope. **DO NOT MAIL CASH.** DHEC will notify the Project Owner/ Operator if the check or credit card payment cannot be processed. **The review clock will start when acceptable payment is received and after the project is deemed consistent with the S.C. Coastal Zone Management Plan.**

1. Identify (✓) the Project/Review Types		(✓)	NPDES Coverage Fee(s)
(NOTE: You may ONLY select Item 1.a OR 1.b BELOW). Enter NPDES coverage fee of \$125 in the right-hand column if <u>any</u> of the following project/review types apply to this application. Proceed to Item 2.			
a. Project or LCP that is located within ½ mile of CRW (Item V.A) that will ultimately disturb more than 0.5 acres (if select a, do not select b)	<input type="checkbox"/>		\$ _____ .00
b. Project or LCP that is NOT located within ½ mile of CRW (Item V.A) that will ultimately disturb one (1) acre or more (if select b, do not select a)	<input type="checkbox"/>		
c. New Owner/Operator (Transfer of Ownership)/Company Name Change <small>(\$125 NPDES Coverage fee is required by the Department for Transfers of Ownership and Company Name Changes)</small>	<input type="checkbox"/>		
d. Unpermitted Ongoing Project or Late Notification	<input type="checkbox"/>		
e. MS4 Project Review (Item I.A and I.B)	<input type="checkbox"/>		
f. Other (Specify): _____	<input type="checkbox"/>		
2. Determine the Project Review Fees <small>(Review fees cannot exceed \$2000 for a project).</small>			
NOTE: COMPLETE ITEM 2.a BELOW. COMPLETE EITHER SECTION 3 OR SECTION 4. DO NOT COMPLETE BOTH SECTIONS.			
a. Enter the disturbed area (Item IV.E) for this project. Proceed to Item 3 OR Item 4.	_____ (nearest tenth of an acre)		
3. PROJECT OR LCP LOCATED WITHIN ½ MILE OF A CRW (ITEM V.A)		(✓)	Review Fees
a. Will this project or LCP (Item IV.G) ultimately disturb more than 0.5 acres?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Is this project exempt from S. C. Reg. 72-300 et seq.?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>1. If this project will NOT ultimately disturb more than 0.5 acres 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 section 1.3.1.B. See the BOW-SPWS for "Less Than 1-Acre of Land Disturbance - Coastal Counties".</p> <p>2. If this project or LCP will ultimately disturb more than 0.5 acres, proceed to Item 3.c.</p>			
c. Enter the project review fees (based on \$100/ disturbed acre) 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. Review fees cannot exceed \$2000 for a project. Proceed to item 3.d	\$ _____ .00		
d. Total Required Fees (Coastal Project located WITHIN ½ mile of a CRW (Item V.A)			
Add the values in the right-hand columns of Items 1 and 3.c. (The Department will not review this project until all required fees are received). Proceed to Item 5.		\$ _____ .00	
4. PROJECT OR LCP NOT LOCATED WITHIN ½ MILE OF A CRW (ITEM V.A)		(✓)	Review Fees
a. Will this project or LCP (Item IV.G) ultimately disturb one (1) acre or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. Is this project exempt from S. C. Reg. 72-300 et seq.?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>1. If this project will NOT ultimately disturb one (1) acre or more, and is not part of an LCP, coverage under SCR100000 is NOT required; see the BOW-SPWS for "Less Than 1-Acre of Land Disturbance - Coastal Counties".</p> <p>2. If this project or LCP will ultimately disturb one (1) acre or more, proceed to Item 4.c.</p>			
c. Enter the project review fees (based on \$100/ disturbed acre) 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. Review fees cannot exceed \$2000 for a project. Proceed to item 4.d.	\$ _____ .00		
d. Total Required Fees (Coastal Project NOT located WITHIN ½ mile of a CRW (Item V.A)			
Add the values in the right-hand columns of Items 1 and 4.c. (The Department will not review this project until all required fees are received). Proceed to Item 5.		\$ _____ .00	

5. Identify the Method of Payment: **Payment by Check:** (Attach a signed and dated check payable to S.C. DHEC to the front of this fee schedule. All checks must be less than 30 days old and must be for the entire amount of required fees). **Payment by Credit Card:** (Check here if you wish to pay via credit card using the on-line payment system). The Department will contact you via e-mail 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 _____