



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

*Deborah Cunningham*

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