

## GUIDELINES FOR COMPLETION OF NOTICE OF INTENT (NOI) FORM

Please adhere to the following guidelines:

Submit original, photocopy or facsimile copies. Facsimile and/or photo copies should be followed-up with an original signature copy as soon as possible. Please write "copy" under the "For Office Use Only" box in the lower right hand corner.

< Submit completed forms to:

Illinois Environmental Protection Agency  
Division of Water Pollution Control  
Permit Section  
Post Office Box 19276  
Springfield, Illinois 62794-9276  
or call (217)782-0610

< Reports must be typed or printed legibly and signed.

< If this is a change in your facility information, renewal, etc., please fill in your permit number on the appropriate line.

< **NOTE: FACILITY LOCATION IS NOT NECESSARILY THE FACILITY MAILING ADDRESS, BUT SHOULD DESCRIBE WHERE THE FACILITY IS LOCATED.**

< Use the formats given in the following examples for correct form completion.

	<u>Example</u>	<u>Format</u>
SECTION	12	1 or 2 numerical digits
TOWNSHIP	12N	1 or 2 numerical digits followed by "N" or "S"
RANGE	12W	1 or 2 numerical digits followed by "E" or "W"

**ILLINOIS ENVIRONMENTAL PROTECTION AGENCY**  
**NOTICE OF INTENT (NOI)**  
**FOR**  
**GENERAL PERMIT TO DISCHARGE STORM WATER**  
**ASSOCIATED WITH INDUSTRIAL ACTIVITY**  
**(EXCLUDING CONSTRUCTION ACTIVITY)**

**OWNER/OPERATOR INFORMATION**

NAME:	LAST	FIRST	MIDDLE INITIAL	OWNER TYPE: (Select one)	
MAILING ADDRESS:				<input type="checkbox"/> PRIVATE	<input type="checkbox"/> COUNTY
CITY:			STATE:		<input type="checkbox"/> CITY
CONTACT PERSON:			TELEPHONE NUMBER:	AREA CODE	<input type="checkbox"/> SPECIAL DISTRICT
					<input type="checkbox"/> FEDERAL
					<input type="checkbox"/> STATE

**FACILITY/SITE INFORMATION**

SELECT ONE:	<input type="checkbox"/> EXISTING SITE			<input type="checkbox"/> NEW SITE			<input type="checkbox"/> CHANGE OF INFORMATION			GENERAL NPDES PERMIT NUMBERS:	ILR00 _____		
FACILITY NAME:							OTHER NPDES PERMIT NUMBERS:						
FACILITY LOCATION:							TELEPHONE NUMBER:			AREA CODE	NUMBER		
CITY:		STATE:	IL	ZIP:		LATITUDE:	DEG.	MIN.	SEC.	LONGITUDE:	DEG.	MIN.	SEC.
COUNTY:			SECTION:			TOWNSHIP:				RANGE:			
SIC OR DESIGNATED ACTIVITY CODE(S):	PRIMARY			2ND			3RD			4TH			

**RECEIVING WATER INFORMATION**

DOES YOUR STORM WATER DISCHARGE DIRECTLY TO: <input type="checkbox"/> WATER OF THE STATE    OR <input type="checkbox"/> STORM SEWER	OWNER OF STORM SEWER SYSTEM:	
NAME OF CLOSEST RECEIVING WATER:		
DOES QUANTITATIVE DATA CURRENTLY EXIST WHICH DESCRIBES THE CONCENTRATION OF POLLUTANTS IN THE STORM WATER DISCHARGES? <input type="checkbox"/> YES <input type="checkbox"/> NO		

I certify under penalty of law that this document and all attachments were prepared under my direction and 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 this 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. In addition, I certify that the provisions of the permit, including the development and implementation of a storm water pollution prevention plan and a monitoring program plan, will be complied with. I also certify that, to the best of my knowledge, the storm water which is discharged from this facility/site does not contain process wastewater, domestic wastewater, or cooling water.

APPLICANT SIGNATURE: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

MAIL COMPLETED FORM TO:  
 (DO NOT SUBMIT ADDITIONAL DOCUMENTATION UNLESS REQUESTED)

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
 DIVISION OF WATER POLLUTION CONTROL  
 ATTN: PERMIT SECTION  
 POST OFFICE BOX 19276  
 SPRINGFIELD, ILLINOIS 62794-9276

<b>FOR OFFICE USE ONLY</b>
LOG:
PERMIT NO. ILR00 _____
DATE:

Information required by this form must be provided to comply with 415 ILCS 5/39 (1996). Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.