N.C. DIVISION OF WATER QUALITY SURFACE WATER PROTECTION SECTION

STATE STORMWATER NOTICE OF INTENT (NOI)

SWG050000 - GENERAL PERMIT FOR RESIDENTIAL DEVELOPMENT DISTURBING LESS THAN 1 ACRE

| FOR AGENCY USE ONLY | | | | | | |
|-------------------------|---|-------|--------|-----|--|--|
| Date Received | | | | | | |
| Year | | Month | | Day | | |
| | | | | | | |
| Certificate of Coverage | | | | | | |
| SWG | 0 | 5 | | | | |
| Check # | | | Amount | | | |
| | | | | | | |
| Permit Assigned to | | | | | | |
| | | | | | | |

State Stormwater Management Application Notice of Intent for coverage under the General Stormwater Management Permit for Residential Development Construction.

For the construction, operation and maintenance of impervious areas and BMPs associated with the construction of residential development located within ½ mile and draining to Class SA waters, that does not require a Sediment and Erosion Control Plan (less than 1 acre of disturbance) or a CAMA Major Permit, and adding more than 10,000 square feet of built upon area, resulting in a built upon area (BUA) greater than 12%.

| | | | | (P | lease print or t | ype) | | | |
|--|--|--|-----------|--------|------------------|-----------|-----------|------------------|-----------|
| 1. | Mailing address of owner/developer: (The address to which all permit correspondence will be mailed.) | | | | | | | rill be mailed.) | |
| | Owner/Developer Mailing Address | Name _ | | | | | | | |
| | City | _ | | | State | | Z | ZIP Code | |
| | Telephone No. | <u>(</u> |) | | | Fax | (|) | |
| 2. | Proposed Projec | t Inform | ation: | | | | | | |
| | Project Name Street Address of the Project | | | | | | | | |
| | City | | | | State | | ZIP | Code | |
| | County | | | | | | | | |
| | Contact Person | | | | Email | | | | |
| | Mailing Address | | | | | | | | |
| | City | | | | State | | ZIP | Code | |
| | Telephone No. | () | | | Fax | () | | | |
| 3. | Physical Location Information: Please provide the street address of the project and describe how to get to the project, using street names, state road numbers, and the distance and direction from the nearest major intersection: | | | | | | | | |
| 4. | What is the name | of the | receiving | stream | ? | | | | |
| 5. | River Basin | | | | Receiving St | eam Class | sificatio | on 🗌 SA | ☐ SA, ORW |
| 6. This Certificate of Coverage is being submitted as a result of: | | | | | | | | | |
| | ☐ New or propos | ☐ New or proposed project ☐ Modification to an existing project Existing COC or Permit Number: | | | | | | | |
| Date project is scheduled to begin construction | | | | | | | | | |

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| 7. | Are there any wetlands on the site? Name and affiliation of person making this determi | YES (must show on the planation: | ans) NO | | | | |
|-----|--|--------------------------------------|------------------------------|-----------------|--|--|--|
| 8. | What is the total area of Coastal wetlands abov (Coastal wetlands as defined by Division of Coastal | | | ft ² | | | |
| 9. | What is the total property area above mean high | h water? | ft ² | | | | |
| 10. | What is the total amount of built-upon area pro | posed at this site? | | ft ² | | | |
| 11. | What is the percent built-upon area proposed a | at this site? | %_ | | | | |
| 12. | Please select which practice(s) is to be used to manage stormwater runoff? | | | | | | |
| | a. Rain cistern or rain barrels collects all rooftop runoff from the fi will reuse the collected rainwater or unused collected rainwater that over | n site | d area in a diffuse flow | | | | |
| | b. Rain garden (bioretention cell) collects all rooftop runoff from the fi | | | | | | |
| | c. Permeable pavement system for all uncovere (Required if a or b selected above) | lkways, and patios | | | | | |
| | d. Other stormwater Best Management Practice controls and treats stormwater runc meets the requirements of 15A NC | off from all built upon areas of the | e site from the first 1.5" r | rain | | | |
| 13. | Please list all other Best Management Practices | s (BMPs) employed at this site | ı: | | | | |
| | | | | | | | |
| | | | | | | | |
| 14. | Professional Certification of BMP(s) design: (not like the like that the BMP(s) designs required in item 13 .1008, the current BMP Manual design requirement | 3 comply with ALL of the require | - · | I | | | |
| | Printed name of person signing: Professional License: | | | <u> </u> | | | |
| | | SEAL | | | | | |
| | (Signature) | | | | | | |
| | (Date) | | | | | | |
| | | | | | | | |

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15. Applicant Certification:

North Carolina General Statute 143-215.6B (i) provides that:

Any person who knowingly makes any false statement, representation, or certification in any application, record, report, plan, or other document filed or required to be maintained under this Article or a rule implementing this Article; or who knowingly makes a false statement of a material fact in a rulemaking proceeding or contested case under this Article; or who falsifies, tampers with, or knowingly renders inaccurate any recording or monitoring device or method required to be operated or maintained under this Article or rules of the Commission implementing this Article shall be guilty of a Class 2 misdemeanor which may include a fine not to exceed \$10,000. (18 U.S.C. Section 1001 provides a punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both, for a similar offense.)

I hereby request coverage under the referenced General Permit. I understand that coverage under this permit will constitute the permit requirement for the project and is enforceable in the same manner as an individual permit.

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate.

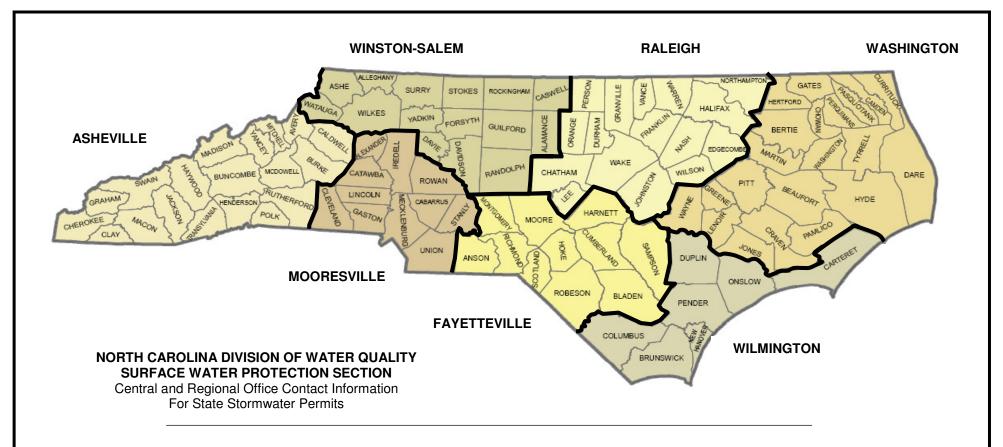
| Printed name of pers | on signing: | | |
|---|---|---|-------------------|
| (Signature of Applica | nt) | (Date signed) | |
| A check or money orde | r must accompany this Not | ice of Intent for \$505.00, made pay | able to: NCDENR. |
| Your application will be ret | urned unprocessed unless | all of the following items are subm | nitted: |
| ☐ Two sets of site and ☐ A check for \$505.00 ☐ A USGS map with th ☐ Property restrictions ☐ Plans, details and caused, including a dra ☐ Supplement Form(s) | e project clearly located on it. or protective covenants. Iculations for cisterns, rain ba inage area map if multiple BN | rrels, permeable pavement, rain gard IPs are used. | den, or other BMP |
| Mail the entire package to: | NCDENR Division of Wat Surface Water Protection at the Appropriate Region | • | g page) |

Note:

The submission of this document does not guarantee the issuance of a Certificate of Coverage under the General Permit

All forms and documents may be downloaded online at: http://h2o.enr.state.nc.us/su/Forms_Documents.htm#sswmp

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ASHEVILLE REGIONAL OFFICE

2090 US Highway 70 Swannanoa, NC 28778 (828) 296-4500 HQW & ORW Projects in Counties Above

RALEIGH REGIONAL OFFICE

3800 Barrett Drive Raleigh, NC 27609 (919) 791-4200 HQW & ORW Projects in Counties Above

WINSTON-SALEM REGIONAL OFFICE

585 Waughtown Street Winston-Salem, NC 27107 (336) 771-5000 HQW & ORW Projects in Counties Above

FAYETTEVILLE REGIONAL OFFICE

225 Green Street
Systel Building Suite 714
Fayetteville, NC 28301-5043
(910) 433-3300
HQW & ORW Projects in Counties Above

WASHINGTON REGIONAL OFFICE

943 Washington Square Mall Washington, NC 27889 (252) 946-6481 Coastal Stormwater, HQW & ORW Projects in Counties Above

CENTRAL OFFICE

1617 Mail Service Center Raleigh, NC 27699-1617 (919) 807-6300

Phase 2 Post-Construction Projects not covered by local agovernment

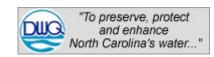
MOORESVILLE REGIONAL OFFICE

610 East Center Avenue/Suite 301 Mooresville, NC 28115 (704) 663-1699 HQW & ORW Projects in Counties Above

WILMINGTON REGIONAL OFFICE

127 Cardinal Drive Extension Wilmington, NC 28405-2845 (910) 796-7215

Coastal Stormwater, HQW & ORW Projects in Counties Above



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