

**PAG-01**
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 GENERAL PERMIT FOR DISCHARGES OF
 STORMWATER ASSOCIATED WITH SMALL CONSTRUCTION ACTIVITIES
 NOTICE OF INTENT (NOI)**

Before completing this form, read the step-by-step instructions provided in the PAG-01 NOI package.

DEP / CCD USE ONLY				
Date Received: _____		Permit ID: _____		
Review Period: _____ days		Review Period End Date: _____		
Project Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of <input type="checkbox"/> Return <input type="checkbox"/> Withdrawal: _____		
NOI Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Resubmission Received: _____		
Date Determined Complete: _____		Issuance Date: _____		
Coverage Effective Date: _____		Coverage Expiration Date: _____		
GENERAL INFORMATION				
1. NOI Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Major Amendment <input type="checkbox"/> Minor Amendment Permit No. PA_____				
2. Primary NAICS Code: _____		3. Additional NAICS Codes: _____		
4. Project Description: _____				
5. <input type="checkbox"/> Site Restoration Project				
6. <input type="checkbox"/> Common Plan of Development or Sale No. phases: _____ No. phases complete: _____				
APPLICANT INFORMATION				
1. Organization Name or Registered Fictitious Name 2. Employer ID# (EIN) _____				
3. Individual Last Name	First Name	MI	Suffix	
4. Additional Individual Last Name	First Name	MI	Suffix	
5. Mailing Address Line 1		Mailing Address Line 2		
6. Address Last Line – City	State	ZIP+4	Country	
7. Applicant Contact Last Name	First Name	MI	Suffix	
8. Applicant Contact Title	9. Phone	Ext		
10. Email Address		11. FAX		
12. Ownership: Government: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> School District <input type="checkbox"/> Non-Government <input type="checkbox"/> Mixed (Public/Private)				

ELIGIBILITY INFORMATION		
1. The total earth disturbance area for the project (including off-site support activities) will be < 5 acres.	<input type="checkbox"/> True	<input type="checkbox"/> False
2. The total area of impervious surface following construction will be ≤ 30,000 sf (within the area of disturbance) and ≤ 12% of the total project site area.	<input type="checkbox"/> True	<input type="checkbox"/> False
3. All non-stormwater discharges during construction are authorized by PAG-01, or there will be no non-stormwater discharges during construction.	<input type="checkbox"/> True	<input type="checkbox"/> False
4. All E&S BMPs that will be used conform to the E&S Manual (or approved alternative) and there will be no sediment traps or basins.	<input type="checkbox"/> True	<input type="checkbox"/> False
5. There will be no stormwater from off-site impervious areas that will flow into PCSM BMPs on the project site.	<input type="checkbox"/> True	<input type="checkbox"/> False
6. PCSM requirements under 25 Pa. Code § 102.8 will be satisfied through a site restoration plan or the treatment of all impervious surfaces using the Concentrated Flow and/or Sheet Flow Standards.	<input type="checkbox"/> True	<input type="checkbox"/> False
7. Stormwater runoff from the project site will drain to surface waters, including wetlands, that are not classified for special protection.	<input type="checkbox"/> True	<input type="checkbox"/> False
8. The applicant is not in violation of any DEP or EPA permit, schedule of compliance, or order at the project site or other sites or facilities owned or operated by the applicant in Pennsylvania.	<input type="checkbox"/> True	<input type="checkbox"/> False
9. The PNDI receipt indicates either 1) "No Impact", or 2) "Conservation Measures", or 3) "Avoidance Measures" that have been agreed to by the applicant, or 4) "Potential Impact" or "Avoidance Measures" not agreed to by the applicant but clearance letters from jurisdictional agencies are attached to the NOI.	<input type="checkbox"/> True	<input type="checkbox"/> False
10. There will be no introduction of chemicals to stormwater during construction.	<input type="checkbox"/> True	<input type="checkbox"/> False
11. Soils in the area of the earth disturbance are not contaminated at levels exceeding residential MSCs in Chapter 250, based on the applicant's environmental due diligence.	<input type="checkbox"/> True	<input type="checkbox"/> False
12. PCSM BMP(s) will not be located in areas of known sinkholes or surface depressions.	<input type="checkbox"/> True	<input type="checkbox"/> False
13. The project does not involve earth disturbance activities on non-contiguous tax parcels.	<input type="checkbox"/> True	<input type="checkbox"/> False
14. Stormwater discharges (during or after construction) will not be directed to a combined sewer system.	<input type="checkbox"/> True	<input type="checkbox"/> False
15. Regulated fill requiring a Waste Management permit will not be used for this project.	<input type="checkbox"/> True	<input type="checkbox"/> False
REVIEW PERIOD		
1. The county has a DEP-approved Act 167 plan (or plan update) with an approval date within the past five years.	<input type="checkbox"/> True	<input type="checkbox"/> False
2. The county has certified that the project is consistent with the Act 167 plan, without waiver or variance.	<input type="checkbox"/> True	<input type="checkbox"/> False
3. The municipality has enacted a stormwater management ordinance.	<input type="checkbox"/> True	<input type="checkbox"/> False
4. The municipality has certified that the project is consistent with the ordinance, without waiver or variance.	<input type="checkbox"/> True	<input type="checkbox"/> False
5. Review Period (see instructions): <input type="checkbox"/> 1 (30 Days) <input type="checkbox"/> 2 (60 Days) 6. Anticipated Review Period End Date: _____ Anticipated Construction Start Date: _____ 7. Pre-Application Meeting/Call Date: _____ <input type="checkbox"/> Meeting / Call Waived by DEP/CCD Name(s) of DEP/CCD Staff Participating in Meeting/Call or Waived Meeting/Call: _____		

PROJECT SITE INFORMATION					
1. Project Site Name	2. Total Project Site Area		acres		
3. Project Site Impervious Area – Pre-Construction	acres	Percent of Total	%		
4. Project Site Impervious Area – Post-Construction	acres	Percent of Total	%		
5. Hydric soils or other wetland features are present within the Project Site. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, the wetland determination is attached to the NOI.					
6. County Name	Municipality Name	City	Boro	Twp	State
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PA
7. County Name	Municipality Name	City	Boro	Twp	State
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PA
8. Site Location Address					
9. Site Location City		State	ZIP+4		
OPERATOR INFORMATION					
1. Operator Name:		2. Contact Name:			
<div></div>		<div></div>			
3. Operator Address:		4. Operator Phone:			
<div></div>		<div></div>			
5. Operator City, State, Zip: <div></div>					
6. Operator's Role in Project: <input type="checkbox"/> General Contractor <input type="checkbox"/> Consultant <input type="checkbox"/> Excavation Contractor <input type="checkbox"/> Other					
1. Operator Name:		2. Contact Name:			
<div></div>		<div></div>			
3. Operator Address:		4. Operator Phone:			
<div></div>		<div></div>			
5. Operator City, State, Zip: <div></div>					
6. Operator's Role in Project: <input type="checkbox"/> General Contractor <input type="checkbox"/> Consultant <input type="checkbox"/> Excavation Contractor <input type="checkbox"/> Other					
EARTH DISTURBANCE INFORMATION					
1. Total Earth Disturbance Area		acres	sf		
2. Pre-Construction Impervious Area:		sf			
3. Post-Construction Impervious Area:		sf			
4. Pre-Construction/Present Land Use(s):		5. Post-Construction Land Use(s):			
<div></div> %		<div></div> %			
<div></div> %		<div></div> %			
<div></div> %		<div></div> %			
<div></div> %		<div></div> %			
6. <input type="checkbox"/> Plan(s) showing the site, limit of disturbance, surface waters, discharge points, BMPs and drainage is attached.					
7. Report latitude and longitude at the center of the proposed disturbed area. Latitude: <div></div> Longitude: <div></div>					
8. Horizontal Reference Datum: <input type="checkbox"/> NAD of 1927 <input type="checkbox"/> NAD of 1983 <input type="checkbox"/> WGS of 1984 <input type="checkbox"/> Unknown					

EARTH DISTURBANCE INFORMATION (CONTINUED)			
9. There will be off-site construction support activities. <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. If Yes, identify the nature of known off-site support activities whose disturbance is included in #1, above:			
Description of Off-Site Support Activity	Distance from Site	Disturbance Area	
	mi	acres	
	mi	acres	
11. Identify any other off-site support activities not included in #10, above.			
Description of Off-Site Support Activity	Distance from Site	Disturbance Area	
	mi	acres	
	mi	acres	
12. Check the appropriate box concerning fill material (see instructions):			
<input type="checkbox"/> No fill material is expected to be imported to or exported from the project site. On-site materials constitute clean fill.			
<input type="checkbox"/> It is expected that fill will be needed for this project. Fill imported to the site will be considered clean fill.			
<input type="checkbox"/> It is expected that fill will be exported from the project site. Fill exported from the site will be considered clean fill.			
13. The site is undergoing remediation in accordance with DEP's Act 2 Program. <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. The site was previously remediated under DEP's Act 2 Program and cleanup standards have been met and the proposed earth disturbance will not be in conflict with site remediation. <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Act 537 sewage planning approval is needed for this project. <input type="checkbox"/> Yes <input type="checkbox"/> No Approval attached? <input type="checkbox"/>			
16. A Chapter 105 permit or authorization is required. <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. If Yes, identify the necessary authorization. <input type="checkbox"/> Joint Permit <input type="checkbox"/> General Permit <input type="checkbox"/> Waiver			
18. Other DEP permits or authorizations are required. <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. If Yes, identify the necessary authorizations.			
EXISTING AND PENDING PERMITS			
Identify all environmental permits issued by DEP or EPA or are pending for this facility/project site within the past five years.			
Type of Permit	Permit No.	Date Issued	Issued By
COMPLIANCE HISTORY			
Was/Is the facility owner or operator in violation of any DEP regulation, permit, order or schedule of compliance at this or any other facility or project site within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," list each permit, order or schedule of compliance and provide current compliance status. Use additional sheets to provide information on all permits.			
Permit Program:		Permit No.:	
Brief Description of Non-Compliance:			
Steps Taken to Achieve Compliance		Date(s) Compliance Achieved	
Current Compliance Status: <input type="checkbox"/> In Compliance <input type="checkbox"/> In Non-Compliance			

TREATMENT OF IMPERVIOUS AREAS
(Not Required for Site Restoration Projects)

☐ PCSM Plan Drawing(s) are attached to the NOI.

Area ID	Impervious Area (sf)	Standard	Pre-Vegetated Filter Strip	Vegetated Filter Strip				Post-Vegetated Filter Strip
				Length (ft)	Width (ft)	Slope (%)	Soils	
		<input type="checkbox"/> CF <input type="checkbox"/> SF	<input type="checkbox"/> Level Spreader <input type="checkbox"/> Dry Well <input type="checkbox"/> 12-in Gravel Verge					<input type="checkbox"/> ____ Ft of Pervious Area @ ____ % Slope <input type="checkbox"/> Berm with Height of ____ Inches <input type="checkbox"/> Rain Garden with Area of ____ sf
		<input type="checkbox"/> CF <input type="checkbox"/> SF	<input type="checkbox"/> Level Spreader <input type="checkbox"/> Dry Well <input type="checkbox"/> 12-in Gravel Verge					<input type="checkbox"/> ____ Ft of Pervious Area @ ____ % Slope <input type="checkbox"/> Berm with Height of ____ Inches <input type="checkbox"/> Rain Garden with Area of ____ sf
		<input type="checkbox"/> CF <input type="checkbox"/> SF	<input type="checkbox"/> Level Spreader <input type="checkbox"/> Dry Well <input type="checkbox"/> 12-in Gravel Verge					<input type="checkbox"/> ____ Ft of Pervious Area @ ____ % Slope <input type="checkbox"/> Berm with Height of ____ Inches <input type="checkbox"/> Rain Garden with Area of ____ sf
		<input type="checkbox"/> CF <input type="checkbox"/> SF	<input type="checkbox"/> Level Spreader <input type="checkbox"/> Dry Well <input type="checkbox"/> 12-in Gravel Verge					<input type="checkbox"/> ____ Ft of Pervious Area @ ____ % Slope <input type="checkbox"/> Berm with Height of ____ Inches <input type="checkbox"/> Rain Garden with Area of ____ sf
		<input type="checkbox"/> CF <input type="checkbox"/> SF	<input type="checkbox"/> Level Spreader <input type="checkbox"/> Dry Well <input type="checkbox"/> 12-in Gravel Verge					<input type="checkbox"/> ____ Ft of Pervious Area @ ____ % Slope <input type="checkbox"/> Berm with Height of ____ Inches <input type="checkbox"/> Rain Garden with Area of ____ sf
		<input type="checkbox"/> CF <input type="checkbox"/> SF	<input type="checkbox"/> Level Spreader <input type="checkbox"/> Dry Well <input type="checkbox"/> 12-in Gravel Verge					<input type="checkbox"/> ____ Ft of Pervious Area @ ____ % Slope <input type="checkbox"/> Berm with Height of ____ Inches <input type="checkbox"/> Rain Garden with Area of ____ sf
		<input type="checkbox"/> CF <input type="checkbox"/> SF	<input type="checkbox"/> Level Spreader <input type="checkbox"/> Dry Well <input type="checkbox"/> 12-in Gravel Verge					<input type="checkbox"/> ____ Ft of Pervious Area @ ____ % Slope <input type="checkbox"/> Berm with Height of ____ Inches <input type="checkbox"/> Rain Garden with Area of ____ sf
		<input type="checkbox"/> CF <input type="checkbox"/> SF	<input type="checkbox"/> Level Spreader <input type="checkbox"/> Dry Well <input type="checkbox"/> 12-in Gravel Verge					<input type="checkbox"/> ____ Ft of Pervious Area @ ____ % Slope <input type="checkbox"/> Berm with Height of ____ Inches <input type="checkbox"/> Rain Garden with Area of ____ sf

STORMWATER DISCHARGE INFORMATION				
1. List all stormwater discharge points <u>during construction</u> and provide the information requested <input type="checkbox"/> Not Applicable below (see instructions).				
Discharge Point No.	LATITUDE	LONGITUDE	RECEIVING WATERS	
	Decimal Degrees	Decimal Degrees	Name of Receiving Waters	Ch. 93 Class.
2. List all stormwater discharge points <u>after construction and stabilization are complete</u> and provide the information requested below. <input type="checkbox"/> Not Applicable				
Discharge Point No.	LATITUDE	LONGITUDE	RECEIVING WATERS	
	Decimal Degrees	Decimal Degrees	Name of Receiving Waters	Ch. 93 Class.
3. Will any of the points identified above discharge to a storm sewer system? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the storm sewer an MS4? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharge points discharging to storm sewer: Name of storm sewer owner/operator:				
4. Identify and describe all non-stormwater discharges that are expected to occur during permit coverage (see instructions). Describe the frequency and volume of all such discharges. <input type="checkbox"/> No non-stormwater discharges are anticipated.				
5. <input type="checkbox"/> There will be stormwater discharges to areas other than surface waters (during or following construction).				

CERTIFICATION FOR PAG-01 APPLICANTS

I certify under penalty of law and subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) 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 gathered and evaluated 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 further attest that the earth disturbance activities described herein are eligible for coverage under DEP's PAG-01 General Permit. I certify that I will abide by the terms and conditions of the General Permit until the Notice of Termination (NOT) is submitted and approved by DEP/CCD. I will not commence construction resulting in earth disturbance until all criteria specified in the PAG-01 General Permit are met. I will ensure that a licensed professional or a designee is present on-site and be responsible during critical stages of implementation of the PCSM Plan, as applicable. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Applicant Name (type or print legibly)

Official Title

Applicant Signature

Date Signed

CERTIFICATION FOR OPERATORS

I understand that I am assuming joint and severable responsibility, coverage, and liability under the permit for all duties, responsibilities, and non-compliance with the Chapter 102 permit, as a co-permittee of this permit coverage. I certify that I will implement the requirements of the permit and the approved design plans and will notify the permittee and the agency that issued permit coverage prior to implementing changes to the plans.

Operator Name (type or print legibly)

Official Title

Operator Signature

Date Signed

Operator Name (type or print legibly)

Official Title

Operator Signature

Date Signed