



**APPLICATION (NOTICE OF INTENT) TO OBTAIN  
COVERAGE UNDER NDPDES GENERAL PERMIT  
FOR STORM WATER DISCHARGES ASSOCIATED  
WITH CONSTRUCTION ACTIVITY (NDR10-0000)**

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF WATER QUALITY  
SFN 19145 (2/05)

**FOR DEPT. USE ONLY**

Date Received

Application No.

**GENERAL INFORMATION**

Name of Owner of Construction Project		Contact Person Name	Contact Phone No.
Mailing Address		City	State Zip Code
Type of Owner or Operator	<input type="checkbox"/> Developer/Builder <input type="checkbox"/> State of ND	<input type="checkbox"/> General Contractor <input type="checkbox"/> Federal	<input type="checkbox"/> Municipality <input type="checkbox"/> Other (Specify):
This NOI is to obtain coverage under Small Construction Activity (see Part I.D of permit):		<input type="checkbox"/> YES <input type="checkbox"/> NO	Small Construction Activity requires the submittal of an Annual Location Record as per Part III.B of the permit
Name of Construction Project (Large Construction Activity Only)			
Brief Description of Construction Activity (Please fill out for <b>both</b> Large and Small Construction Activity)			

**LARGE CONSTRUCTION ACTIVITY INFORMATION** (Skip for small construction activity)

Name of Operator Working at Site (i.e. general contractor, if known)		Contact Person Name	Contact Phone No.
Mailing Address		City	State Zip Code
Project Start Date:		Estimated Completion Date:	Estimated Area of Total Disturbance in Acres:
Project Location	Street		City
	OR	$\frac{1}{4}$ $\frac{1}{4}$	Section Township Range County
Receiving Waters	<input type="checkbox"/> Natural Surface Drainage		Name or Description of Receiving Waters
	OR	<input type="checkbox"/> Municipal Storm Sewer	Name of City

**Signature Information**

<b>RETURN COMPLETED APPLICATION TO:</b>  North Dakota Department of Health Division of Water Quality, 4 <sup>th</sup> Floor 918 East Divide Avenue Bismarck, ND 58501-1947  Telephone: (701) 328-5210 Fax: (701) 328-5200	I certify that I am familiar with NDR10-0000 and NDCC 61-28-08, and with the possibility of fines and imprisonment for submitting false information. To the best of my knowledge and belief, the information in this application is true, complete, and accurate.	
	Printed name of Owner(s)	Title
	Signature of Owner(s)	Date
	Printed name of Operator(s)	Title
	Signature of Operator(s)	Date

(Attach additional pages if needed)