

STATE OF UTAH, DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF WATER QUALITY 195 North 1950 West, P.O. Box 144870  
Salt Lake City, Utah 84114-4870 ph (801) 536-4300 fax (801) 536-4301

**NOI**

Notice of Intent (NOI) for Coverage under  
General Utah Operating Permit UTOP Permit No. UOP002

Submission of this Notice of Intent constitutes notice that the party identified below form intends to be authorized to operate under UOP General Permit No. UTOP002, issued to Wastewater Systems using Land Disposal in the State of Utah. Coverage of this permit obligates such operator to comply with the terms and conditions of the permit. PLEASE PROVIDE ALL REQUIRED INFORMATION

**I. Facility Information**

Name: \_\_\_\_\_ Phone: ( )  
Address: \_\_\_\_\_ Fax: ( )  
County: \_\_\_\_\_  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Facility Owner \_\_\_\_ (F = Federal; S = State; M = Municipal, P = Private)

Provide the complete address for the facility, including street address, city, state, and ZIP code. Do not provide a P.O. Box number as the street address. Provide the phone and fax numbers for the facility. Indicate the county and the latitude and longitude to the nearest 15 seconds, of the approximate center of the lagoons.

**II. Contact Information**

Owner Name \_\_\_\_\_ Phone: ( )  
Address: \_\_\_\_\_ Fax: ( )  
City: \_\_\_\_\_ ZIP: - \_\_\_\_\_  
E-mail \_\_\_\_\_

Operator Name: \_\_\_\_\_ Phone: ( )  
E-mail \_\_\_\_\_

Provide the legal name of the person, which controls the operation of the facility in question (i.e. Mayor, General Manager, etc.) . You must also provide the name of the operator. Please enter e-mail addresses and telephone numbers of both the operator and owner.

**Certification**

I certify that, to the best of my knowledge and belief, the information contained in this application is accurate and complete. I further certify that I have reviewed and hereby adopt the general operating permit no. UTOP002## as issued for Land Disposal of Treated Wastewater located in the State of Utah.

\_\_\_\_\_  
Print Name Title  
\_\_\_\_\_  
Signature Date