NO DISCHARGE REPORTING FORM
for Storm Water Management (12-19)

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

Industrial facilities in Utah that are commonly required to comply with the Utah Pollutant Discharge Elimination System (UPDES) requirements include mines (including gravel pits), facilities that produce cement products, many wood product facilities, airports, junk yards, transportation facilities, bulk fueling stations, manufacturing facilities, and scrap recycling facilities. Coverage is dependent on the facility's Standard Industrial Classification (SIC) Code. A complete list of the SIC codes required to obtain permit coverage as well as the SIC specific requirements can be found by selecting Storm Water on the Division of Water Quality's website at: www.waterquality.utah.gov.

An industrial facility with a SIC code that requires coverage but does not discharge storm water to waters of the state may formally opt for an exclusion from obtaining an Industrial Storm Water Permit. By definition, a discharge to waters of the state includes discharges to surface water or groundwater (UAC R317-8-1.5(59)). A no discharge exclusion is obtained by completing and submitting this form to the above address. This exclusion is available on a facility-wide basis only and is not applicable to individual outfalls.

A no discharge exclusion cannot be obtained if the facility discharges storm water, even if storm water is not exposed to industrial materials or activities. In this situation a No Exposure Certification form may be appropriate.

Please complete this form, sign, and submit to the Division of Water Quality using the above address. No fee or renewal is required. The form is non-transferable. If a new operator takes over the facility, the new operator must complete and submit a new form to claim no discharge.

A. Owner Information

1. Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

2. a. Street Address: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

b. City: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| c. County: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

d. State: |__|__| e. Zip Code: |__|__|__|__|__|__|__|__|__|__|

Owner Point of Contact

3. Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

4. Title: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

5. Phone: |__|__|__|__|__|__|__|__|__|__|

6. Email: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

B. Operator Information

1. Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

2. a. Street Address: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

b. City: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| c. County: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

d. State: |__|__| e. Zip Code: |__|__|__|__|__|__|__|__|__|__|

Operator Point of Contact

3. Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

4. Title: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

5. Phone: |__|__|__|__|__|__|__|__|__|__|

6. Email: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

C. Facility/Site Location Information

1. Facility Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

2. a. Street Address: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

b. City: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| c. County: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

d. State: |__|__| e. Zip Code: |__|__|__|__|__|__|__|__|__|__|

3. Is the facility located on Indian Lands? Yes ☐ No ☐

4. a. Latitude: |__|__| ° |__|__|' |__|__|" b. Longitude: |__|__|__| ° |__|__|' |__|__|"

5. a. Was the facility or site previously covered under a UPDES storm water permit? Yes ☐ No ☐

b. If yes, enter UPDES Permit number: ______________________________

6. a. SIC/Activity Codes: Primary: |__|__|__|__| Secondary (if applicable): |__|__|__|__|

D. Basis for Seeking No Discharge Option

Provide a detailed description of your facility and operations including the best management practices (BMPs) and/or control measures used to ensure that storm water does not discharge from your facility. Examples of BMPs include using berms to prevent storm water from leaving the site, using detention basins to collect uncontaminated storm water on site, and frequent inspections of berms. Include a map of the facility which shows storm water flow directions and BMP locations. Infiltration of storm water to groundwater is considered a discharge.

E. No Discharge Certification

I certify under penalty of law that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete based on my inquiry of the person(s) who manage the system, or those persons directly responsible for gathering the information. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

I understand that if conditions change and the facility no longer operates without discharging storm water, that I must obtain coverage under a UPDES permit prior to any point source discharge of storm water from the facility.

Name:______________________________ **Title:**____________________________

Signature: ____ **Date:** ______________