

STATE OF UTAH, DEPARTMENT OF ENVIRONMENTAL QUALITY, DIVISION OF WATER QUALITY

Mailing Address: P.O. Box 144870, Salt Lake City, Utah 84114-4870

Physical Address: 195 North 1950 West (801) 536-4300

NOI Notice of Intent (NOI) to Operate a Wastewater Collection System Under the
General Permit No. UTG58000

Submission of this Notice of Intent constitutes notice that the party(s) identified in this form intends to be authorized by the General Permit No. UTG580000 issued to Operate a Wastewater Collection System in the State of Utah. Becoming a permittee obligates such operator, of a collection system, to comply with the terms and conditions of the general permit. ALL NECESSARY INFORMATION MUST BE PROVIDED ON THIS FORM.

OPERATOR INFORMATION:

NOI Submission Date: _____

Owner Entity Name (Permittee): _____ Phone: _____

Responsible Contact Person: _____ Phone: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Has the permittee developed a sewer management plan, if not explain:

Has the permittee developed a system evaluation and capacity assurance plan (SECAP), if not explain. If yes state if the SECAP is a part of the permittee's Master Plan state Master Plan if not state the document that was develop for the SECAP:

Certification:

I certify under penalty of law 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 gather and evaluate 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that the applicant has sufficient title, right or interest in the property where the proposed activity occurs.

Signature:

Date:

Printed Signatory Name: (Person Responsible for, or Supervising operation of the subject Collection System)

Title:

Email Address:

This space for office use only: