



**State of Georgia Department of Natural
Resources Environmental Protection
Division**

**NOTICE OF INTENT
For Coverage Under NPDES General Permit GAG550000
General Permit to Discharge Treated Wastewater Dischargers
Associated With Private and Institutional Development Water Pollution Control
Plant Activities**

NOI for: Existing New Change of Information

For EPD Use Only
Assigned Permit No. _____

SECTION I. CONTACT & FACILITY INFORMATION

Facility Type of Ownership: State Government Municipal or Water District Federal Facility Tribal Facility

Permittee Organization Formal Name:

Associated NPDES ID Number:

Associated NPDES ID Number Reason:

1. Effluent Trade Partner (ETP)
2. Associated Permit Record (APR)
3. Switched To An Individual Permit (SIP)
4. Switched To A General Permit (SGP)

Facility Site Name:

Facility Site Address:

Facility Site City: Facility Site State: Facility Site Zip Code: Facility Site County:

Is the facility located on Indian Lands? *yes* or *no* If yes, what is tribal land indicator:

Facility Site Latitude/Longitude (ex. 34.543, -84.804):

Facility Contact Affiliation Type: Owner Operator Main Contact

Facility Contact Name (first & last): Facility Contact Title:

Facility Contact E-mail Address: Facility Contact Phone:

Permittee Mailing Address:

Permittee City: Permittee State: Permittee Zip Code: Permittee County:

SIC Code(s) (4-digit in order of priority)
1st: 2nd: 3rd: 4th SIC Code Primary Indicator:

NAICS Codes: NAICS Code Primary Indicator:

SECTION II. OPERATOR INFORMATION

Facility Organization Formal Name:

Is operator also the owner?: *yes* or *no*

Status:
 Federal State Private Public Other

E-mail Address: Phone:

SECTION III. FACILITY DESCRIPTION

Section III. Table No. 1 - Provide the name and permit nos. for all permits issued to this facility

Name of Permit	Permit No.
1. Does your facility require any additional permits not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	1.a. If yes, what are they and what is the timeframe to obtain them?
2. Provide description of water treatment process and how filter backwash is produced (attach a process flow chart):	
3. Type of Waste: <input type="checkbox"/> Sanitary <input type="checkbox"/> Restaurant <input type="checkbox"/> Other Nonprocess	4. Method of Sludge disposal and treatment:
5. Is sludge disposal area located in floodplain or subject to flooding? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Design Flow of Facility (average daily flow):
7. Total Actual Average Flow (mgd):	8. Total Maximum Flow (mgd):

SECTION IV. TRUST INDENTURE

Non-governmentally owned wastewater treatment systems should execute a trust indenture with a local government body or other trustee approved by the Division. This trust indenture must assure continuity of operation of the facility in the event of operational or financial default by the owner.

Upon submittal of the notice of intent for coverage under this general permit, the permittee will be required to submit one of the following: Is there a Trust Indenture in place for this facility?

- Yes Owners of systems which already have an executed trust indenture are required to submit a copy of the trust indenture along with the NOI.
- No Owners of systems which do not have a trust indenture are to submit either a schedule for obtaining a trust indenture, along with information regarding the intended trustee, or a status regarding the owner's ability to enter into a trust indenture.

SECTION V. OUTFALL IDENTIFICATION AND WATER QUALITY

Outfall ID	Permitted Feature Identifier	Permitted Feature Type	Permitted Feature Actual Average Flow (MGD)	Permitted Feature Latitude/Longitude (ex. 34.5364, -84.8045)	Receiving Waterbody For Permitted Feature

SECTION VI. CERTIFICATION

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 gathered and evaluated the information submitted. Based upon 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.

Printed Name of Applicant:

Date:

Signature of Applicant:

Title:

Completed NOI forms must be sent to the following address:
 Georgia Environmental Protection Division
 Wastewater Regulatory Program
 2 Martin Luther King Jr. Drive, Suite 1152 E
 Atlanta, Georgia 30334