

	Vermont Agency of Natural Resources Notice of Intent (NOI) for Stormwater Discharges Associated with Industrial Activities under the State Transportation Separate Storm Sewer System (TS4) General Permit 3-9007	<i>For Department Use Only</i> NOI Number:
Submission of this NOI constitutes notice that the entity in Section A intends to be authorized to discharge pollutants to waters of the State from the facility or site identified in Section B under Vermont's Stormwater TS4. Submission of this NOI also constitutes notice that the party identified in Section A of this form has read, understands, and meets the eligibility conditions of Part 2.2 of the TS4; agrees to comply with all applicable terms and conditions of the TS4; understands that continued authorization under the TS4 is contingent on maintaining eligibility for coverage, and that a Stormwater Pollution Prevention Plan (SWPPP), developed with the Vermont Transportation Agency, will be implemented at the facility.		
A. Facility Operator Information 1. Name: 2. Title: 3. Mailing Address: Street: City: State: Zip Code: Phone: Email:		
B. Facility/Site Information 1. Facility/Site Name: 2. Project number for previously authorized stormwater discharge (if applicable): -9003 3. Location Address: Street: City: County: State: Zip Code: Latitude: Longitude: (at or near the center of the facility in degree decimal format)		
C. Industrial Activity Information 1. List the Standard Industrial Classification (SIC) code(s) that best represents the facility's industrial activity: a. Primary SIC code: b. Secondary (if applicable)		
D. Receiving Water Information 1. Name of the first water to which your facility discharges: 2. Is this water listed as "impaired" in Part A or D of the Vermont Priority Waters List? Yes No 3. If yes, list the pollutant causing the impairment:		

E. 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, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Printed Name:

Title:

Signature:

Date:

Submit this NOI using [ANR online](#)