



NOTICE OF INTENT (NOI)
 For Coverage(s) of Primary Permittees
 Under South Carolina NPDES General Permit
 For Stormwater Discharges From Construction Activities SCR100000
 (Maintain As Part of On-Site SWPPP)

For Official Use Only

File Number: _____

Permit Number: SCR10

Submittal Package Complete: _____

Submission of this Notice of Intent constitutes notice that the Applicant identified in Section II intends to be authorized as a Primary Permittee in the state of South Carolina under NPDES General Permit SCR1000000. Fees required for review and NPDES coverage of each application type are as listed on page 2 of the Instructions.

Date: 05/03/2019Project/Site Name: Highway 41 Area Pump Station 109 and Force Main Improv County: Charleston

(Modification or Change of Information Only) Prior Approved NPDES Permit or File Number: _____

Do you want this project to be considered for the Expedited Review Program (ERP)? Yes or No (See instructions)**I. Notice of Intent (NOI) Application Type(s)**A. **Project (Application/Review) Type(s)** (Select **ALL** that apply):

- New Project (Initial Notification) Ongoing Project: Permitted or Un-Permitted
 Late Notification Low Impact Development (LID) or Project Design Above Regulatory Requirements
 New Owner/Operator or Company Name Change (see instructions, attach Form A (Transfer of Ownership))
 Major Modification: (see instructions, attach Form B (Major Modifications))
 MS4 Project Review
 Ocean and Coastal Resource Management (OCRM) Review
 Change of Information/Other (Specify): _____

B. If Applicable, identify the entity designated as **MS4 Reviewer and MS4 Operator** (i.e., Lexington County, City of Greer, etc.): **MS4 Reviewer** Town of Mount Pleasant/Chas Co **MS4 Operator** Town of Mount Pleasant/Chas Co**II. Primary Permittee Information** Change of Information Person or CompanyIf a Company, are you a Lending Institution or Government Entity?
Company EIN (if applicable): EIN: _____A. **Primary Permittee Name:** Mount Pleasant WaterworksMailing Address: 1619 Rifle Range Road City: Mount Pleasant State: SC Zip: 29464Phone: (843) 518-2435 Fax: _____ Email Address: mfirestone@mpwonline.comB. **Contact /ODSA Name** (If different from above OR if owner is a company): Mike Firestone, PEMailing Address: 1619 Rifle Range Road City: Mount Pleasant State: SC Zip: 29464Phone: (843) 518-2435 Fax: _____ Email Address: _____C. **Property Owner Name** (If different from above): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email Address: _____

III. Comprehensive Stormwater Pollution Prevention Plan (C-SWPPP) Preparer Information Change of InformationA. **C-SWPPP Preparer Name:** Wesley D. Linker, PEB. **Registered Professional** Engineer Landscape Architect Tier B Land Surveyor **S. C. Registration #:** 25480C. **Company/Firm Name:** HDR Engineering, Inc., of the Carolinas **S. C. COA #:** C0318Mailing Address: 4400 Leeds Avenue, Suite 450 City: North Charleston State: SC Zip: 29405Phone: 843.414.3711 Fax: 843.414.3701 Email Address: Wesley.Linker@hdrinc.com**IV. Project/Site Information** Change of InformationA. **Type of Construction Activity(ies)** (Select **ALL** that apply):

- Commercial Industrial Institutional Mass Grading Linear Utility/Infrastructure
 Residential: Single-family Residential: Multi-family Multi-use (Commercial & Residential)
 Site Preparation (No New Impervious Area) Other (Specify) _____

B. **Site Address/Location** (street address, nearest intersection, etc.) Intersection of Hwy 41 and Dunes West BlvdCity/Town (If in limits): Town of Mount Pleasant Zip Code: 29464Latitude: 32 ° 53 ' 31 " N Longitude: - 79 ° 48 ' 58 " W (Source): GPS Web Site: Google Earth Pro**Tax Map Number (s)** (List all): 594-10-00-00-329, -314, -330, -313, -114, -342, -262, -681,583-00-00-056, -055, -054, -129, -301, -302, -047, -042, -365, - 113, -238, -191, -040

- C. Is this site located on **Indian Land**? Yes No
 D. **Proposed Start Date:** 8/01/2019 **Proposed Completion Date:** 8/01/2020
 E. **Disturbed Area** (nearest tenth of an acre): 2.0 **Total Area** (acres): 4.4
 F. **Modification Only:** (nearest tenth of an acre): **Disturbed Area: Current (Approved) Area:** _____
Disturbed Area Change (Increase Only): _____ **Total Disturbed Area (After Change):** _____
 G. Is this project part of a **Larger Common Plan for Development or Sale (LCP)**? Yes No
LCP/ Overall Development Name: _____ Check here if this is the **First Phase.**
Previous State Permit/File Number: _____ **Previous NPDES Coverage Number:** SCR10 _____

- H. Any **Flooding Problems** exist downstream of or adjacent to this site? Yes No (If yes, provide detailed description of flooding problems and applicable floodway/flood zone information in the C-SWPPP).
 I. Active **S.C. DHEC Warning Notice, Notice to Comply or Notice of Violation** for this site or LCP? Yes No
 J. List Relevant **State and Federal Environmental Permits or Approvals** applied for or obtained for this site (e.g., **RCRA, USACOE, Nationwide**, etc.). If None, list None.
General Coastal Zone Consistency (GCZC) Certification - OCRM

- K. **Any Waiver(s)/Variances/Exceptions Requested for this Project?** (If yes, identify below and include **Waiver Request and Justifications** in the C-SWPPP for each proposed request).
 1. Small Construction Activity Waiver(s) From NPDES permitting (**Section 1.4 & Appendix B**)? Yes No
 If yes, Identify requested waiver: Rainfall Erosivity Waiver TMDL Waiver Equivalent Analysis Waiver
 2. Detention Waiver (**72-302(B)**)? Yes No
 3. Other (Specify): _____

V. **Waterbody Information** (Attach additional sheet(s) as needed) Change of Information

A. **Receiving Waterbody(s) (RWB) Information** (List the nearest and next nearest receiving waterbodies to which the sites stormwater discharges will drain. If stormwater discharges drain to multiple waterbodies, list all such waterbodies).

1. Name of Receiving Waterbodies (RWB)	2. Distance to RWB (feet)	3. Classification of RWB
a. Nearest: <u>Horlbeck Cr</u>	3,000 ft	SFH
b. Next Nearest: <u>Wando River</u>	29,500 ft	SFH
c. Coastal Zone ONLY: Coastal Receiving Water (CRW): <u>Horlbeck Cr</u>	Approx 3,000 ft	Not Applicable
d. Other Waterbodies: _____		

B. **Waters of the U.S. / State Information** (Attach additional sheet(s) as needed)

Waters of the U.S./ State	1. On the site?	2. Delineated/ Identified?	3. Impacts?	4. Amount of impacts
a. Jurisdictional wetlands	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ Ac
b. Non-jurisdictional wetlands	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ Ac
c. Other Water(s): _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ Ac _____ Feet
d. Coastal Zone ONLY: Direct Critical Area	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ Ac _____ Feet

5. If yes for impacts in B.3, describe each impact and activity, and list all permits (e.g., USACOE Nationwide Permit, DHEC General Permit) and certifications that have been applied for or obtained for each impact:

C. **S.C. Navigable Waters (SCNW) Information (Section 2.6.5)** The Department will address any issues related to State Navigable Waters' Program under SC Regulation 19-450 during the review of the C-SWPPP for activities that will **NOT** require a 404 permit or a 401 certification. (Attach additional sheet(s) as needed).

1. Are S. C. Navigable Waters (SCNW) on the site: Yes No
 a. If no, do not complete this question. Proceed to Section D (Impaired Waterbodies).
 b. If yes, provide the name of S.C. Navigable Waters (SCNW) on the site: _____

2. If yes for C.1, will construction activities cross over or occur in, under, or thru the SCNW? Yes No
 If yes, describe SCNW activities (e.g., road crossing, sub-aqueous utility line, temporary or permanent structures, etc.) and proceed to Section C.3: _____

3. Identify permits providing coverage of SCNW activities proposed for your site. If NONE, list none.

Permits/Certifications	Permit or Certification No.	Corresponding Covered SCNW Activity(ies)
a. DHEC General/ Other DHEC Permit	None	
b. USACOE 404 Permit or 401 Certification	None	
c. SCNW Permit If applied for or issued, identify Date applied for or issued: _____	None	<input type="checkbox"/> All Activities or <input type="checkbox"/> Some Activities (Describe): _____

d. If a SCNW Permit has **NOT** been applied for provide an additional plan sheet that shows plan and profile views (drawn to scale) of the SCNW and associated activities. Include a description of all proposed activities on this plan.

D. Impaired Waterbodies Information (Attach additional sheet(s) as needed)

1. 303(d) Listed Impaired Waterbodies					
a. Name of Nearest DHEC Water Quality Monitoring Stations (WQMS)(s) that receives stormwater from your construction site and/or thru an MS4 and the Name of the Corresponding Waterbody?		b. Is this WQMS(s) listed on the most current 303(d) List? If No, proceed to Section 2 of this table. If Yes, complete items c thru f.	c. List the pollutant(s) identified as "CAUSES" of the impairment	d. Will any pollutants causing the impairment be present in your site's construction stormwater discharges?	e. If yes for d, list the "USE SUPPORT" impairment(s) affected by the pollutant(s) identified in c.
Nearest DHEC WQMS(s)	Corresponding Waterbody				
09B-21	Horlbeck Cr	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

f. If yes for d above, will use of the BMPs proposed for your project ensure the site's discharges will **NOT** contribute to or cause further WQS violations for the impairment(s) listed in c? Yes No
 (NOTE: If no for f, this site is NOT eligible for coverage under the CGP). See Instructions.

2. TMDL Impaired Waterbodies				
a. Name of Nearest DHEC Water Quality Monitoring Stations (WQMS)(s) that receives stormwater from your construction site and/or thru an MS4?	b. Has a TMDL(s) been developed for this WQMS(s)? If No, identify as such below and proceed to Section VI. If Yes, complete items c thru f of this table.	c. If yes for b, what pollutants are listed as "CAUSES" or causing the impairment?	d. If yes for b, has the standard been "ATTAINED" or "Fully Supported" for the impairment(s)?	e. If no for d (Not Attained), will any pollutants causing the impairment be present in your site's construction stormwater discharges?
09B-21	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

f. If yes for e above, are your discharges consistent with the assumptions and requirements of the TMDL(s)? Yes No
 (NOTE: If no for f, this site is NOT eligible for coverage under the CGP). See Instructions.

VI. Signatures and Certifications DO NOT SIGN IN BLACK INK! Read the Certifications below (in entirety). Provide date, printed name, and signatures below. If you are a New Owner/Operator, as Primary Permittee you must also sign and date the applicable Comprehensive SWPPP Acceptance & Compliance Agreement below.

C-SWPPP PREPARER: "One copy of the C-SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq. (if applicable), and in accordance with the terms and conditions of SCR100000." **(This should be the person identified in Section III).**

Wesley D. Linker, PE _____ 25480 _____
 Printed Name of C-SWPPP Preparer Signature of C-SWPPP Preparer S. C. Registration #

PRIMARY PERMITTEE: "I or I (on behalf of my company and its contractors and agents), as the case may be, 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 understand that DHEC enforcement actions may be taken if the terms and conditions of the C-SWPPP are not met and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

"I or I (on behalf of my company and its contractors and agents), as the case may be, also hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the to S. C. Department of Health and Environmental Control (DHEC) and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity." **(See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)** Having understood the above information, I am signing this certification as Primary Permittee to the aforementioned NPDES general permit."

Mike Firestone, PE _____ Project Manager
 Printed Name of Primary Permittee Title/Position
 Signature of Primary Permittee 4/19/2019
 Date Signed