



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: 11/06/2018Project/Site Name: Park Avenue Flex 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 **MS4 Operator** Kevin Mitchell**II. Primary Permittee Information** Change of Information

Person or Company If a Company, are you a Lending Institution or Government Entity?
 Company EIN (if applicable): EIN: _____

A. **Primary Permittee Name:** CPD-Offices LLCMailing Address: 234 Seven Farms Dr. Suite 300 City: Daniel Island State: SC Zip: 29492
 Phone: (843) 471-2010 Fax: _____ Email Address: enavarro@grovepropertyfund.comB. **Contact /ODSA Name** (If different from above OR if owner is a company): Ed NavarroMailing Address: 234 Seven Farms Dr. Suite 300 City: Daniel Island State: SC Zip: 29492
 Phone: (843) 471-2010 Fax: _____ Email Address: enavarro@grovepropertyfund.comC. **Property Owner Name** (If different from above): Same as aboveMailing 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:** Kyle M. Hoyt, P.E.B. **Registered Professional** Engineer Landscape Architect Tier B Land Surveyor **S. C. Registration #:** 27002C. **Company/Firm Name:** Hoyt + Berenyi **S. C. COA #:** 3909Mailing Address: P.O. Box 1470 City: Ladson State: SC Zip: 29456
 Phone: 843-408-3546 Fax: NA Email Address: khoyt@hoytberenyi.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 Faison Rd/Park Avenue BlvdCity/Town (If in limits): Town of Mount Pleasant Zip Code: 29466Latitude: 32° 53' 2" N Longitude: - 79° 46' 13" W (Source): GPS Web Site: Google Earth**Tax Map Number (s)** (List all): 598-03-00-346

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 <u>most current 303(d) List</u> ? 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-10	Wando River	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
09B-04	Wando River	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MD-115	Wando River	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" 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

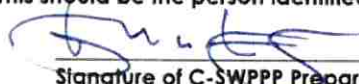
a. Name of Nearest DHEC Water Quality Monitoring Stations (WQMS)(s) that receives stormwater from your construction site and/or thru an MS4?	b. Has a TMDL(s) been developed for this WQMS(s)? If No, identify as such below and proceed to Section VI. If Yes, complete items c thru f of this table.	c. If 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-10	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
09B-04	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
MD-115	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DO	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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).

Kyle M. Hoyt, P.E.



27002

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."

Ed Navarro

Member

Printed Name of Primary Permittee

Title/Position

Signature of Primary Permittee

Date Signed

6/12/18