



**To: Prospective Applicant for Storm Water Discharges from LA DOTD Statewide Construction and Maintenance Activities General Permit**

Attached is a Louisiana Pollutant Discharge Elimination System (LPDES) general permit master Notice of Intent (NOI) covering the Louisiana Department of Transportation and Development's statewide construction and maintenance activities resulting in land disturbance, authorized under EPA's delegated NPDES program under the Clean Water Act. This permit is only available to the Louisiana Department of Transportation and Development (DOTD). To be considered complete, every item on the form must be addressed and the last page signed by an authorized agent. If an item does not apply, please enter "NA" (for not applicable) to show that the question was considered.

Two sets (one original and one copy) of your **completed master NOI** should be submitted to:

**Mailing Address:**

Department of Environmental Quality  
Office of Environmental Services  
Post Office Box 4313  
Baton Rouge, LA 70821-4313  
Attention: Water Permits Division

**Physical Address (if NOI is hand delivered):**

Department of Environmental Quality  
Office of Environmental Services  
602 N Fifth Street  
Baton Rouge, LA 70802  
Attention: Water Permits Division

**A copy of the LPDES regulations may be obtained from the Department's website at <http://www.deq.louisiana.gov/portal/tabid/1674/Default.aspx>.**

Date \_\_\_\_\_  
Agency Interest No. AI \_\_\_\_\_  
NPDES/LPDES Permit LA \_\_\_\_\_

Please check:  Initial Permit  
 Existing Facility  
 Modified Coverage

**STATE OF LOUISIANA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
*Office of Environmental Services, Water Permits Division*  
**Post Office Box 4313**  
**Baton Rouge, LA 70821-4313**  
**PHONE#: (225) 219-9371**

**LPDES MASTER NOTICE OF INTENT TO DISCHARGE STORM WATER FROM  
DOTD STATEWIDE CONSTRUCTION AND MAINTENANCE ACTIVITIES  
RESULTING IN LAND DISTURBANCE**

This NOI is for (check one):  Statewide Coverage  
 Site-Specific Coverage

**A. Permit is to be issued to the following:** (must have operational control over the facility operations - see LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).

1. Legal Name of Applicant (Company, Partnership, Corporation, etc.) \_\_\_\_\_

Facility Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Zip Code: \_\_\_\_\_

Please check status:  Federal  Parish  Municipal  
 State  Public  Private  Other: \_\_\_\_\_

2. Location of facility. Please provide a specific address, street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the NOI is being submitted.

City \_\_\_\_\_ Zip Code: \_\_\_\_\_ Parish \_\_\_\_\_

**OR** Check here if Statewide Coverage (above not applicable if checked)

3. Name & Title of

Contact Person at Facility \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

**B. Facility Type and Receiving Stream (not applicable if applying for statewide coverage):**

Facility Type \_\_\_\_\_

Receiving Stream \_\_\_\_\_

Check here if master SWPPP is attached

## **SIGNATORY AND AUTHORIZATION**

Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503) promulgated September 1995, the state NOI must be signed by a responsible individual as described in LAC 33:IX.2503 and that person shall make the following certifications:

**"I certify under penalty of law that I have read and understand the Section A "Applicability" requirements for coverage under this general permit. To the best of my knowledge, my facility is eligible for coverage under this general permit and its operation will not result in a discharge of pollutants from sources not covered by the general permit, or otherwise authorized by another individual or general permit."**

**"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."**

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Company** \_\_\_\_\_

**Date** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Email** \_\_\_\_\_