To: Prospective Applicants for a Sanitary Wastewater General Permit

Attached is a **Sanitary General Wastewater Discharge Permit Notice of Intent (NOI), WPS-G.** To be considered complete, **every item** on the form must be addressed and the last page signed by an authorized company 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 NOI, each** with a site diagram and a marked **U.S.G.S. Quadrangle map** or equivalent attached, as described in Section VI of the 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:**
Department of Environmental Quality  
Office of Environmental Services  
602 N Fifth Street  
Baton Rouge, LA 70821  
Attention: Water Permits Division

**NOIs delivered to the Physical Address above MUST be placed in the drop box specifically for in-person deliveries. A LDEQ date stamp is provided at the drop box location if an additional copy/receipt is needed for your records.** Please be advised that completion of this NOI may not fulfill all state, federal, or local requirements for facilities of this size and type.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

- **Louisiana DOTD**  
  Office of Highways  
  Post Office Box 94245  
  Baton Rouge, LA 70804-9425  
  (225) 379-1927

- **Louisiana Department of Health**  
  Office of Public Health – Center for Environmental Health Services  
  Post Office Box 4489  
  Baton Rouge, LA 70821  
  (225) 342-7395

AND

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana Department of Health, Office of Public Health at the address above.

**A copy of the LPDES regulations may be obtained from the Department's website at [http://deq.louisiana.gov/page/rules-regulations](http://deq.louisiana.gov/page/rules-regulations) or from the Office of the Secretary, Regulations Development Section, Post Office Box 4301, Baton Rouge, Louisiana 70821-4303, phone (225) 219-3981.**

After the review of the NOI, this Office will issue written notification to those applicants who are accepted for coverage under a general permit for sanitary discharges.

For questions regarding this NOI please contact the Water Permits Division at (225) 219-9371. For help regarding completion of this NOI please contact DEQ, Small Business/Community Assistance Program at 1-800-259-2890.

**ATTENTION: ANY INFORMATION SUBMITTED TO LDEQ MAY BECOME PUBLIC RECORD IN ACCORDANCE WITH ACT 256 RLS 2019**
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 NOTICE OF INTENT TO DISCHARGE SANITARY WASTEWATER
(Attach additional pages if needed.)

SECTION I - FACILITY INFORMATION

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: ______________________________________
   If applicant named above is not also the owner, state owner name, phone # and address.
   ______________________________

   Please check status: ☐ Federal ☐ Parish ☐ Municipal
   ☐ State ☐ Public ☐ Private ☐ Other: __________

   Does the Louisiana Public Service Commission regulate this facility? ☐ Yes ☐ No

   Please consult the LPSC website to determine if your company is regulated.
   http://www.lpsc.louisiana.gov/UtilitySearch.aspx. If your company is regulated please be aware that
   you will be required to provide a financial security mechanism for this facility.

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. If possible, please provide the
   911 address.

   City __________________________ Zip Code: ______________ Parish _______________________

   Front Gate Coordinates:
   Latitude- _____deg. _____min. _____sec.                  Longitude- _____deg. _____min. _____sec.

   Method of Coordinate Determination: __________________________________________________________
   (Quad Map, Previous Permit, website, GPS)

   Is the facility located on Indian Lands? ☐ Yes ☐ No
SECTION I - FACILITY INFORMATION

Is the facility located within 10,000 yards of an airport     Yes     No

3. Name & Title of Contact Person at Facility

Phone          Fax          e-mail

SIC (Standard Industrial Classification) Code(s):

SIC codes can be obtained from the U.S. Department of Labor internet site at: https://www.osha.gov/pls/imis/sicsearch.html

Facility Federal Tax I.D.

B. Name and address of responsible representative who completed the NOI:

Name & Title

Company

Phone          Fax          e-mail

Address

C. Name and address of responsible water billing party:

Name & Title

Company

Phone          Fax          e-mail

Address

D. Facility Information.

1. What is the date by which this permit is needed?
2. Who/what does the treatment facility serve? (e.g. apartment complex, subdivision, restaurant, office building, warehouse, etc.).

3. Describe operations at your facility in a comprehensive fashion.

4. Does the treatment facility receive any commercial food service wastes and/or participate in commercial food preparation?     Yes     No
   (e.g. restaurants, catering businesses, hotels/motels/churches/school with kitchens, etc)

4. Do any of the following activities occur at this site?
   Yes     No   Equipment and/or vehicle washing (with or without soaps/detergents).
   Yes     No   Loading & unloading of chemicals/compounds.
   Yes     No   Outside material and/or equipment storage.
   Yes     No   Vehicle and/or equipment maintenance.
SECTION I - FACILITY INFORMATION (cont.)

Explain any “Yes” response(s).
Please be aware that if “Yes” is checked to any of the activities, this facility may not qualify for coverage under the sanitary general permit. In order to avoid submittal of an additional permit application and delayed permit issuance please contact DEQ at 225-219-9371 to determine the correct application to be submitted for your facility.

5. Are there any activities that generate wastewater, other than sanitary, which occur at this site? If yes, please explain.

6. If this application is for a permit revision, please describe the revision(add extra sheets if needed):

7. Is this an existing treatment system?  
   [ ] Yes  [ ] No

8. Is this for a new construction?  
   [ ] Yes  [ ] No

9. For new or proposed facilities; if approval of the plans and specifications for the treatment facility has been granted by the Louisiana Department of Health, Office of Public Health, a copy of the approval letter shall be attached to this application.
   
   For existing facilities, a copy of the approval letter from the Louisiana Department of Health, Office of Public Health, shall be provided with this application, if available.

10. Is this a dental office?  
    [ ] Yes  [ ] No

    If yes, has an amalgam separator been installed at the facility in accordance with 40 CFR Part 441?  
    [ ] Yes  [ ] No
SECTION I - FACILITY INFORMATION (cont.)

10. Complete the following information as it applies to your facility:

<table>
<thead>
<tr>
<th>SUBDIVISION</th>
<th>Number of existing homes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total number of connections</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PUBLICLY OWNED TREATMENT WORKS</th>
<th>Design capacity of treatment facility in gpd</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TRAILER PARK</th>
<th>Number of existing trailers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total number of connections</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE/WAREHOUSE</th>
<th>Total number of employees</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>WASHATERIA/LAUNDROMAT</th>
<th>Number of washing machines</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>APARTMENT COMPLEX</th>
<th>Number of 1 bedroom apartments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of 2 bedroom apartments</td>
</tr>
<tr>
<td></td>
<td>Number of 3+ bedroom apartments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BAR/LOUNGE</th>
<th>Does the bar have regular food service?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of seats</td>
</tr>
<tr>
<td></td>
<td>Number of employees</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RV CAMPGROUND</th>
<th>Is there a dump station?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Volume of waste accepted/day in gpd</td>
</tr>
<tr>
<td></td>
<td>Total number of RV spaces</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GAS STATION/CONVENIENCE STORE</th>
<th>Number of individual fueling points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If food service is offered, please fill out the section regarding restaurants.</td>
</tr>
<tr>
<td></td>
<td>Total number of employees</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCHOOLS/DAYCARES</th>
<th>Elementary school/daycare, number of pupils</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Junior/ high schools, number of pupils</td>
</tr>
<tr>
<td></td>
<td>Total number of employees</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOTELS/MOTELS</th>
<th>Any food service available? (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of rooms</td>
</tr>
<tr>
<td></td>
<td>Total number of employees</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESTAURANT</th>
<th>Is the restaurant open 24 hours/day?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is the restaurant along a freeway?</td>
</tr>
<tr>
<td></td>
<td>Is the restaurant considered a “Fast Food” Restaurant? (Yes/No)</td>
</tr>
<tr>
<td></td>
<td>Total number of employees</td>
</tr>
<tr>
<td></td>
<td>Number of seats</td>
</tr>
<tr>
<td></td>
<td>Is this a seafood restaurant that boils?</td>
</tr>
<tr>
<td></td>
<td>If yes, does the boil water enter the sanitary treatment plant?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHURCH</th>
<th>Does the church have a kitchen?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of sanctuary seats</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RETAIL SHOPPING CENTER</th>
<th>Total number of employees</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>VIDEO POKER</th>
<th>Number of machines</th>
</tr>
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<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>Number of beds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of employees</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NURSING HOME</th>
<th>Total number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total number of employees</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SHOWERS</th>
<th>Number of individual showers</th>
</tr>
</thead>
</table>

11. If your facility is not listed above, please give a detailed description including the number of units, number of employees/residents, etc.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
SECTION I - FACILITY INFORMATION (cont.)

12. If this facility is a shopping center, list the types of businesses, square footage of the shopping center, and total number of employees served by the treatment facility.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

SECTION II - TREATMENT INFORMATION

A. Treatment Facility Information

1. What type of treatment system serves this facility? (i.e. aerated treatment system, septic system, or oxidation pond)

________________________________________________________________________

What disinfection method does the facility utilize?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. If this treatment plant receives any wastewater other than sanitary, list the source(s) and amounts.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Are any indirect discharges introduced into the treatment facility (septic hauled wastes, port-o-let wastes, etc.)? Please note that acceptance of hauled sewage sludge may prohibit coverage under a general sanitary permit.

☐ Yes  ☐ No

If yes, provide the following for each indirect discharger:

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>Type of Waste</th>
<th>Average Daily Flow in GPD</th>
<th>Current LDEQ Hauler's License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
SECTION III - DISCHARGE INFORMATION

A. Discharges requiring approval from the US Fish and Wildlife Service:
Discharges to certain sensitive waters deemed important for the conservation of threatened and endangered species require approval from the US Fish and Wildlife Service prior to eligibility for automatic coverage under the general permit. You must consult the attached GUIDANCE DOCUMENT FOR DETERMINING IF YOUR DISCHARGE(S) REQUIRE PRIOR APPROVAL FROM THE FISH AND WILDLIFE SERVICE

After consultation with the attached guidance document, please check the appropriate statement:

☐ I have determined that the discharge(s) will not enter sensitive waters and that I do not need to obtain approval from the US Fish and Wildlife Service prior to submittal for coverage under this general permit.

☐ I have determined that the discharge(s) will enter sensitive waters. I have obtained the necessary approval from the US Fish and Wildlife Service and a copy of that approval is attached.

B. Discharges Requiring Approval from the Louisiana State Historic Preservation Officer:
If this NOI is being completed for a facility that has not yet been cleared or excavated, you should contact the Section 106 Review Coordinator in the Office of Cultural Development, Archaeology Division (P. O. Box 44247, Baton Rouge, LA 70804 or telephone (225) 342-8170) to determine if construction activities or the proposed discharges will adversely affect properties listed or eligible for listing in the National Register of Historic Places.

☐ This is an existing facility and no construction activities related to this NOI are proposed.

☐ This is a proposed facility and construction activities are not yet complete. I have not obtained approval from the State Historic Preservation Officer for the proposed construction activities. Please refer to the permit for instructions related to additional permitting requirements for storm water discharges related to construction activities.

☐ This is a proposed facility and construction activities are not yet complete but I have obtained approval from the State Historic Preservation Officer for the proposed construction activities. (Submit a copy of the approval letter with your NOI.) Please refer to the permit for instructions related to additional permitting requirements for storm water discharges related to construction activities.

C. Complete this section for each discharge outfall. Outfalls are discharge points. An external outfall is a discrete discharge point beyond which the waste stream receives no further mixing with other waste streams prior to discharging into a receiving waterbody. An internal outfall is an outfall for a waste stream that combines with other waste stream(s) before discharging into an "external" outfall. Make additional copies for each outfall.

1. Outfall Identification. Provide a description of all the wastewater types to the effluent.
(ex: Outfall 001 – sanitary wastewater – 5,000 gpd)

The average flow reported below relates solely to discharge flow, not treatment system size requirements. The Louisiana Department of Health and Hospitals uses additional criteria including, but not limited to, biological loading to determine design capacity requirements which may differ from the discharge flow.

<table>
<thead>
<tr>
<th>Outfall No.</th>
<th>Wastewater Type</th>
<th>Average Flow (gpd)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
SECTION III - DISCHARGE INFORMATION (Cont.)

2. Outfall Location. Provide a description of the physical location for each outfall.

________________________________________________________________________________________

3. Latitude/Longitude of Discharge Point:
   Latitude-____ deg. ____ min. ____ sec.  Longitude-____ deg. ____ min. ____ sec.
   Method of Coordinate Determination: _______________________________________________________
      (Quad Map, Previous Permit, website, GPS)

4. If a new discharge, when do you expect to begin discharging? ________________________________

5. Indicate how the wastewater reaches state waters (named water bodies). This will usually be either
directly, by open ditch (if it is a highway ditch, indicate the highway), or by pipe. Please specifically
name all of the minor water bodies that your wastewater will travel through on the way to a
major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river
mile of discharge point if available.
   By __________________________ (effluent pipe, ditch, etc.);
   thence into __________________________ (parish drainage ditch, canal, etc.);
   thence into __________________________ (named bayou, creek, stream, etc.);
   thence into __________________________ (river, lake, etc.).

If this section is left blank, or specifically name waterbody and/or discharge point coordinates
are not included, this application will not be accepted as complete.

6. If the discharge is intermittent or seasonal, please complete the following table.

<table>
<thead>
<tr>
<th>Frequency of Flow (average)</th>
<th>Flow Rate (mgd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Months per Year</td>
<td></td>
</tr>
<tr>
<td>Number of Days per Week</td>
<td></td>
</tr>
<tr>
<td>Number of Hours per Day</td>
<td></td>
</tr>
<tr>
<td>Long Term Avg.</td>
<td></td>
</tr>
<tr>
<td>Daily Maximum</td>
<td></td>
</tr>
</tbody>
</table>

SECTION IV – COMPLIANCE HISTORY

A. Report the history of all violations and enforcement actions for this facility and all other facilities
   owned or operated by this applicant, a summary of all permit excursions including effluent
   violations reported on the facility’s Discharge Monitoring Reports (DMRs) and bypasses for the last
   three years. Using a brief summary, report on the current status of all administrative orders,
   compliance orders, notices of violation, cease and desist orders, and any other enforcement
   actions either already resolved within the past 3 years or currently pending. The state
   administrative authority may choose, at its discretion, to require a more in-depth report of violations
   and compliance actions for the applicant covering any law, permit, or order concerning pollution at
   this or any other facility owned or operated by the applicant. Please attach the report to this
   application.
SECTION V – LAC 33:I.1701 REQUIREMENTS

A. Does the company or owner have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in other states? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)

☐ Permits in Louisiana. List Permit Numbers: ____________________________

☐ Permits in other states (list states): ____________________________

☐ No other environmental permits.

B. Do you owe any outstanding fees or final penalties to the Department?  ☐ Yes  ☐ No

If yes, please explain. __________________________________________

C. Is your company a corporation or limited liability company?  ☐ Yes  ☐ No

If yes, is the corporation or LLC registered with the Secretary of State?  ☐ Yes  ☐ No

If yes, attach a copy of your company's Certificate of Registration and/or Certificate of Good Standing from the Secretary of State.

SECTION VI – MAPS/DIAGRAMS

A. Site Diagram. Attach to this NOI a complete site diagram of your facility showing the boundaries of your facility, the location of all buildings and/or storage areas, the location of treatment units (such as settling basins, oxidation ponds, sewage treatment plants), and demonstrate how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points). Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram. The diagram does not need to be drawn to scale.

B. Topographic Map. Attach to this NOI a map or a copy of a section of the map which has been highlighted to show the path of your wastewater from your facility to the first named water body. Include on the map the area extending at least one mile beyond your property boundaries. Indicate the outline of the facility, the location of each of its existing and proposed discharge structures.

A U.S.G.S. 1:24,000 scale map (7.5’ Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works. Maps can also be obtained online at http://map.deq.state.la.us/. Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at:

1201 Capitol Access Road
Baton Rouge, LA 70802
(225) 379-1107
maps@dotd.louisiana.gov

IF A SITE DIAGRAM AND A TOPOGRAPHIC MAP ARE NOT INCLUDED THIS APPLICATION WILL NOT BE ACCEPTED AS COMPLETE
SECTION VII – SITE HISTORY

A. If this is an existing system, date operations began at this site:

B. Is the current operator the original operator?  

☐ Yes  ☐ No

If no, give a reverse chronological list of previous operators. Include the company name and telephone number (if available), and the dates through which the company operated this facility.

<table>
<thead>
<tr>
<th>Company</th>
<th>Dates of Operation</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
</tr>
</tbody>
</table>
According to the Louisiana Water Quality Regulations, LAC 33:IX.2503, the following requirements shall apply to the signatory page in this application:

Chapter 25.  Permit Application and Special LPDES Program Requirements

2503.  Signatories to permit applications and reports

A.  All permit applications shall be signed as follows:

1.  For a corporation - by a responsible corporate officer.  For the purpose of this Section responsible corporate officer means:

   (a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or

   (b) The manager of one or more manufacturing, production, or operating facilities provided: the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken together complete and accurate information for permit application requirements; and the authority to sign documents has been assigned or delegated to the manager in accordance with corporation procedures.

NOTE:  LDEQ does not require specific assignments or delegations of authority to responsible corporate officers identified in the Permit Standard Conditions, Section D.10.a.(1)(a).  The agency will presume that these responsible corporate officers have the requisite authority to sign permit applications unless the corporation has notified the state administrative authority to the contrary.  Corporate procedures governing authority to sign permit applications may provide for assignment or delegation to applicable corporate positions under Permit Standard Conditions, Section D.10.a.(1)(b) rather than to specific individuals.

2.  For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or

3.  For a municipality, state, federal or other public agency – by either a principal executive officer or ranking elected official.  For the purposes of this section a principal executive officer of a federal agency includes:

   (a)  The chief executive officer of the agency, or

   (b)  A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

B.  All reports required by permits and other information requested by the state administrative authority shall be signed by a person described in Permit Standard Conditions, Section D.10.a., or by a duly authorized representative of that person.  A person is a duly authorized representative only if:

1.  The authorization is made in writing by a person described in Permit Standard Conditions, Section D.10.a.

2.  The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, operator of a well or well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental
matters for the company, (a duly authorized representative may thus be either a named individual or any individual occupying a named position); and

3. The written authorization is submitted to the state administrative authority.

C. Changes to authorization. If an authorization under Permit *Standard Conditions, Section D.10.b* is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of *Section D.10.b* must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.

D. Any person signing any document under Permit *Standard Conditions, Section D.10.a. or b* shall make the following 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, 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."

**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 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, 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**

**Federal Tax ID**
CHECKLIST

To prevent any unnecessary delay in the processing of your notice of intent to be covered under the general permit, please take a moment and check to be certain that the following items have been addressed and enclosed:

1. **ALL** questions and requested information have been answered (N/A only if the question or information was not applicable).
2. **ALL** required maps, drawings, lab analysis, and other reports are enclosed.
   - Site Map
   - Topographical Map
   - Compliance History Report
   - LDH Wastewater Approval Letter
3. The **appropriate** person has signed the signatory page. **If an unauthorized representative of the facility signs the application, the application will not be processed.**
4. Please forward the original and one copy of this NOI and all attachments.

**ANY NOI THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. NOI PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.**

**NOTE:** **UPON RECEIPT AND SUBSEQUENT REVIEW OF THE NOI BY THE PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.**
GUIDANCE DOCUMENT
FOR DETERMINING IF YOUR DISCHARGE(S) REQUIRE PRIOR APPROVAL FROM THE US FISH AND WILDLIFE SERVICE

If discharges from your operation will enter any of the segments listed below in the Lake Pontchartrain, Pearl River, Vermilion-Teche, Red River, or Ouachita River Basins then a copy of your NOI must be submitted to the US Fish and Wildlife Service for their approval PRIOR TO SUBMITTAL TO LDEQ. Discharges into the subsegments listed below will be automatically authorized by LDEQ only if you have received comments from the US Fish and Wildlife Service. You must attach a copy of their comments to your NOI in order to be automatically authorized to discharge under this general permit.

Your request to the US Fish and Wildlife Service should be directed to:

Fish and Wildlife Service
646 Cajundome Boulevard
Suite 400
Lafayette LA 70506
(337) 291-3100

You must submit a copy of your correctly completed NOI, including a copy of the topographic map depicting the proposed location of the facility, each outfall number and location, and the route that discharges will flow from the facility to the nearest receiving water body.

ATCHAFALAYA RIVER BASIN:
Atchafalaya River Headwaters and Floodplain – from Old River Control Structure to Simmesport; includes Old River Diversion Channel, Lower Red River, Lower Old River
Atchafalaya River Mainstem – from Simmesport to Whiskey Bay Pilot Channel at mile 54
Lower Atchafalaya Basin Floodway – from Whiskey Bay Pilot Channel at mile 54 to US Hwy 90 bridge in Morgan City; includes Grand Lake and Six Mile Lake
Intracoastal Waterway (ICWW) – Morgan City-Port Allen Route from Bayou Sorrel Lock to Morgan City
Atchafalaya River – from ICWW south of Morgan City to Atchafalaya Bay; includes Sweetwater Lake and Bayou Shaffer
Wax Lake Outlet – from US Hwy 90 bridge to Atchafalaya Bay; includes Wax Lake
Intracoastal Waterway – from Bayou Boeuf Lock to Bayou Sale; includes Wax Lake Outlet to US Hwy 90

CALCASIEU RIVER BASIN:
No US Fish and Wildlife Service coordination required

LAKE PONTCHARTRAIN BASIN:
Comite River – from Wilson-Clinton Highway to White Bayou
Comite River – from White Bayou to Amite River
Amite River – from Mississippi state line to LA 37
Colyell Creek; includes tributaries and Colyell Bay
Blind River – from Amite River Diversion Canal to mouth at Lake Maurepas
Amite River – from LA 37 to Amite River Diversion Canal
Amite River – from Amite River Diversion Canal to Lake Maurepas
Gray’s Creek – from headwaters to Amite River
Amite River Diversion Canal – from Amite River to Blind River
Blind River – from headwaters to Amite River Diversion Canal
Tickfaw River – from Mississippi state line to LA 42
Tickfaw River – from LA 42 to Lake Maurepas
Natalbany River – from headwaters to Tickfaw River
Ponchatoula Creek
Ponchatoula River
Pass Manchac – from Lake Maurepas to Lake Pontchartrain
Lake Maurepas
South Slough; includes Anderson Canal to I-55 borrow pit
Tangipahoa River – from Mississippi state line to I-12
Tangipahoa River – from I-12 to Lake Pontchartrain
Big Creek – from headwaters to Tangipahoa River
Chappepeela Creek – from LA 1062 to Tangipahoa River
Tchefuncte River – from headwaters to Bogue Falaya River; includes tributaries
Tchefuncte River – from Bogue Falaya River to LA 22
Tchefuncte River – from LA 22 to Lake Pontchartrain
Bogue Falaya River – from headwaters to Tchefuncte River
Bayou LaCombe – from headwaters to US 190
Bayou LaCombe – from US 190 to Lake Pontchartrain
Bayou Cane – from US 190 to Lake Pontchartrain
Bayou Liberty – from headwaters to LA 433
Bayou Liberty – from LA 433 to Bayou Bonfouca
Bayou Bonfouca – from LA 433 to Lake Pontchartrain
Salt Bayou – from headwaters to Lake Pontchartrain
Lake Pontchartrain – West of US 11 bridge
Lake Pontchartrain – East of US 11 bridge
The Rigolets
Bayou Sauvage – from New Orleans hurricane protection level to Chef Menteur Pass; includes Chef Menteur Pass
Intracoastal Waterway – from Chef Menteur Pass to Lake Borgne
Lake St. Catherine
Lake Borgne
Bayou La Loutre – from MRGO to Eloi Bay
Chandeleur Sound
Bay Boudreau
Drum Bay
Morgan Harbor
Eloi Bay
Bogue Falaya River – from the headwaters to the Tchefuncte River
Bayou Cane – from U.S. Highway 190 to Lake Pontchartrain
Amite River – LA Highway 37 to the Amite River Diversion Canal

MERMENTAUX RIVER BASIN:
No US Fish and Wildlife Service coordination required
VERMILION-TECHE RIVER BASIN:
Bayou Boeuf – Headwaters to Bayou Courtableau
Irish Ditch/Big Bayou – unnamed ditch to Irish Ditch No. 1 to Big Bayou to Irish Ditch No. 2 to Bayou Rapides

MISSISSIPPI RIVER BASIN:
Mississippi River – from Arkansas state line to Old River Control Structure
Mississippi River – from Old River Control Structure to Monte Sano Bayou
Mississippi River – from Monte Sano Bayou to Head of Passes
Thompson Creek – from Mississippi state line to Mississippi River

OUACHITA RIVER BASIN:
Bayou Bartholomew – Arkansas State Line to Dead Bayou (Lake Bartholomew)

PELICAN RIVER BASIN:
Bogue Chitto River – from the Mississippi River State Line to the Pearl River Navigation Canal
Thigpen Creek – from the headwaters to the Bogue Chitto River
Pearl River – from Mississippi state line to Pearl River Navigation Canal
East Pearl River – from Holmes Bayou to I-10
East Pearl River – From I-10 to Lake Borgne
Pearl River Navigation Canal – from Pools Bluff to Lock No. 3
Holmes Bayou – from Pearl River to West Pearl River
Pearl River – From Pearl River Navigation Canal to Holmes Bayou
West Pearl River – from headwaters to Holmes Bayou
West Pearl River – from Holmes Bayou to the Rigolets; includes east and west mouths
Morgan River – from Porters River to West Pearl River
Lower Bogue Chitto – from Pearl River Navigation Canal to Wilson Slough
Pearl River Navigation Canal – from below Lock No. 3
Wilson Slough – from Bogue Chitto to West Pearl River
Bradley Slough – from Bogue Chitto to West Pearl River
Middle Pearl River and West Middle Pearl River – from West Pearl River to Little Lake
Morgan Bayou – from headwaters near I-10 to Middle River
Little Lake
Pushepatapa Creek – from headwaters and tributaries at Mississippi state line to Pearl River floodplain
Bogue Lusa Creek – from headwaters to Pearl River floodplain
Bogue Chitto River – from Mississippi state line to Pearl River Navigation Canal
Thigpen Creek – from headwaters to Bogue Chitto River

RED RIVER BASIN:
Red River – from US Hwy 165 to Old River Control Structure Outflow Channel
Rigolette Bayou – from headwaters to the Red River Iatt Lake

SABINE RIVER BASIN:
No US Fish and Wildlife Service coordination required

TERREBONNE BASIN:
No US Fish and Wildlife Service coordination required