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](http://www.deq.louisiana.gov/portal/tabid/1674/Default.aspx).
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 □ 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  
________________________________________