

**DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES**

**NOTICE OF INTENT (NOI)**

to Obtain Coverage Under the SWD General Permit for Water Treatment and Distribution System

Return to: SD Department of Agriculture and Natural Resources  
Surface Water Quality Program  
523 East Capitol Avenue  
Pierre, SD 57501  
Telephone: (605) 773-3351

**PLEASE PRINT OR TYPE**

**I. Type of Permit Requested:** Check the appropriate response:

Water Treatment Plant (DW1)  Water Distribution System (DW2)  Both

**II. Primary Contact Information:**  Owner  Operator  Contractor

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsible Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**III. Secondary Contact Information:** *(If different from above)*

Owner  Operator  Contractor

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsible Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**IV. Facility/Site Information:** *(Physical description of facility/site activities)*

**DW1** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DW2** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach additional sheets if necessary

**V. Receiving Waters:**

Please list all possible receiving waters of the discharge (if discharging to a Municipal Storm Sewer, indicate which municipality and the ultimate receiving water) or a map with the information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Please place points of withdrawal and discharge on a topographic map, or other map if a topographic map is unavailable. This map should show potential discharge locations and the names of all potential receiving streams.

**VI. Operational History:**

Date Constructed: \_\_\_\_\_

Operational Start-up: \_\_\_\_\_

VII. Is there any reason to believe that the discharge may contain any pollutant other than those limited in the permit (i.e. TSS, pH, Chlorine, and ammonia)?  Yes  No

If yes, list any additional pollutants that may be present:

**NOTE:** Attach any analytical data or Material Safety Data Sheets that indicate levels of pollutants present in water to be discharged.

VIII. **Best Management Practices Plan:**

A. Has the facility written a Best Management Practices plan in lieu of sampling for TSS and Total Residual Chlorine?

Yes  No

B. Brief description of best management practices being used in lieu of sampling:

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IX. **Existing Environmental Permits:**

Please check all other Environmental Permits which are held by this facility/activity. Include permit numbers in the space provided:

SWD or NPDES (Discharges to Surface Water) \_\_\_\_\_

UIC (Underground Injection of Fluids) \_\_\_\_\_

RCRA (Hazardous Wastes) \_\_\_\_\_

PSD (Air Emissions from Proposed Sources) \_\_\_\_\_

PWSSS ID \_\_\_\_\_

Other (please specify) \_\_\_\_\_

X. List other information which you feel should be brought to the attention of the SDDENR regarding coverage under this general permit.

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Attach additional sheets if necessary.

XI. **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 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 revocation of the permit and the possibility of fine and imprisonment for knowing violations. In addition, I certify that I am aware of the terms and conditions of the General Water Treatment and Distribution Systems permit and I agree to comply with those requirements.

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



*consideration of the application may be suspended and the application may be rejected as provided for under this section.*

*Applications rejected pursuant to this section constitute final agency action upon that application and may be appealed to circuit court as provided for under chapter 1-26.”*

I certify pursuant to 1-41-20, that as an applicant, officer, director, partner, or resident general manager of the activity or facility for which the application has been made that I; a) have not intentionally misrepresented a material fact in applying for a permit; b) have not been convicted of a felony or other crime of moral turpitude; c) have not habitually and intentionally violated environmental laws of any state or the United States which have caused significant and material environmental damage; (d) have not had any permit revoked under the environmental laws of any state or the United States; or e) have not otherwise demonstrated through clear and convincing evidence of previous actions that I lack the necessary good character and competency to reliably carry out the obligations imposed by law upon me. I also certify that this application does not substantially duplicate an application by the same applicant denied within the past five years which denial has not been reversed by a court of competent jurisdiction. Further;

*“I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.”*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant (print)

\_\_\_\_\_  
Applicant (signature)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public (signature)

My commission expires: \_\_\_\_\_

(SEAL)

**PLEASE ATTACH ANY ADDITIONAL INFORMATION NECESSARY TO DISCLOSE ALL  
FACTS AND DOCUMENTS PERTAINING TO  
SDCL 1-41-20 (1) (a) THROUGH (e).  
ALL VIOLATIONS MUST BE DISCLOSED, BUT WILL NOT AUTOMATICALLY  
RESULT IN THE REJECTION OF AN APPLICATION**