NPDES FORM 3510-9



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460 NOTICE OF INTENT (NOI) FOR STORMWATER DISCHARGES ASSOCIATED WITH CONSTRUCTION ACTIVITY UNDER AN NPDES GENERAL PERMIT

Form Approved. OMB Nos. 2040-0004

Submission of this Notice of Intent (NOI) constitutes notice that the operator identified in Section II of this form requests authorization to discharge pursuant to the NPDES Construction General Permit (CGP) permit number identified in Section I of this form. Submission of this NOI also constitutes notice that the operator identified in Section II of this form meets the eligibility requirements of Parts 1.1 and 1.2 of the CGP for the project identified in Section III of this form. Permit coverage is required prior to commencement of construction activity until you are eligible to terminate coverage as detailed in Part 8 of the CGP. To obtain authorization, you must submit a complete and accurate NOI form. Discharges are not authorized if your NOI is incomplete or inaccurate or if you were never eligible for permit coverage. Refer to the instructions at the end of this form.

. Approval to Use Paper N	IOI	Form	
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Have you been given approval from the Regional Office to use this paper NOI form*?

Yes NO

If yes, provide the reason you need to use this paper form, the name of the EPA Regional Office staff person who approved your use of this form, and the date of approval:

Reason for using paper form:

Name of EPA staff person:

Date approval obtained:

' Note: You are required to obtain approval from the applicable Regional Office prior to using this paper NOI form.

II. Permit Information: Tracking Number (EPA Use Only) NMR12BI16

Permit Number: NMR120000 (see Appendix B of the CGP for the list of eligible permit numbers)

III. Operator Information

Name: Guardian Storage II, LLC

Phone: 505-450-6385 Fax (Optional):

Email: pdhedges@hotmail.com

IRS Employer Identification Number (EIN):

Point of Contact (First Name, Middle Initial, Last Name): Paul Hedges

Mailing Address:

Street: 7501 Holly Ave. NE

City: $\underline{\text{ALbuquerque}}$ State: $\underline{\text{NM}}$ Zip: $\underline{\text{87113}}$

NOI Preparer (Complete if NOI was prepared by someone other than the certifier):

Prepared by (First Name, Middle Initial, Last Name): Jeff Kubisak

Organization: INSPECTIONS PLUS INC

Phone: (505) 344-9410 Fax (Optional):

E-mail: jeff@inspectionsplusinc.com

IV. Project/Site Inform	ation									
Project/Site Name: Guardi	an Storage, Unser & McMah	non								
Project/Site Address:										
Street/Location:										
City: Albuquerque		State: NM	Zip: <u>8711</u> 4	<u>4</u>						
County or similar governme	ent subdivision: Bernalillo									
For the project/site for which you are seeking permit coverage, provide the following information:										
Latitude/Longitude (Use on	e of three possible formats,	and specify method)								
Latitude 1	_ N(de	egrees, minutes, seconds)	Longitude 1	W(de	egrees, minutes, seconds)					
2 3. 35.2156	=	egrees, minutes, decimal)	2 3. 106.6964	`	egrees, minutes, decimal)					
Latitude/Longitude Data So	14(40	egrees, decimals) cal map EPA Web Site	O	· · · · · · · · · · · · · · · · · · ·	egrees, decimals) Other: Google Earth					
If you used a U.S.G.S. topographic map, what was the scale?										
Horizontal Reference Datu	m: NAD 27	NAD 83 or WGS 84	Jnknown							
Is your project located in In	dian Country lands?	Yes N	No							
If yes, provide the name of the Indian tribe associated with the area of Indian country (including name of Indian reservation, if applicable), or if not in Indian country, provide the name of the Indian tribe associated with the property:										
Are you requesting coverag	ge under this NOI as a "fede	ral operator" as defined in A	ppendix A?	Y	es No					
Estimated Project Start Date	te: 07/01/2016	Estimated Proje	ect Completion Date: 05/31/2	017						
Estimated Area to be Distu	rbed (to the nearest quarter	acre): 2.25								
Have earth-disturbing activ	ities commenced on your pro	oject/site?		Y	es No					
If yes, is your proje	Y	es No								
Have stormwater d	Y	es No								
If yes, provide the Tracking Number if you had coverage under EPA's CGP or the NPDES permit number if you had coverage under an EPA individual permit:										
V. Discharge Informat	ion									
-	narge stormwater into a Mun	nicipal Separate Storm	Yes No							
Sewer System (MS4)?										
Are there any surface waters within 50 feet of your project's earth disturbances? Yes No										
Receiving Waters and We	etlands Information: (Attac	h a separate list if necessa	ary)							
Surface water(s) to which discharge	Impaired Water	Listed Water Pollutant(s)	Tier 2, 2.5 or 3	Source	TMDL Name and Pollutant					
Calabacillas Arroyo	No		No	2014-2016 NM303(d) List						
Describe the methods you used to complete the above table: Please refer to the Source(s) in the above table.										
VI. Chemical Treatmen	nt Information									
Will you use polymers, floc	culants, or other treatment c	hemicals at your constructio	n site?	Y	es No					
If yes, will you use	cationic treatment chemicals	s* at your construction site?		Y	es No					
If yes, have you be filing your NOI*?	en authorized to use cationio	c treatment chemicals by you	ur applicable EPA Regional (Office in advance of Y	es No					

EPA Form 3510-9 Status: Active Page: 2 of 4

If you have been authorized to use cationic treatment chemicals by your applicable EPA Regional Office, attach a copy of your authorization letter and include documentation of the appropriate controls and implementation procedures designed to ensure that your use of cationic treatment chemicals will not lead to a violation of water quality standards.

Please indicate the treatment chemicals that you will use:

X. Certification Information

* Note: You are in coverage under th chemicals will not	his permit	t after you	have include	ded appr	ropriate control	otify your ols and im	applicable E plementation	PA Regi n proced	onal Off ures des	ice in a signed t	dvance o ensur	and th re that	e EPA (your us	e of cat	uthorizes ionic treatmer
VII. Stormwater Pollu	ution Pr	evention	n Plan (SV	/PPP) I	Information										
Has the SWPPP been pre	epared in	advance	of filing this	NOI?				,	Yes	No					
SWPPP Contact Informa	ation:														
First Name, Middle Initial,	Last Na	me: <u>Paul</u>	Hedges												
Organization: Guardian S	Storage II	, LLC													
Phone: <u>505-450-6385</u>								Fax (C	Optional)	:					
E-mail:															
VIII. Endangered Spe	ecies Pr	otection	ı												
Using the instructions in A	Appendix	D of the C	CGP, under	which cr	riterion listed in	n Append	lix D are you	u eligible	for cove	rage ur	nder this	s perm	it (only	check 1	box)?
A B C	D	E	F												
Provide a brief summary of Service, specific study):US	of the bas SF&WS	sis for crite Endanger	erion selecti ed Species,	on listed Bernalil	d in Appendix D llo Co NM-Rep	D (e.g., co	ommunicatio	on with U	.S. Fish	and Wi	Idlife Se	ervice (or Natio	nal Mar	ine Fisheries
If you select criterion B, p	rovide th	e Tracking	g Number fro	om the o	other operator's	s notificat	tion of autho	orization u	under th	is perm	it:				
If you select criterion C, yo	ou must	attach a c	opy of your	site map	p (see Part 7.2.	2.6 of the	permit), and	l you mus	st answe	er the fo	llowing	questi	ons:		
What federally-list Flycatcher	ted speci	es or fede	rally-design	ated crit	tical habitat are	e located	in your "acti	ion area"	: NM Ju	mping I	Mouse,	Silvery	/ Minno	w, SW \	Willow
What is the distan	nce betwe	en your s	ite and the	listed sp	pecies or critica	al habitat	(miles): 5.1								
If you select criterion D, E Service.	i, or F, at	tach copie	es of any let	ters or o	other communic	cations b	etween you	and the l	J.S. Fisl	n and V	Vildlife S	Service	or Nati	ional Ma	arine Fisheries
IX. Historic Preserva	ition														
Is your project/site located		operty of r	eligious or o	cultural s	significance to	an Indiar	n tribe?						•	Yes	No
If yes, provide the I	name of	the Indian	tribe assoc	iated wit	th the property	/ :									
Are you installing any stor	rmwater	controls as	s described	in Appe	endix E that req	quire subs	surface earth	h disturba	ance? (A	Append	x E, Ste	ep 1)	,	Yes	No
If yes, have prior su disturbances have								oric prope	erties do	not ex	ist, or th	nat pric	or ·	Yes	No
If no, have y historic prop				lation of	f subsurface ea	arth-distu	rbing stormv	water cor	ntrols wil	l have r	no effec	t on	,	Yes	No
days	to indica	te whethe	IPO, or other the subsupendix E, S	rface eai	representative (arth disturbance	(whichev es cause	er applies) r d by the inst	respond t tallation o	o you w of storm	ithin the vater co	: 15 cale ontrols a	endar affect	,	Yes	No
	If yes,	describe t	he nature o	f their re	esponse:										
		itten indica	ation that ac	dverse e	effects to histori	ric proper	ties from the	e installat	ion of st	ormwat	er contr	rols ca	n be mi	tigated I	by agreed upo
		agreemei ntrols.	nt has been	reached	d regarding me	easures t	o mitigate ef	ffects to h	nistoric p	properti	es from	the ins	stallatio	n of stor	rmwater
	Oth	ner:													

EPA Form 3510-9 Page: 3 of 4 Status: Active

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 gathered and evaluated 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.

First Name, Middle Initial, Last Name: Paul Hedges

Title: Managing Member

Signature: Date: Friday, May 20, 2016

E-mail: pdhedges@hotmail.com

EPA Form 3510-9 Status: Active Page: 4 of 4