

## 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.

## I. Approval to Use Paper NOI Form

NPDES

FORM 3510-9

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NO

Yes

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) NMR12AL78 Permit Number: NMR120000 (see Appendix B of the CGP for the list of eligible permit numbers) **III.** Operator Information Name: T.A. COLE & SONS, INC. Phone: 505-898-8698 Fax (Optional): 505-898-2533 Email: AGARCIA@TACOLESONS.COM IRS Employer Identification Number (EIN): 68-0528951 Point of Contact (First Name, Middle Initial, Last Name): ANTONIO GARCIA Mailing Address: Street: POB 10660 City: ALBUQUERQUE State: NM Zip: 87184 NOI Preparer (Complete if NOI was prepared by someone other than the certifier): Prepared by (First Name, Middle Initial, Last Name): GRAEME MEANS Organization: HIGH MESA CONSULTING GROUP Phone: 505-345-4250 Fax (Optional): 505-345-4254

E-mail: GMEANS@HIGHMESACG.COM

IV. Project/Site Inform	ation							
Project/Site Name: DEL N	ORTE HIGH SCHOOL							
Project/Site Address:								
Street/Location: 5323 MON	NTGOMERY BLVD NE							
City: <u>ALBUQUERQUE</u>		State: <u>NM</u>	Zip: <u>8710</u>	09				
County or similar governme	ent subdivision: Bernalillo							
For the project/site for wh	nich you are seeking perm	it coverage, provide the fol	llowing information:					
Latitude/Longitude (Use on	e of three possible formats,	and specify method)						
Latitude 1. <u>35,0,5</u> 2 3	N(de	egrees, minutes, seconds) egrees, minutes, decimal) egrees, decimals)	Longitude 1. <u>106,3</u> 2 3	W(de	•	ninutes, seconds) ninutes, decimal) lecimals)		
Latitude/Longitude Data Sc	ource: U.S.G.S topographic	cal map EPA Web Site	GPS	Oti	her: GOO0	GLE EARTH		
If you used a U.S.G	S.S. topographic map, what	was the scale?						
Horizontal Reference Datur	m: NAD 27	NAD 83 or WGS 84 L	Inknown					
Is your project/site located	in Indian Country lands, or lo	ocated on a property of religion	ous or cultural significance	to an Indian tribe?	Yes	No		
If yes, provide the r country, provide the	name of the Indian tribe asso e name of the Indian tribe as	ociated with the area of India sociated with the property:	n country (including name o	of Indian reservation, if applic	able), or	if not in Indian		
Are you requesting coverage	ge under this NOI as a "fede	ral operator" as defined in Ap	opendix A?	Y	es	No		
Estimated Project Start Dat	e: 06/17/2013	Estimated Proje	ct Completion Date: 06/16/	2014				
Estimated Area to be Distu	rbed (to the nearest quarter	acre): 5.25						
Have earth-disturbing activity	ities commenced on your pr	oject/site?		Y	es	No		
If yes, is your proje	ct an emergency-related pro	ject?		Y	es	No		
Have stormwater d	ischarges from your project/	site been covered previously	under an NPDES permit?	Y	es	No		
lf yes, provide permit: NMR1	e the Tracking Number if you 2A584	I had coverage under EPA's	CGP or the NPDES permit	number if you had coverage	under an	n EPA individual		
V. Discharge Informat	ion							
Does your project/site disch Sewer System (MS4)?	narge stormwater into a Mur	icipal Separate Storm	Yes No					
Are there any surface wate	rs within 50 feet of your proj	ect's earth disturbances?	Yes No					
Receiving Waters and We	tlands Information: (Attac	h a separate list if necessa	iry)					
Surface water(s) to which discharge	Impaired Water	Listed Water Pollutant(s)	Tier 2, 2.5 or 3	Source	TMDL N Polluta	lame and nt		
RIO GRANDE	No		No	2012-2014 STATE OF NM WQCC-APPROVED CWA 303(b) Integrated List				
Describe the methods you	used to complete the above	table: Please refer to the So	urce(s) in the above table.					
VI. Chemical Treatmen	nt Information							
Will you use polymers, floce	Will you use polymers, flocculants, or other treatment chemicals at your construction site? Yes No							
If yes, will you use cationic treatment chemicals* at your construction site? Yes No								
If yes, have you be filing your NOI*?	If yes, have you been authorized to use cationic treatment chemicals by your applicable EPA Regional Office in advance of Yes No filing your NOI*?							

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:

\* Note: You are ineligible for coverage under this permit unless you notify your applicable EPA Regional Office in advance and the EPA office authorizes coverage under this permit after you have included 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.

VII. Stormwater Pollution Prevention Plan (SWPPP) Information									
Has the SWPPP been prepared in advance of filing this NOI? Yes No						No			
SWPPF	P Contact	Informatio	on:						
First Na	ame, Midd	le Initial, La	ast Name	: <u>Antoni</u>	o Garcia				
Organiz	zation: <u>T./</u>	A. Cole & S	ons, Inc.						
Phone:	505-898-	8698						Fax (Optional):	505-898-2533
E-mail:	agarcia@	tacoleson	s.com						
VIII. E	Indange	ed Speci	es Prot	ection					
Using tl	he instruct	ions in App		of the C	GP, under	which criterion liste	ed in Appendix D a	re you eligible for cover	rage under this permit (only check 1 box)?
A	В	С	D	Е	F				
Provide Service	a brief su , specific s	mmary of t study):Req	he basis uest for Ir	for crite	ion selecti on on Thre	on listed in Append atened or Endange	dix D (e.g., commu ered Species Lette	nication with U.S. Fish r sent to Wally Murphy,	and Wildlife Service or National Marine Fisheries US DOI Fish & Wildlife Services
lf you s	elect crite	ion B, prov	ide the T	racking	Number fro	om the other opera	ator's notification of	authorization under thi	s permit:
lf you s	elect crite	ion C, you	must atta	ach a co	py of your	site map (see Part	7.2.6 of the permit	t), and you must answe	r the following questions:
	What fede	erally-listed	species	or feder	ally-design	nated critical habitat	t are located in you	ur "action area":	
	What is th	ne distance	between	your sit	e and the	listed species or cri	itical habitat (miles	):	
lf you s Service		ion D, E, o	r F, attac	h copies	of any let	ters or other comm	nunications betwee	n you and the U.S. Fish	n and Wildlife Service or National Marine Fisheries

IX. Historic Preservation								
Are you installing any stormwate	Yes	No						
If yes, have prior surveys disturbances have preclu	Yes	No						
If no, have you de historic properties	Yes	No						
If no, did th days to ind historic pro	Yes	No						
lf ye	es, describe the nature of their response:							
	Written indication that adverse effects to historic properties from the installation of stormwater controls can be actions.							
No agreement has been reached regarding measures to mitigate effects to historic properties from the installation of stormwa controls.								
	Other:							

## X. Certification Information

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: SKIP COLE

Title:

Signature:

E-mail: AGARCIA@TACOLESONS.COM

Date: Friday, June 21, 2013