


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
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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

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) NMR12A584

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

III. Operator Information

Name: ALBUQUEURQUE PUBLIC SCHOOLS

Phone: 505-848-8810

Fax (Optional): 505-246-9020

Email: croft@aps.edu

IRS Employer Identification Number (EIN): 85-6000101

Point of Contact (First Name, Middle Initial, Last Name): LIZANN CROFT

Mailing Address:

Street: 915 OAK STREET SE

City: ALBUQUERQUE

State: NM

Zip: 87106

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

Prepared by (First Name, Middle Initial, Last Name): JAMES G MEANS

Organization: High Mesa Consulting Group

Phone: 505-345-4250

Fax (Optional): 505-345-4254

E-mail: GMEANS@HIGHMESACG.COM

IV. Project/Site Information											
Project/Site Name: <u>DEL NORTE HIGH SCHOOL</u>											
Project/Site Address:											
Street/Location: <u>5323 MONTGOMERY BLVD NE</u>											
City: <u>ALBUQUERQUE</u>			State: <u>NM</u>			Zip: <u>87109</u>					
County or similar government subdivision: <u>BERNALILLO</u>											
For the project/site for which you are seeking permit coverage, provide the following information:											
Latitude/Longitude (Use one of three possible formats, and specify method)											
Latitude		1. _____		N(degrees, minutes, seconds)		Longitude		1. _____		W(degrees, minutes, seconds)	
		2. _____		N(degrees, minutes, decimal)				2. _____		W(degrees, minutes, decimal)	
		3. _____		N(degrees, decimals)				3. _____		W(degrees, decimals)	
Latitude/Longitude Data Source:		U.S.G.S topographical map		EPA Web Site		GPS		Other: GOOGLE EARTH			
If you used a U.S.G.S. topographic map, what was the scale?											
Horizontal Reference Datum:		NAD 27		NAD 83 or WGS 84		Unknown					
Is your project/site located in Indian Country lands, or located on a property of religious or cultural significance to an Indian tribe?										Yes	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 coverage under this NOI as a "federal operator" as defined in Appendix A?										Yes	No
Estimated Project Start Date: 08/18/2009				Estimated Project Completion Date: 05/30/2014							
Estimated Area to be Disturbed (to the nearest quarter acre): 5.25											
Have earth-disturbing activities commenced on your project/site?										Yes	No
If yes, is your project an emergency-related project?										Yes	No
Have stormwater discharges from your project/site been covered previously under an NPDES permit?										Yes	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: NMR10GN97											
V. Discharge Information											
Does your project/site discharge stormwater into a Municipal Separate Storm Sewer System (MS4)?										Yes	No
Are there any surface waters within 50 feet of your project's earth disturbances?										Yes	No
Receiving Waters and Wetlands Information: (Attach a separate list if necessary)											

Surface water(s) to which discharge	Impaired Water	Listed Water Pollutant(s)	Tier 2, 2.5 or 3	Source	TMDL Name and Pollutant
RIO GRANDE	Yes	ORGANIC ENRICHMENT/OXYGEN DEPLETION PATHOGENS POLYCHLORINATED BIPHENYLS (PCBS) RADIATION TOTAL TOXICS		2012-2014 State of New Mexico WQCC-Approved CWA §303(d) / §305(b) integrated List	
RIO GRANDE	Yes	ORGANIC ENRICHMENT/OXYGEN DEPLETION PATHOGENS POLYCHLORINATED BIPHENYLS (PCBS) RADIATION TOTAL TOXICS		2012-2014 State of New Mexico WQCC-Approved CWA §303(d) / §305(b) integrated List	

Describe the methods you used to complete the above table: Please refer to the Source(s) in the above table.

VI. Chemical Treatment Information

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 been authorized to use cationic treatment chemicals by your applicable EPA Regional Office in advance of filing your NOI*?	Yes	No
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

SWPPP Contact Information:

First Name, Middle Initial, Last Name: RICHARD A MILLER, P.E.

Organization: ALBUQUERQUE PUBLIC SCHOOLS

Phone: 505-848-8835

Fax (Optional): 505-246-9020

E-mail: miller_ra@aps.edu

VIII. Endangered Species Protection

Using the instructions in Appendix D of the CGP, under which criterion listed in Appendix D are you eligible for coverage under this permit (only check 1 box)?

A B C D E F

Provide a brief summary of the basis for criterion selection listed in Appendix D (e.g., communication with U.S. Fish and Wildlife Service or National Marine Fisheries Service, specific study):COMMUNICATION WITH U.S. FISH AND WILDLIFE SERVICE

If you select criterion B, provide the Tracking Number from the other operator's notification of authorization under this permit:

If you select criterion C, you must attach a copy of your site map (see Part 7.2.6 of the permit), and you must answer the following questions:

What federally-listed species or federally-designated critical habitat are located in your "action area":

What is the distance between your site and the listed species or critical habitat (miles):

If you select criterion D, E, or F, attach copies of any letters or other communications between you and the U.S. Fish and Wildlife Service or National Marine Fisheries Service.

IX. Historic Preservation

Are you installing any stormwater controls as described in Appendix E that require subsurface earth disturbance? (Appendix E, Step 1)	Yes	No
If yes, have prior surveys or evaluations conducted on the site have already determined historic properties do not exist, or that prior disturbances have precluded the existence of historic properties? (Appendix E, Step 2)	Yes	No
If no, have you determined that your installation of subsurface earth-disturbing stormwater controls will have no effect on historic properties? (Appendix E, Step 3)	Yes	No
If no, did the SHPO, THPO, or other tribal representative (whichever applies) respond to you within the 15 calendar days to indicate whether the subsurface earth disturbances caused by the installation of stormwater controls affect historic properties? (Appendix E, Step 4)	Yes	No
If yes, describe the nature of their response:		
<input type="checkbox"/>	Written indication that adverse effects to historic properties from the installation of stormwater controls can be mitigated by agreed upon actions.	
<input type="checkbox"/>	No agreement has been reached regarding measures to mitigate effects to historic properties from the installation of stormwater controls.	
<input type="checkbox"/>	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: LIZANN CROFT

Title:

Signature: Date: Tuesday, May 15, 2012

E-mail: CROFT@APS.EDU