



## NOTICE OF COVERAGE

### FOR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) STORM WATER DISCHARGES FROM CONSTRUCTION ACTIVITY

By Authority of R 323.2190 promulgated under Part 31 of Act 451, Public Acts of 1994, as amended  
Failure to comply with the terms and provisions of R 323.2190 may result in fines up to \$25,000  
per day and the possibility of imprisonment.

FOR DEQ USE ONLY	
NPDES Number	
Receipt No.:	
Permit Id:	

Filing of this Notice of Coverage (NOC) with the Michigan Department of Environmental Quality (MDEQ) is required before initiation of construction activities **that disturb 5 acres or more of land or is part of a larger common plan of development or sale** that requires a national permit pursuant to the provisions of 40 CFR Section 122.26(a). This constitutes notice that the construction permittee is authorized under R 323.2190 to discharge storm water associated with the construction activities. The construction permittee must be the land owner or the recorded easement holder of the property where the construction activity is located.

**INSTRUCTIONS AND FEE INFORMATION:** Soil Erosion and Sedimentation Control (SESC) coverage is required under Part 91, SESC, of Act 451 before submitting this NOC. The construction permittee will be deemed to have an NPDES permit for storm water discharges from a construction site when the MDEQ receives the completed NOC, **a copy of the appropriate SESC permit, a copy of the approved SESC Plan, a site map and the \$400 fee.** These must be received before construction begins. **This authorization to discharge construction storm water will expire** on the same day as the SESC permit originally submitted to the MDEQ with this package. The expiration date will be specified in the NOC acknowledgement letter provided by the MDEQ (please make sure you receive the NOC acknowledgement letter). NOC Authorization to discharge storm water may be extended (up to five years after original issuance date) by submitting a NOC Renewal form and a copy of the revised or extended SESC permit to the MDEQ **prior** to the NOC expiration. If the SESC permit number changes, expires, is revoked or terminated, prior to the complete stabilization of the site, a **new** administratively complete NOC and all the requirements, including the fee must be submitted to obtain storm water authorization.

**PERMIT BY RULE REQUIREMENTS:** The permittee must abide by the requirements of R 323.2190 which states in part: (a) Not directly or indirectly discharge waste materials into the waters of the state in violation of Part 31, Water Resources Protection, of the Act or rules promulgated there under; (b) Be in compliance with a soil erosion and sedimentation control permit for the site; (c) Properly maintain and operate the soil erosion control measures; (d) Have the soil erosion control measures under the specific supervision and control of a storm water operator who has been certified by the Department; (e) Cause the construction activity to be inspected by a certified storm water operator once per week, and within 24 hours after every precipitation event that results in a discharge from the site. Refer to R 323.2190 for the complete listing of requirements at: [http://www.michigan.gov/deq/0,1607,7-135-3313\\_3682\\_3716-23997--,00.html](http://www.michigan.gov/deq/0,1607,7-135-3313_3682_3716-23997--,00.html).

CONSTRUCTION PERMITTEE INFORMATION (Landowner, Easement Holder, or Authorized Public Agency)					
LANDOWNER/PERMITTEE			AGENT FOR LANDOWNER (OPTIONAL)		
CONTACT PERSON (FIRST AND LAST NAME)			CONTACT PERSON (FIRST AND LAST NAME)		
E-MAIL ADDRESS (OPTIONAL FOR FASTER SERVICE)			E-MAIL ADDRESS		
MAILING ADDRESS			MAILING ADDRESS		
STREET			STREET		
CITY	STATE	ZIP	CITY	STATE	ZIP
<b>STORM WATER CERTIFIED OPERATOR (CONSTRUCTION ONLY)</b>			<b>For Cashier's Office Only: 37000-40512-9091-481001-01</b>		
CERTIFIED OPERATOR					
CERTIFICATION NUMBER					

SITE DESCRIPTION				
TOTAL ACRES OF SITE	ACRES OF DISTURBANCE	RECEIVING WATERS		
PROJECT INFORMATION				
PROJECT NAME		COUNTY	TOWNSHIP	
STREET		$\frac{1}{4}$	$\frac{1}{4}$	SECTION
CITY	STATE	ZIP	TOWN (T)	RANGE (R)
PART 91 SESC PERMITTING ENTITY INFORMATION				
NAME OF PART 91 SESC PERMITTING ENTITY OR APA AGENCY				
E-MAIL ADDRESS (OPTIONAL FOR FASTER SERVICE)			PHONE NUMBER	
ADDRESS			SESC PERMIT NUMBER OR APA STATUS	
CITY	STATE	ZIP	ISSUE DATE	

**CERTIFICATION** - Michigan regulations require this form be signed as follows:

**Corporation:** a principal executive officer of at least the level of vice president, or his designated representative, if the representative is responsible for the overall operation of the facility from which the discharge described in this form originates.

**Partnership:** a general partner.

**Sole Proprietorship:** the proprietor.

**Municipal, State, or other public facility:** either a principal executive officer, the mayor, village president, city or village manager, or other duly authorized employee.

I certify that I have read R 323.2190 and that all provisions of R 323.2190 will be complied with and that all information contained in this NOC is, to the best of my knowledge and belief, true, accurate and complete. I acknowledge that any discharge that is authorized by this NOC shall be in compliance with Act 451, Part 31, and the rules promulgated thereunder. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment. I certify under penalty of law that I possess full authority on behalf of the legal landowner/permittee to sign and submit this NOC.

SIGNATURE (ORIGINAL SIGNATURE REQUIRED) X	DATE	TELEPHONE
PRINTED NAME	TITLE	

**MAKE CHECK OR MONEY ORDER IN THE AMOUNT OF \$400 PAYABLE TO: STATE OF MICHIGAN**

MAIL COMPLETED APPLICATION, LOCATION MAP, SESC PERMIT AND PLAN, ALONG WITH THE \$400 FEE TO:

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
CASHIERS OFFICE - WB-SW1  
P O BOX 30657  
LANSING, MI 48909-8157

ADDRESS FOR OVERNIGHT MAILING:

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
CASHIERS OFFICE - WB-SW1  
525 WEST ALLEGAN 5<sup>TH</sup> FLOOR SOUTH TOWER  
LANSING, MI 48913

IF YOU HAVE ANY QUESTIONS ABOUT THE PREPARATION OF THIS FORM OR DON'T RECEIVE ACKNOWLEDGEMENT WITHIN 30 DAYS OF SUBMITTAL, CALL 517-335-4137 OR E-MAIL: PLOEHNK@MICHIGAN.GOV.