

Division of Surface Water - Notice of Intent (NOI) For Coverage Under Ohio Environmental Protection Agency General NPDES Permit

(Read accompanying instructions carefully before completing this form.)

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized to discharge into state surface waters under Ohio EPA's NPDES general permit program. Becoming a permittee obligates a discharger to comply with the terms and conditions of the permit. Complete all required information as indicated by the instructions. Do not use correction fluid on this form. Forms transmitted by fax will not be accepted. A check for the proper amount must accompany this form and be made payable to "Treasurer, State of Ohio." (See the fee table in Attachment C of the NOI instructions for the appropriate processing fee.)

I. Applicant Information/Mailing Address										
Company (Applicant) Name: Ohio Department of Transportation, District 4										
Mailing (Applicant) Address: 2088 South Arlington Road										
City: Akron				State: OH		Zip C	Zip Code: 44306			
Country: USA										
Contact Person: Michael Simpkins				Phone: (330) 786-4826 Fa		Fax:	Fax:			
Contact E-mail Address: michael.simpkins@dot.ohio.gov										
II. Facility/Site I	_ocation Inform	ation								
Facility/Site Na	me: ATB 7 31.10 [PID 115509]								
Facility Addres	s: SR 7									
City: CONNEAU	Γ		State: OH				Zip Code: 44030			
County: Ashtabula						Township:				
Facility Contact	t Person: Michae	Simpkins	Phone: (330) 786-4826				Fax:			
Facility Contac	t E-mail Addres	s: michael.si	mpkins@dot.o	hio.gov						
Latitude: 41.945833			Longitude: -	80.556111			Facility/Map Attachment ATB-115509-NOI- MAP.pdf			
Receiving Stream or MS4: CONNEAUT CREEK										
III. General Peri	mit Information									
General Permit Number: OHC000006					Coverage Type: New					
Type of Activity: Construction Site Stormwater General Permit SIC Code(s):										
Existing NPDES Facility Permit Number: 3GC15653*AG OI					ODNR Coal Mining Application Number:					
If Household Sewage Treatment System, is system for:				New Home Construction: Replacement of failed e system:			failed existing			
Outfall	Design Flow (MGD):	Associated	Permit Efflue	ent Table:	Receiving Wa	Water : Latitude Longitude				
Are These Permits Required? PTI: NO				Individual 401 Water Quality Certification: NO						
Individual NPDES: NO Isolated We			etland: NO		U.S. Army Corp Nationwide Permit: NO					
Proposed Project Start Date(if applicable): Applicable			ril 01, 2025		Estimated Completion Date(if applicable): December 31, 2026					
Total Land Disturbance (Acres): 4.9000					MS4 Drainage Area (Sq. Miles):					
SWP3 Attachment(s): <none></none>										
IV. Payment Inf	ormation									
Check #:					For Ohio EPA Use Only					
Check Amount:				Check ID(OFA): ORG #:						
Date of Check: Rev ID:							DOC #			
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 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.										
Applicant Name (printed or typed):						Title:				
Signature:						Date:				

ADDITIONAL INFORMATION

Please and any additional comments of attachin	nents below.	