



**RHODE ISLAND POLLUTANT DISCHARGE
 ELIMINATION SYSTEM (RIPDES)
 GENERAL PERMIT FOR
 NON-CONTACT COOLING WATER DISCHARGES
 NOTICE OF INTENT (NOI)**

DEM USE ONLY

Date Received
 Amount Received \$
 RIPDES# **RIG**
 Approval Date
 Data Entry Date
 Data Entry Initials
 Data Group Number: G2A, G2B, G3A

I. OWNER

| | | | |
|-------------------------|--------|--------|---------------|
| Formal Name: | | | |
| Mailing Address: | | | |
| City: | State: | Zip: | Phone: () |
| Contact Person: | | Title: | |
| Email address of Owner: | | | |

II. OPERATOR (if different from Owner)

| | | | |
|---|--------|--------|---------------|
| Formal Name: | | | |
| Mailing Address: | | | |
| City: | State: | Zip: | Phone: () |
| Facility Contact Person: | | Title: | |
| Email address of Facility Contact Person: | | | |

III. FACILITY INFORMATION

| | |
|--|---------------------------------|
| Facility Name: | |
| Physical Address: | |
| Latitude of facility (in decimal degrees): | Longitude (in decimal degrees): |
| Facility Type of Ownership: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Tribal <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): | |
| Primary SIC Code: | Type of Business: |
| Secondary SIC Code: | Type of Business: |

IV. DISCHARGE INFORMATION

Attach a topographic map of the facility including Property Boundaries of the Facility and the Location of Each Intake and Outfall Structure. If more than two outfalls, please attach separate sheet with additional outfalls and required information.

| | | |
|---|-------------------------------|------------------------------------|
| Outfall #: | Latitude (in decimal degrees) | Longitude (in decimal degrees) |
| Is this an Existing Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No | | If No, Anticipated Discharge Date: |
| Frequency of Discharge: | Days/Week: | Hours/Day: Gallons/Min: |
| Outfall #: | Latitude (in decimal degrees) | Longitude (in decimal degrees) |
| Is this an Existing Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No | | If No, Anticipated Discharge Date: |
| Frequency of Discharge: | Days/Week: | Hours/Day: Gallons/Min: |

V. RECEIVING WATER INFORMATION

If the facility has more than one outfall and outfalls discharge to different receiving water bodies, please attach separate sheet with required information.

Receiving Water Habitat Type: Saltwater Warm Water Freshwater Cold Water Freshwater

a. Identify the discharge pathway: Direct, Indirect, Storm Drain, River/brook, Wetlands,
 Other (describe): _____

b. Provide a narrative description of the discharge pathway, including the names of the receiving waters:

c. Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water:

- 1. For multiple discharges, number the discharges sequentially.
- 2. For indirect discharges, indicated the location of the discharge to the indirect conveyance and the discharge to surface waters. The map should include the location and distance to the nearest sanitary sewer.

d. Provide the Water Quality Classification of the receiving water: _____.

e. If the proposed discharge is to freshwaters, provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water for the point of discharge in cubic feet per second (cfs): _____.
Attach any calculation sheets used to support stream flow and dilution calculations.

f. Is the receiving water a listed 303(d) water quality impaired or limited water? Yes No, If yes for which pollutant(s)?:

g. Is there a TMDL? Yes No If Yes, for which pollutants?

VI. NON-CONTACT COOLING WATER SYSTEM INFORMATION

Attach a line drawing of the non-contact cooling water flow through the facility including: Source of the intake water; all allowable discharges (see Section VIII); a flow schematic of the facility depicting all major processes that use non-contact cooling water and all sources of allowable discharges; the method of discharge (i.e., separate storm sewer system or surface water); the name of the receiving water; any control equipment (i.e., flow meters, valves, etc.); and the sample location.

Source of intake water: Private well water Municipal water supply

Is there an Existing RIPDES Permit for this Discharge: Yes No | If Yes Permit #:

Is the site/facility covered by any other DEM permit including: 1. Multi-sector storm water general permit, 2. Individual RIPDES Permit, if so please list them: _____

VII. DILUTION FACTOR (DISCHARGE TO FLOWING FRESHWATER ONLY)

Note: Attach Dilution Worksheet as well as StreamStats Report if used to determine dilution factor.

Receiving Water 7Q10 (cfs) at the point of discharge:

| | |
|--|------------------|
| Total Combined System Design Flow (cfs): | Dilution Factor: |
|--|------------------|

VIII. ALLOWABLE DISCHARGE INFORMATION

Types of Allowable Discharges that are Discharged:

- | | |
|---|---|
| <input type="checkbox"/> Steam Condensate that does not contain Treatment Chemicals | <input type="checkbox"/> Potable Water Line Flushings |
| <input type="checkbox"/> Hydrostatic Test Water that does not contain Treatment Chemicals | <input type="checkbox"/> Uncontaminated Groundwater |
| <input type="checkbox"/> Air Conditioner Condensate that does not contain Treatment Chemicals | <input type="checkbox"/> Non-Contact Cooling Water only |

IX. CHEMICAL ADDITIVE CERTIFICATION

I certify under penalty of law that chemical additives are not used in the non-contact cooling water treatment system nor are any treatment chemicals added to any of the allowable discharges identified as being present in Section VIII of this NOI.

Print Name _____

Print Title _____

Signature _____ Date _____

X. OWNER/OPERATOR CERTIFICATION

I certify under penalty of law that I have read and understood all terms and conditions of the above referenced General Permit. I also certify under penalty of law that this document and all attachments were prepared under the 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.

Print Owner Name _____

Print Owner Title _____

Signature _____ Date _____

Print Operator Name _____

Print Operator Title _____

Signature _____ Date _____