

Notice Form for Regulated Activities Requiring Best Management Practices for non-WOTUS Protected Surface Waters

Instructions for Using this Form:

This form is for Notification of Regulated Activities Requiring Best Management Practices (BMPs) for non-WOTUS Protected Surface Waters per A.A.C. R18-11-217(H). The owner or operator of any regulated activities shall submit this notice to ADEQ five days prior to initiation of the regulated activities. Work may proceed after five calendar days have passed since the owner/operator provided notification to ADEQ unless ADEQ responds in writing to the contact person for the owner/operator. Submit completed form to azpdes@azdeq.gov.

person for the owner/operator. Submit completed form to azpdes@						
Contact Information:						
Name of Company/Org	ganization:					
Company/Organization Mailing Address:						
Owner Full Name:						
Operator Full Name:						
Contact Person Full Name:						
Contact Person Job Title:						
Contact Person Phone Number:						
Contact Person Email:						
<u>Location</u>						
Project Name:						
Enter coordinates in De	egrees Minutes S	Seconds. Use NA	D83 datum.			
Latitude:	0	,	" N			
Longitude:	0	,	" W			

Waterbody ID of the nearest non-WOTUS protected surface water:

General description of planned activities:



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Types of BMPs to be employed during the project:

EXA	MPL	E:
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R18-11-217	(D) Pollutant manageme	nt BMPs:
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- 1. If regulated activities are likely to violate applicable surface water quality standards in a perennial or intermittent non-WOTUS protected surface water, operations shall cease until the problem is resolved or until control measures have been implemented.
- 2. Construction material and/or fill (other than native fill or that necessary to support revegetation) placed within surface waters as a result of regulated activities shall not include pollutants in concentrations that will violate applicable surface water quality standards in a perennial or intermittent non-WOTUS protected surface water.

Certification:

The owner/operator hereby certifies that all information contained herein is true, accurate, and complete to the best of my knowledge and belief.

Signature: