

**ATTACHMENT E**

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**DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES**

**NOTICE OF INTENT (NOI) for REAUTHORIZATION**  
of Coverage Under the SWD General Permit for Storm Water  
Discharges Associated With Construction Activities

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The following facility currently has coverage under the General Permit for Storm Water Discharges Associated with Construction Activities. *This form must be submitted if you wish to continue coverage under the General Permit.* Submission of this form shall in no way relieve the permittee of permit obligations required prior to submission of this form. Please submit this form to the following address:

original to: SD Department of Environment and Natural Resources  
Surface Water Quality Program  
PMB 2020  
523 East Capitol Avenue  
Pierre, South Dakota 57501-3181  
Telephone: (605) 773-3351

***PLEASE PRINT OR TYPE (Update Information below as needed)***

**I. Permittee Information**

Permittee Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**II. Project Information**

Project Name: \_\_\_\_\_  
Project Description: \_\_\_\_\_  
Project Start Date: \_\_\_\_\_  
Estimated Completion Date: \_\_\_\_\_

**III. Permit Number:**

**IV. Signature of Applicant**

By signing this form, you are requesting to continue permit coverage under the reissued General Permit. You are certifying you will comply with the new General Permit and update your Storm Water Pollution Prevention Plan if necessary to meet the reissued General Permit conditions.

*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 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 revocation of the permit and the possibility of fine and imprisonment for knowing violations. In addition, I certify that I am aware of the terms and conditions of the General Storm Water permit and I agree to comply with those requirements.*

**NOTE:** NOI must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant, if an individual.

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_