

Obtaining permit coverage for home sewage treatment systems (HSTS) that discharge in many instances are time critical due to potential home sales or significant public health concerns. Therefore, in an effort to streamline the review process by the agency of all Notices of Intent (NOIs) for the initial coverage under the National Pollutant Discharge Elimination System Permit (NPDES) permit for home discharging systems for those areas where the health department has not signed the HSTS Memorandum of Understanding (MOU) with the Ohio EPA, the following list of items has been created. Submission of these items as part of the application/NOI process will reduce the time to issue the NPDES permit coverage by eliminating the delay in obtaining the information after the application has been submitted.

- **Complete NOI**
  - Fee - \$200.00 check made out to "Treasurer, State of Ohio".
  - Property Owner Name [shown as "Company (Applicant) Name" on the form]
  - Mailing Address of Applicant (box I) and Facility Address (box II), if different
  - Township/County
  - Receiving Stream (i.e. roadside ditch, storm sewer, unnamed tributary to a stream, stream name – look at a map for stream name)
  - Permit Applying For is OHL000002
  - Type of Activity is HSTS permit
  - Initial Coverage (The attached NOI is intended for initial coverage only. There is a separate form for renewal coverage.)
  - New Construction (new home construction on existing lot) or Replacement (existing home with failed system)
  - Property Owner Signature
  
- **Soils Report, if necessary**
- **Auditor Property Card**
- **Map of New/Existing Systems, Discharge Point, Lot Features (house, shed, swimming pool, driveway, etc.)**
- **Health Department Letter, if available, that could include the following:**
  - Health Dept. Rationale for Off-Lot
  - If the site is in Compliance with the 208 plan
  - Distance to Nearest Sewers
  - Lot Size
  - If Adj. Property has the Same Owner
    - If so, Combined Lot Size

An example HSTS NPDES permit NOI application has been attached to this list which can be used to submit to the agency. This example notes several highlighted sections that should be filled out on the NOI. The Ohio EPA or most local health departments can assist in completing the form accurately. Some sections have been filled in already for you; however, a blank NOI form can be obtained from the following Ohio EPA website in the Division of Surface Water program section as well as instructions for the form under "Applying for Coverage", if so desired:

<http://www.epa.state.oh.us/dsw/permits/gpfact.aspx>

The Notice of Intent and any supporting information identified above should be sent to:

Ohio Environmental Protection Agency  
Office of Fiscal Administration  
P.O. Box 1049  
Columbus, OH 43216-1049



# 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:** \_\_\_\_\_  
**Mailing (Applicant) Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact E-mail Address:** [Click here to enter text.](#)

## II. Facility/Site Location Information

**Facility Name:** [Click here to enter text.](#)  
**Facility Address/Location:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** Ohio **Zip Code:** \_\_\_\_\_  
**County(ies):** \_\_\_\_\_ **Township(s):** \_\_\_\_\_  
**Facility Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Facility Contact E-mail Address:** \_\_\_\_\_

(For Construction & Coal, must complete **Latitude:** [Click here to enter text.](#) **Longitude:** [Click here to enter text.](#)  
*lat/long & attach map*)

**Receiving Stream or MS4:** \_\_\_\_\_

## III. General Permit Information

**General Permit Number:** OHL00002 Household Sewage Treatment Systems **Initial Coverage:**  **Renewal Coverage:**   
**Type of Activity:** Household Sewage Treatment Systems Fee = \$200 **SIC Code(s):** [Click here to enter text.](#)

**Existing NPDES Permit Number:** \_\_\_\_\_ **ODNR Coal Mining Application Number:** \_\_\_\_\_

**If Household Sewage Treatment System, is system for:**  new home construction or  replacement of failed

Outfall #	Design Flow (MGD) Flow.	Associated Permit Effluent Table Choose an item.	Latitude Click here.	Longitude Click here.

**Are These Permits Required?** PTI [Choose item.](#) **Individual 401 Water Quality Certification** [Choose item.](#)  
**Isolated Wetland** [Choose item.](#) **USACE Nationwide Permit** [Choose item.](#) **Individual NPDES** [Choose item.](#)

**Proposed Project Start Date:** [Click here to enter a date.](#) **Estimated Completion Date:** [Click here to enter a date.](#)  
**Total Land Disturbance (Acres):** \_\_\_\_\_ **MS4 Drainage Area (Sq. Miles):** \_\_\_\_\_

## IV. Payment Information

<b>Check #:</b> _____ <b>Check Amount:</b> _____ <b>Date of Check:</b> _____	<b>For Ohio EPA Use Only</b>	
	<b>Check ID (OFA):</b> _____	<b>ORG #:</b> _____
	<b>Rev ID:</b> _____	<b>DOC #:</b> _____

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:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_