

Notice of Intent (NOI)

For coverage(s) of Primary Permittees under City of Columbia Code of Ordinances and/or SC NPDES General Permit for Stormwater Discharges From Construction Activities SCR100000

Updated:10/26/2023

This section for official use only	
City of Columbia Permit Approval	NPDES Coverage (DHEC)
Land Disturbance Permit (LD) #	
City File (CF) #	
Permit Number (SCR10...)	
<p>Submission of this NOI constitutes notice that the Applicant identified in Section II intends to be authorized as a Primary Permittee in the State of South Carolina under NPDES General Permit SCR100000. City of Columbia fees required for review and NPDES coverage of each application type are located on Fee Schedule (available at https://columbiascwater.net/wp-content/uploads/2018/08/planreviewfeeschedule.pdf) In addition, \$125 NPDES coverage payment must be made directly to DHEC (Note: the City no longer accepts NPDES coverage payments for forwarding to DHEC).</p>	

General Information	
Date	
Project/Site Name	
County	
Prior NPDES Permit Number, File Number and Submittal Date (Provide only if submitting for Modification or Change of Information)	
Is any portion of this project located within the 100-Year Floodplain? If "Yes," this project cannot be reviewed for Land Disturbance until the City Floodplain Manager grants approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this project located in the City of Columbia Gills Creek Stormwater Special Protection Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it expected that the City of Columbia will be accepting easements to own/operate any portion of the stormwater system associated with this development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it expected that the City of Columbia will be accepting ownership of streets associated with this development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be any permanent water quantity or quality controls after construction is complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Section I. NOI Application Type(s)	
A. Permit (Application/Review) Type(s) – Select all that apply	
<input type="checkbox"/> New Project (Initial Notification) <input type="checkbox"/> Ongoing Project <input type="checkbox"/> Permitted; or <input type="checkbox"/> Unpermitted <input type="checkbox"/> Late Notification <input type="checkbox"/> Low Impact Development (LID) or Project Design Above Regulatory Requirements <input type="checkbox"/> New Owner/Operator or Company Name Change (see instructions, attach DHEC Form A: Transfer of Ownership) <input type="checkbox"/> Major Modification (see instructions, attach DHEC Form B: Major Modification) <input type="checkbox"/> Change of Information/Other Specify:	
B. If applicable, identify the following:	
MS4 Operator	City of Columbia
MS4 Reviewer	

Section II. Primary Permittee Information	
Change of Information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Primary Permittee a Person or Company?	<input type="checkbox"/> Person <input type="checkbox"/> Company
For Company, make a selection:	<input type="checkbox"/> Lending Institution <input type="checkbox"/> Government Entity <input type="checkbox"/> Neither
For Company, provide EIN (if applicable)	
A. Primary Permittee Name	
Mailing Address (Street and Number)	
City	
State	
Zip Code	
Phone	
Email	
B. Contact/ODSA Name (if different from above, or if owner is a Company)	
Mailing Address (Street and Number)	
City	
State	
Zip Code	
Phone	
Email	
C. Property Owner Name (if different from above)	
Mailing Address (Street and Number)	
City	
State	

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Section II. Primary Permittee Information	
Zip Code	
Phone	
Email	
Note: At least one valid email address must be provided to facilitate paperless communication	

Section III. C-SWPPP Preparer Information	
Change of Information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. C-SWPPP Preparer Name	
B. Registered Professional...	<input type="checkbox"/> Engineer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Tier B Land Surveyor
SC Registration Number	
C. Company/Firm Name	
SC COA #	
Mailing Address (Street and Number)	
City	
State	
Zip Code	
Phone	
Email	

Section IV. Project/Site Information	
Change of Information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Type of Construction Activity(ies) – Select all that apply	
<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Mass Grading <input type="checkbox"/> Linear <input type="checkbox"/> Utility/Infrastructure <input type="checkbox"/> Residential, Single Family <input type="checkbox"/> Residential, Multi-Family <input type="checkbox"/> Multi-use (Commercial & Residential) <input type="checkbox"/> Site Preparation (No New Impervious Area) <input type="checkbox"/> Other Specify:	
B. Site Street Address or Nearest Intersection	
City/Town (if in limits)	
Zip Code	
Latitude	
Longitude	
Lat/Long Source	

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Section IV. Project/Site Information	
Tax Map Number(s) – List all	
C. Is this site located on Indian Land?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Proposed Start Date	
Proposed Completion Date	
E. Disturbed Area (nearest tenth of an acre)	
Total Area (acres)	
F. Increase in Impervious Area (Post-Development minus Pre-Development)	
G. Job Value of Grading & Site Work	
H. Modification Information (complete only if submitting for a Modification)	
Current (Approved) Disturbed Area	
Disturbed Area Change (Increase Only)	
Total Disturbed Area (After Change)	
I. Is this project part of a Larger Common Plan (LCP) for Development or Sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
LCP/Overall Development Name	
Is this the First Phase of the LCP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Permit/File Number	
Previous NPDES Coverage Number (SCR10...)	
J. Do any Flooding Problems exist downstream of or adjacent to this site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes above, provide a detailed description of flooding problems and applicable floodway/flood zone information in the C-SWPPP	
K. Active Warning Notice, Notice to Comply or Notice of Violation for this site or LCP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. In the space below, list relevant State and Federal Environmental Permits or Approvals applied for or obtained for this site (e.g. RCRA, USACE, Nationwide, etc.). If None, specify "None."	
M. Indicate any of the following Waivers/Variations/Exceptions being requested for this project.	
<input type="checkbox"/> Expedited Review (for projects disturbing less than 1 acre)	
<input type="checkbox"/> Permanent Water Quality Waiver	
<input type="checkbox"/> Channel Protection Waiver	
<input type="checkbox"/> Detention Waiver	
<input type="checkbox"/> Small Construction Activity Waiver(s) from NPDES permitting? (If selected, identify which of the following is being requested)	
<input type="checkbox"/> Rainfall Erosivity Waiver	

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Section IV. Project/Site Information	
<input type="checkbox"/>	TMDL Waiver
<input type="checkbox"/>	Equivalent Analysis Waiver

Section V. Waterbody Information (attach additional sheets as needed)	
Change of Information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Receiving Waterbody (RWB) Information – List the nearest and next nearest receiving waterbodies to which the site’s stormwater discharges will drain. If stormwater discharges drain to multiple waterbodies, list all such waterbodies	
1. Nearest RWB Name	
Distance to Nearest RWB	
Classification of Nearest RWB	
2. Next Nearest RWB Name	
Distance to RWB	
Classification of RWB	
3. Other Waterbodies Name(s)	
Distance to Other Waterbodies	
Classification of Other Waterbodies	
B. Waters of the US/State Information – If “Yes” is selected for Impacts to any of the items below, attached documentation must describe each impact and activity, and show that all applicable permits/certifications (e.g. USACE Nationwide Permit, DHEC General Permit, etc.) have been applied for and/or obtained.	
1. Jurisdictional Wetlands Onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jurisdictional Wetlands Delineated/Identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Impacts to Jurisdictional Wetlands?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Amount of Impacts (in ac. or lf) – If None, Specify None	
2. Non-Jurisdictional Wetlands Onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Jurisdictional Wetlands Delineated/Identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Impacts to Non-Jurisdictional Wetlands?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Amount of Impacts (in ac. or lf) – If None, Specify None	
3. Other Waters Onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Waters Delineated/Identified?	<input type="checkbox"/> Yes

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Section V. Waterbody Information (attach additional sheets as needed)	
	<input type="checkbox"/> No <input type="checkbox"/> N/A
Impacts to Other Waters Wetlands?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Amount of Impacts (in ac. or lf) – If None, Specify None	
C. S.C. Navigable Waters (SCNW) Information – DHEC will address any issues related to State Navigable Waters Program under SC Regulation 19-450 during the review of the C-SWPPP for activities that will NOT require a 404 permit or a 401 certification.	
1. Are S.C. Navigable Waters on the site? If "No," skip to D. Waterbody Information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name of SCNW on the site	
3. Will construction activities cross over or occur in, under or thru SCNW? If "No," skip numbers 4 – 5 and proceed to D. Impaired Waterbodies Information	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Describe SCNW activities (e.g. road crossing, sub-aqueous utility line, temporary or permanent structures, etc.)	
5. Identify permits providing coverage of SCNW activities proposed for the site. For those that are not applicable, specify "N/A"	
a. DHEC General or Other DHEC Permit/ Certification Number	
Corresponding Covered SCNW Activity(ies)	
b. USACE 404 Permit or 401 Certification Number	
Corresponding Covered SCNW Activity(ies)	
c. SCNW Permit Number	
Date SCNW Permit Applied for or Issued	
Does this SCNW Permit correspond to all activities or just some activities?	<input type="checkbox"/> All Activities <input type="checkbox"/> Some Activities
If "Some Activities" selected above, describe. Otherwise, indicate "N/A"	
Note: If a SCNW Permit is required, but has not been applied for, provide an additional plan sheet that shows plan and profile views (drawn to scale) of the SCNW and associated activities. Include a description of all proposed activities on this plan.	
D. Impaired Waterbodies Information	

Section V. Waterbody Information (attach additional sheets as needed)	
1. Name the Nearest DHEC Water Quality Monitoring Station(s) [WQMS] that receives stormwater from your construction site and/or thru an MS4.	
2. Name the Corresponding Waterbody(ies) for the WQMS	
3. Is the WQMS listed on the most current 303(d) list? If "No," skip to number 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the pollutant(s) identified as "CAUSES" of the impairment	
Could any pollutants causing the impairment(s) be reasonably expected to be present in your site's construction stormwater discharges? If "No," skip to number 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the "USE SUPPORT" impairment(s) affected by the pollutant(s) identified above.	
Will BMPs proposed for your project ensure the site's discharges will not contribute to or cause further WQS violations for the impairment(s) listed? Note: If the response to this question is "No," this site is not eligible for coverage under the CGP	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has a TMDL(s) been developed for this WQMS? If "No," skip to Section VI. Signatures and Certifications.	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the pollutant(s) identified as "CAUSES" or causing the impairment(s).	
Has the standard been "ATTAINED" or "Fully Supported" for the impairment(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No" above (not Attained), could any pollutants causing the impairment(s) be reasonably expected to be present in your site's construction stormwater discharges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" above (pollutants may be reasonably expected in discharges), are the expected discharges consistent with the assumptions and requirements of the TMDL(s)? Note: If the response to this question is "No," this site is not eligible for coverage under the CGP	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Section VI. Signatures and Certifications	
<p>Read the Certifications below (in entirety). Provide date, printed name and signatures below. Do not sign in black ink If you are a New Owner/Operator, as Primary Permittee you must also sign and date the applicable C-SWPPP Acceptance & Compliance Agreement below</p>	
<p>C-SWPPP Preparer: "One copy of the C-SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq. (if applicable), and in accordance with the terms and conditions of SCR100000." (This should be the person identified in Section III)</p>	
Printed Name of C-SWPPP Preparer	
Signature of C-SWPPP Preparer	
SC Registration Number	
<p>Primary Permittee: "I or I (on behalf of my company and its contractors and agents), as the case may be, 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 understand that City of Columbia and/or DHEC enforcement actions may be taken if the terms and conditions of the C-SWPPP are not met and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations." "I or I (on behalf of my company and its contractors and agents), as the case may be, also hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the SC Department of Health and Environmental Control (DHEC) and/or the City of Columbia the right of access to the site at all times for the purpose of onsite inspections during the course of construction and to perform maintenance inspections following the completion of land-disturbing activity." (See Section 122.22 of SC Reg. 61-9 for signatory authority information.) Having understood the above information, I am signing this certification as Primary Permittee to the aforementioned NPDES general permit."</p>	
Printed Name of Primary Permittee	
Title/Position of Primary Permittee	
Signature of Primary Permittee	
Date Signed	