

STATE OF UTAH, DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WATER QUALITY 195 North 1950 West, P.O. Box 144870
Salt Lake City, Utah 84114-4870 ph (801) 536-4300 fax (801) 536-4301

NOI

Notice of Intent (NOI) for Coverage under
General Utah Operating Permit UTOP Permit No. UOP003

Submission of this Notice of Intent constitutes notice that the party identified below form intends to be authorized to operate under UOP General Permit No. UTOP003, issued to Wastewater Systems using Subsurface Disposal in the State of Utah. Coverage of this permit obligates such operator to comply with the terms and conditions of the permit. PLEASE PROVIDE ALL REQUIRED INFORMATION

I. Facility Information

Name: _____ Phone: ()
Address: _____ Fax: ()
County: _____
Latitude: _____ Longitude: _____
Facility Owner ____ (F = Federal; S = State; M = Municipal, P = Private)

Provide the complete address for the facility, including street address, city, state, and ZIP code. Do not provide a P.O. Box number as the street address. Provide the phone and fax numbers for the facility. Indicate the county and the latitude and longitude to the nearest 15 seconds, of the approximate center of the lagoons.

II. Contact Information

Owner Name _____ Phone: ()
Address: _____ Fax: ()
City: _____ ZIP: - _____
E-mail _____

Operator Name: _____ Phone: ()
E-mail _____

Provide the legal name of the person, which controls the operation of the facility in question (i.e. Mayor, General Manager, etc.) . You must also provide the name of the operator. Please enter e-mail addresses and telephone numbers of both the operator and owner.

Certification

I certify that, to the best of my knowledge and belief, the information contained in this application is accurate and complete. I further certify that I have reviewed and hereby adopt the general operating permit no. UTOP003## as issued for Subsurface Disposal of Treated Wastewater located in the State of Utah.

Print Name Title

Signature Date