



HAMILTON COUNTY WATER QUALITY PROGRAM

1250 Market Street, Suite 3050
Chattanooga, Tennessee 37402-2713
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Application for Non-Stormwater Discharge Permit

This application is for: New Permit Permit Reissuance Permit Modification
(If this Application is submitted for Permit Modification provide the existing permit tracking number: HCNS _____)
(Currently Permitted by TDEC # _____)

Facility Name:		County:			
Street Address or Location:		Latitude:			
		Longitude:			
Attach a copy of U.S.G.S. topographical map, a city map, or a county map, identifying the location of this facility.		<input type="checkbox"/> Map Attached			
Has a Storm Water Pollution Prevention Plan (SWPPP) been developed?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Owner or Operator: (the person or legal entity which controls facility's operation; this may or may not be the same as the facility name or the official contact name)					
1	Official Contact Person Name: (Individual Responsible for a Facility)		Title or Position:		
	Mailing Address:		City:	State:	Zip:
	Phone: ()		E-mail:		
2	Local Contact Person Name: (if appropriate, write "same as #1")		Title or Position:		
	Facility Address: (this may or may not be the same as street address)		Facility City:	State: TN	Zip:
	Phone: ()		E-mail:		

Write in the box (to the right) or circle the number (above) to indicate where to send correspondence and invoices: _____

Storm water runoff from facility enters following stream(s) and/or lake(s): (for each outfall, give names and stream miles)					Number of storm water outfalls:			
Nature of business:			SIC code(s): (primary code listed as No.1, secondary, if applicable, as No.2, etc.)					
			1.	2.	3.	4.	5.	6.
Area of property associated with industrial activity: _____ Acres (area of facility property should not include recreation areas, landscaping, lawns, greenfields, forest, office buildings, employee parking lots, etc.)			Permit Sectors (STATE USE ONLY)					
Activities at facility: Check all that apply.								
01. <input type="checkbox"/> Manufacturing	05. <input type="checkbox"/> Vehicle Maintenance	09. <input type="checkbox"/> Wastewater treatment	13. <input type="checkbox"/> Coal Pile					
02. <input type="checkbox"/> Storage/Distribution	06. <input type="checkbox"/> Hazardous waste TSD	10. <input type="checkbox"/> Land application	14. <input type="checkbox"/> Borrow Pit or Soil Harvesting					
03. <input type="checkbox"/> Vehicle Storage	07. <input type="checkbox"/> Outside waste disposal	11. <input type="checkbox"/> Landfill	99. <input type="checkbox"/> Other: _____					
04. <input type="checkbox"/> Trucking Terminal	08. <input type="checkbox"/> Recycling	12. <input type="checkbox"/> Mining operation						

CERTIFICATION AND SIGNATURE (Make all entries in ink, not with a pencil. This NOI must be signed by a responsible corporate officer for a corporation, a general partner for a partnership, the proprietor for a sole proprietorship, or a principal executive officer or ranking elected official for a public agency.)

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.

Printed Name _____ Official Title _____ Signature _____ Date _____

PROGRAM USE ONLY

Received Date	Fee(s)	Reviewer	EFO	Tracking No. HCNS _____
	T & E Aquatic Fauna	High Quality Water?	Impaired Receiving Stream	NOC Date