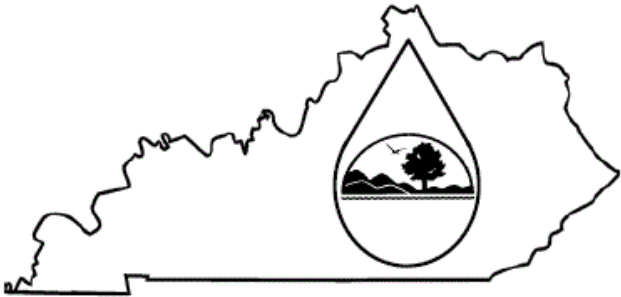


Thank you for submitting your information via the Kentucky Department for Environmental Protection eForms website. Please save a copy of this submittal for your records. We recommend saving a copy as a .mht, .html, or .htm file.

The Submittal ID for this transaction is 153389 and was submitted on . If you need to contact DEP regarding your submission, please reference your Submittal ID.

The eForm Submittal ID allows you to use the data from this submittal as a template and/or download a copy of your submittal.

	<h2 style="margin: 0;">KENTUCKY POLLUTION DISCHARGE</h2> <h3 style="margin: 0;">ELIMINATION SYSTEM (KPDES)</h3> <p style="margin: 0;">Notice of Intent (NOI) for coverage of Storm Water Discharge Associated with Construction Activities Under the KPDES Storm Water General Permit KYR100000</p> <p style="margin: 0;">Click here for Instructions (Controls/KPDES_FormKYR10_Instructions.)</p> <p style="margin: 0;">Click here to obtain information and a copy of the KPDES General Permit. (http://dep.ky.gov/formslibrary/Documents/KYR10PermitPage.pdf)</p> <p style="margin: 0;">(*) indicates a required field; (✓) indicates a field may be required based on user input or is an optionally required field</p>
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General Comments:
Applicant Comment: <div style="border: 1px solid gray; height: 20px; width: 100%;"></div>
EEC Reviewer Comment: <div style="border: 1px solid gray; height: 40px; width: 100%;"></div>

Reason for Submittal:(*) <div style="border: 1px solid blue; padding: 2px;">Response to Notice of Discharge</div>	Agency Interest ID: <div style="border: 1px solid gray; padding: 2px;">2591</div>	Permit Number:(✓) <div style="border: 1px solid gray; padding: 2px;">KPDES Permit Number</div>
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If change to existing permit coverage is requested, describe the changes for which modification of coverage is being sought:
(✓)

ELIGIBILITY:
Stormwater discharges associated with construction activities disturbing individually one (1) acre or more, including, in the case of a common plan of development, contiguous construction activities that cumulatively equal one (1) acre or more of disturbance.

EXCLUSIONS:
The following are excluded from coverage under this general permit:
 1) Are conducted at or on properties that have obtained an individual KPDES permit for the discharge of other wastewaters which requires the development and implementation of a Best Management Practices (BMP) plan;
 2) Any operation that the DOW determines an individual permit would better address the discharges from that operation;
 3) Any project that discharges to an Impaired Water listed in the most recent Integrated Report, §305(b) as impaired for sediment and for which an approved TMDL has been developed.

SECTION I -- FACILITY OPERATOR INFORMATION (PERMITTEE)

Company Name:(✓) <div style="border: 1px solid gray; padding: 2px;">Robinson Stave</div>	First Name:(✓) <div style="border: 1px solid blue; padding: 2px;">Paul</div>	M.I.: <div style="border: 1px solid gray; padding: 2px; text-align: center;">M</div>	Last Name:(✓) <div style="border: 1px solid blue; padding: 2px;">Rodgers</div>
----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

Mailing Address:(*) 1812 HWY 3434	City:(*) East Bernstadt	State:(*) Kentucky ▼	Zip:(*) 40729
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eMail Address:(*) paul.rodgers@cedarcreekengineering.com	Business Phone:(*) 606-843-2740	Alternate Phone: 859-227-7061
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Section I Comments:

Applicant Comment:

EEC Reviewer Comment:

SECTION II -- GENERAL SITE LOCATION INFORMATION

Project Name:(*) Storm Water Improvements	Status of Owner/Operator(*) Privately Owned ▼	SIC Code(*) 1794 Excavator ▼
-----------------------------------------------------	---------------------------------------------------------	----------------------------------------

Company Name:(✓) Robinson Stave	First Name:(✓) Paul	M.I.: M	Last Name:(✓) Rodgers
-------------------------------------------	-------------------------------	-------------------	---------------------------------

Site Physical Address:(*)
1812 HWY 3434


City:(*) East Bernstadt	State:(*) Kentucky ▼	Zip:(*) 40729
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County:(*) Laurel ▼	Latitude(decimal degrees)(*)DMS to DD Converter (https://www.fcc.gov/media/radio/dms-decimal) 37.18792	Longitude(decimal degrees)(*) -84.10776
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Section II Comments:

Applicant Comment:

EEC Reviewer Comment:

SECTION III -- SPECIFIC SITE ACTIVITY INFORMATION 

Project Description:(*)
pond construction; drainage channel improvements

a. For single projects provide the following information

Total Number of Acres in Project:(✓) 2	Total Number of Acres Disturbed:(✓) 2
--------------------------------------------------	-------------------------------------------------

Anticipated Start Date:(/ /) **Anticipated Completion Date:(/ /)**

Anticipated Start Date:(✓)

3/21/2019

Anticipated Completion Date:(✓)

6/30/2019

b. For common plans of development provide the following information

Total Number of Acres in Project:(✓)

Acre(s)

Total Number of Acres Disturbed:(✓)

Acre(s)

Number of individual lots in development, if applicable:(✓)

lot(s)

Number of lots in development:(✓)

lot(s)

Total acreage of lots intended to be developed:(✓)

Project Acres

Number of acres intended to be disturbed at any one time:
(✓)

Disturbed Acres

Anticipated Start Date:(✓)

Anticipated Completion Date:(✓)

List Building Contractor(s) at the time of Application:(*)

Company Name

Section III Comments:

Applicant Comment:

EEC Reviewer Comment:

SECTION IV -- IF THE PERMITTED SITE DISCHARGES TO A WATER BODY THE FOLLOWING INFORMATION IS REQUIRED ?

Discharge Point(s):

Unnamed Tributary?

Latitude

Longitude

Receiving Water Name

Yes

37.189086

-84.103988

LITTLE RACCOON CREEK

Section IV Comments:

Applicant Comment:

EEC Reviewer Comment:

SECTION V -- IF THE PERMITTED SITE DISCHARGES TO A MS4 THE FOLLOWING INFORMATION IS REQUIRED ?

Name of MS4:

Date of application/notification to the MS4 for construction site permit coverage:

Date

Discharge Point(s):(*)

Latitude

Longitude

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Section V Comments:

Applicant Comment:

EEC Reviewer Comment:

SECTION VI -- WILL THE PROJECT REQUIRE CONSTRUCTION ACTIVITIES IN A WATER BODY OR THE RIPARIAN ZONE?

Will the project require construction activities in a water body or the riparian zone?:(*)

If Yes, describe scope of activity: (✓)

Is a Clean Water Act 404 permit required?:(*)

Is a Clean Water Act 401 Water Quality Certification required?:(*)

Section VI Comments:

Applicant Comment:

EEC Reviewer Comment:

SECTION VII -- NOI PREPARER INFORMATION

First Name:(*)

M.I.:

Last Name:(*)

Company Name:(*)

Mailing Address:(*)

City:(*)

State:(*)

Zip:(*)

eMail Address:(*)

Business Phone:(*)

Alternate Phone:

Section VII Comments:

Applicant Comment:

EEC Reviewer Comment:

SECTION VIII -- ATTACHMENTS

Facility Location Map:(*)	<input type="button" value="Upload file"/>
Supplemental Information:	<input type="button" value="Upload file"/>

Section VIII Comments:

Applicant Comment:

EEC Reviewer Comment:

SECTION IX -- CERTIFICATION

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 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.

Signature:(*) Paul Rodgers		Title:(*) PE	
First Name:(*) Paul	M.I.: MI	Last Name:(*) Rodgers	
eMail Address:(*) paul.rodgers@cedarcreeken	Business Phone:(*) 606-843-2740	Alternate Phone: 859-227-7061	Signature Date:(*) 3/26/201

Section IX Comments:

Applicant Comment:

EEC Reviewer Comment:
 The Person certifying the NOI in Section IX must be a responsible party with signatory authority for the entity listed as the Facility Operator in Section I. Please update Section I or

<input type="button" value="Click to Save Values for Future Retrieval"/>	<input type="button" value="Click for Technical Complete Review"/>
<input type="button" value="Click to Submit Deficiency"/>	