



Nevada Division of Environmental Protection
Bureau of Water Pollution Control
Groundwater Protection Branch
Underground Injection Control Program

Notice of Intent for Inclusion Under General Oil/Water Separator Permit GNV9800001

Please complete this form, and submit it to the address below along with the \$400 filing fee and all plans and specifications required, including a Best Management Practices plan for your facility related to the discharge to be covered.

Nevada Division of Environmental Protection
Attention: UIC Program / Permitting
901 South Stewart Street, Suite 4001
Carson City, NV 89701-5249

1. OWNER OR OPERATOR (Permit Holder – circle all that apply)

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

2. REPRESENTATIVE

CONTACT NAME: _____

COMPANY: _____ ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

3. PROJECT INFORMATION

FACILITY NAME _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

ASSESSOR or COUNTY PARCEL NUMBER: _____ COUNTY: _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____

LATITUDE: _____ LONGITUDE: _____

Name/Address/Phone of System Installer: _____

Project or Business Description: _____

Method of Effluent Disposal (i.e., leach field): _____

Description of Effluent Process (include quality and quantity of discharge): _____

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Identify Discharge Point(s): _____

Receiving Water Body: _____

Depth to Ground Water: _____ Estimated or Measured? (If wells available on-site, it must be measured)

Are domestic or drinking water wells on property? Yes ___ No ___ Number of wells: _____

Number and depth of each domestic water well _____

Is facility served by a community water supply system? Yes ___ No ___

Name of community water supply provider _____

NOTE: Best Management Practice Plan must be submitted with this NOI. The NOI is considered incomplete without the Plan. The BMP Plan must be prepared in accordance with good engineering practices. Each unique project has specific risks that must be addressed through the BMPs selected for use. The Plan must be on-site at all times during operation of the facility, and all actions and requirements of the Plan must be used and enforced by the owner and/or operator.

Certification: I certify under penalty of law that this document and all attachments were prepared under my direction and 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 or imprisonment for knowing violations.

Pursuant to NAC 445A.859, which states: “**Certification of documents submitted to director.** All applications, reports or information submitted to the director must be signed and certified to be correct and true by the owner or the operator.”

Print Owner or Operator’s Name/Type _____

Owner or Operators Signature _____ Date _____