



**Draper City, Engineering Department, Division of Public Works  
1020 E. Pioneer Road, Draper, Utah 84020**

**NOI**

Notice of Intent (NOI) for storm water discharges associated with **construction activity** less than 1 acre. *Submission of this notice of intent constitutes notice that the party listed in Section I of this form is obligated to implement Best Management Practices for storm water discharges associated with construction activity, in the City of Draper.*

**I. Operator Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**II. Facility Site/Location Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**III. Type of Construction (check all that apply)**

Residential  Commercial  Industrial  Road  Bridge  Utility

Contouring, Landscaping  Other (please list) \_\_\_\_\_

**IV. Management Practices (check all that apply)**

*Identify proposed Best Management Practices (BMPs) to reduce pollutants in storm water discharges.*

Silt Fences  Sediment Pond  Seeding/Preservation of Vegetation  Check Dams

Mulching/Geotextiles  Structural Controls  Other (please list) \_\_\_\_\_

(Berms, Ditches, etc.)

**V. Additional Information Required**

*A Storm Water Pollution Prevention Plan (SWPPP) has been prepared for this site and is to the best of my knowledge in compliance with State and/or Local sediment and erosion plans and requirements.*

Project Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

\_\_\_\_\_ (Y or N) \_\_\_\_\_ (A SWPPP is required to be on hand prior to NOI submittal)

**VI. Certification**

*I certify that this document and all attachments were prepared under the direction or supervision of those who have placed their signature(s) below, 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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_