

NOTICE OF INTENT (NOI)

For Hydrostatic Test Discharges From New Pipeline And Storage Tanks, and/or Existing Pipelines and Storage Tanks Exposed to Crude and Refined Petroleum Products or Natural/Liquified Petroleum Gases or Other Chemicals

Submission of this Notice of Intent constitutes notice that the party identified in Section I of this form requests authorization for coverage under a Kansas Water Pollution Control general permit issued for hydrostatic test discharges as described above in the State of Kansas. Completion of this NOI does not provide automatic coverage under the general permit. The Department will issued a signed and dated general permit to the permittee. The general permit so issued covers only the project described in this NOI. **Please Print or Type.**

I. PERMITTEE & PROJECT/FACILITY LOCATION INFORMATION

A. Permittee's Name: _____

B. Permittee's Address: _____

City: _____ State: _____ Zip: _____

C. Name of Project/Facility: _____

Nearest City to Start of Project: _____ State: _____

D. Contact Person: _____ Phone#: _____

E Mail Address: _____ Fax #: _____

E. Permit Mailing Address – Leave blank if same as Permittee's Name/Address

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

F. HYDROTEST ACTIVITY (CHECK ALL THAT APPLY)

PIPELINE

STORAGE TANKS

____ New
____ Existing LP Gas/Natural Gas
____ Existing Petroleum Products / Crude Oil
____ Other Chemicals
Describe: _____

____ New
____ Existing LP Gas/ Natural Gas
____ Existing Petroleum Products / Crude Oil
____ Existing Other Chemicals
Describe: _____

G. Legal Description or Latitude/Longitude (in degrees plus 5 decimals) and Receiving Stream for Each Discharge Location:

Legal: _____ ¼ Section _____ Township _____ S Range _____ E/W County _____

Latitude: _____ Longitude: _____

Receiving Stream: _____

Legal: _____ ¼ Section _____ Township _____ S Range _____ E/W County _____

Latitude: _____ Longitude: _____

Receiving Stream: _____

Legal: _____ ¼ Section _____ Township _____ S Range _____ E/W County _____

Latitude: _____ Longitude: _____

Receiving Stream: _____

If there are more than three discharge points, use an extra sheet of paper to provide the remaining locations

H. Provide here or in a cover letter to this application, a brief description of the project. (Length and diameter of pipe or capacity of tank to be tested, total amount of hydrotest water to be used, indicate if the entire project will be hydrotested at one time or in segments. If in segments, indicate if the test water will be re-used for testing other segments or discharged after each segment is tested and any other information which may be pertinent to the discharge.)

II DISCHARGE INFORMATION

A What is the source of water to be used for this hydrotest? _____

Is the quality equal to or better than the receiving water quality?
YES _____ NO _____ Unknown _____

Have you enclosed an analysis report to confirm supply water quality? YES _____ NO _____

If the hydrotest supply water is of unknown quality or of lesser quality than the receiving stream, you may be required to apply for an individual permit or provide an analysis of the water supply source. Please contact KDHE before conducting such an analysis.

Has the source water (stream, river, pond or lake) been designated for the presence of zebra mussels?
YES _____ NO _____

Has the receiving stream been designated for the presence of zebra mussels?
YES _____ NO _____

To hinder the spread of zebra mussels in Kansas waters, source water containing zebra mussels will not be allowed to be discharged to non-zebra mussel containing waterways.

Call the Kansas Department of Wildlife, Parks & Tourism (KDWP&T) at (620) 672-5911 for assistance in this determination. KDHE, with input from KDWP&T, will determine if this project/land application site can be covered under this general permit. If coverage can not be granted under this general permit, an individual permit will be required. Also, see question F below.

B Will any water treatment additives be used in the test water? YES _____ NO _____
If yes, you may be required to apply for an individual NPDES permit. Please contact KDHE for further information.

C. Briefly describe here or in the cover letter to this application the treatment and/or the best management practices you propose to implement to comply with applicable permit limitations and prevent any oil sheen, control soil erosion, reduce discharge water turbidity, and to reduce total residual chlorine toxicity (if chlorine is present in the source water). **CHECK ALL THAT APPLY.**

- Plastic Sheet or Other Ground Protection
- Hay / Straw Bale Structure
- Energy Dissipation Sock
- Sodium Bisulfite for Total Residual Chlorine Control
- Discharge will be on Pasture Ground or Farm Ground not in close proximity to a receiving stream
- Other - Describe _____
- _____
- _____
- _____
- _____

D. Are any discharge points located on Indian Lands? If yes, provide details in a cover letter. YES NO

E. Are there any intakes for public drinking water supplies located within 1/2 mile down stream of the discharge points? If yes, provide details in a cover letter. YES NO

F. Are any threatened or endangered species, species in need of conservation, or their critical or crucial habitats known to be present near the discharge site(s)? YES NO

Call the Kansas Department of Wildlife, Parks & Tourism (KDWP&T) at (620) 672-5911 for assistance in this determination. If yes, KDHE, with input from KDWP, will determine if this project/land application site can be covered under this general permit. If coverage can not be granted under this general permit, an individual permit will be required.

G. Anticipated Start Date of Project: _____

H. Anticipated Start Date of Discharge: _____

I. Estimated Duration of Discharge in Hours: _____

III. **MAPS**

Attach appropriate map(s). One broad overview map should show the project start point and end point indicating the nearest cities. Additional more detailed maps should show each discharge point, nearest named stream and anticipated path of discharge to stream.

IV. **ANNUAL FEE**

Submit a check for the first year of the annual fee (\$60.00). Make the check payable to KDHE-Water Pollution Control Permit.

V. **COORDINATION WITH OTHER STATE AND LOCAL AGENCIES**

The applicant is responsible for compliance with the requirements of the Kansas Nongame and Endangered Species Conservation Act relating to the protection of threatened or endangered species, species in need of conservation, or their critical or crucial habitats under K.A.R. 115-15-1 and K.S.A. 32-957 to 963, 32-1009 to 1012 and 32-1033; sites listed or eligible for listing on the National Register of Historic Places which are likely to be adversely affected; water appropriation from Kansas Department of Agriculture – Division of Water Resources; and any other appropriate and applicable federal, state and local government laws.

VI. CERTIFICATION

I certify that I have read and understand the requirements and conditions of the NPDES general permit application for the hydrostatic test discharges described herein (available on the KDHE web page at www.kdheks.gov/water/tech.html or via hard copy by contacting KDHE at 785.296.5500 or by FAX at 785.559.4256). I understand that continued coverage under the NPDES general permit for these discharges is contingent upon maintaining eligibility as provided for in the requirements and conditions of the general permit.

I certify under penalty of law that this document and all attachments were prepared in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on the 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 fines and imprisonment for knowing violations. Furthermore, I certify that I am authorized to sign this application for the applicant named herein.

Signature: _____

Date: _____

Name: _____

Title: _____

(Please Print)

VIII. SEND COMPLETED FORM AND ANNUAL FEE TO:

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
BUREAU OF WATER – TECHNICAL SERVICES
1000 SW JACKSON ST., SUITE 420
TOPEKA, KS 66612-1367