

Storm Water Permitting Program
Bureau of Water
Kansas Department of Health and Environment
Forbes Field, Bldg 740
Topeka, Kansas 66620-0001

Re: Storm water discharge permit for construction activities

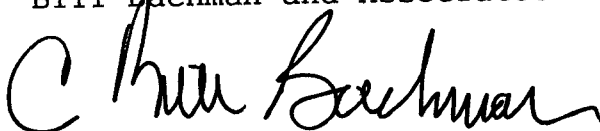
To whom it may concern:

Enclosed is the EPA General Form #1 and a site map for a proposed residential subdivision which is described as follows.

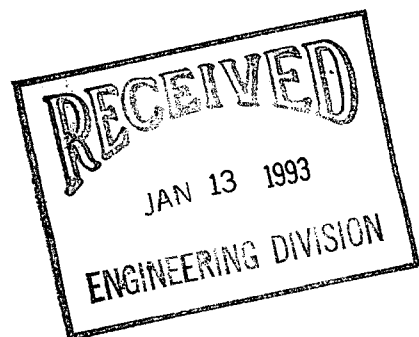
1. The total area of the site is 30 acres.
2. No known pollutants will be discharged with the storm water other than sediment. This will be controlled during construction by bale type silt fences or by directing drainage to existing ponds.
3. After construction the entire open area in this addition will be planted in grass. Storm sewers will have rip-rap placed at points of discharge to prevent erosion.
4. Our engineers estimate of the Rational Formula C factor for the area after development is 0.5. We estimate that 40% of the area will be impervious after completion of the addition. All fill material will be provided from excavations on this site.
5. Storm water from this area will drain into a pond and any overflow will drain into the Arkansas River.

Please contact me if you need additional information.

Yours Truly,
Bill Bachman and Associates



C. Bill Bachman
President



Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No 158-R0175

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">F</td> <td style="width:80%; text-align: center;">NOT REQUIRED</td> <td style="width:10%; text-align: center;">D</td> </tr> </table>	F	NOT REQUIRED	D
F	NOT REQUIRED	D				
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.			
I. EPA I.D. NUMBER	C. BILL BACHMAN					
II. FACILITY NAME	BILL BACHMAN AND ASSOCIATES					
V. MAILING ADDRESS	1901 W. 13th STREET					
VI. FACILITY LOCATION	WICHITA, KANSAS 67203					

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY
 SKIP THE MOORINGS 7th ADDITION

IV. FACILITY CONTACT

A. NAME & TITLE (Last, first, & title)	B. PHONE (area code & no.)
BACHMAN C BILL	316 267 7331

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
1901 W 13th STREET			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
WICHITA		KS	67203

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
SEE ATTACHED LOCATION MAP			
B. COUNTY NAME			
SEDGWICK			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
WICHITA		KS	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
7 (specify)	7 (specify)		
C. THIRD		D. FOURTH	
7 (specify)	7 (specify)		

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box, if "Other", specify)		D. PHONE (area code & no.)	
F - FEDERAL S - STATE P - PRIVATE	M - PUBLIC (other than federal or state) O - OTHER (specify)		
E. STREET OR P.O. BOX			

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
			Is the facility located on Indian lands? <input type="checkbox"/> YES <input type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N	9 P
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 U	
C. RCRA (Hazardous Wastes)	E. OTHER (specify)
9 R	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

CONSTRUCTION OF HOMES IN A PROPOSED RESIDENTIAL SUBDIVISION

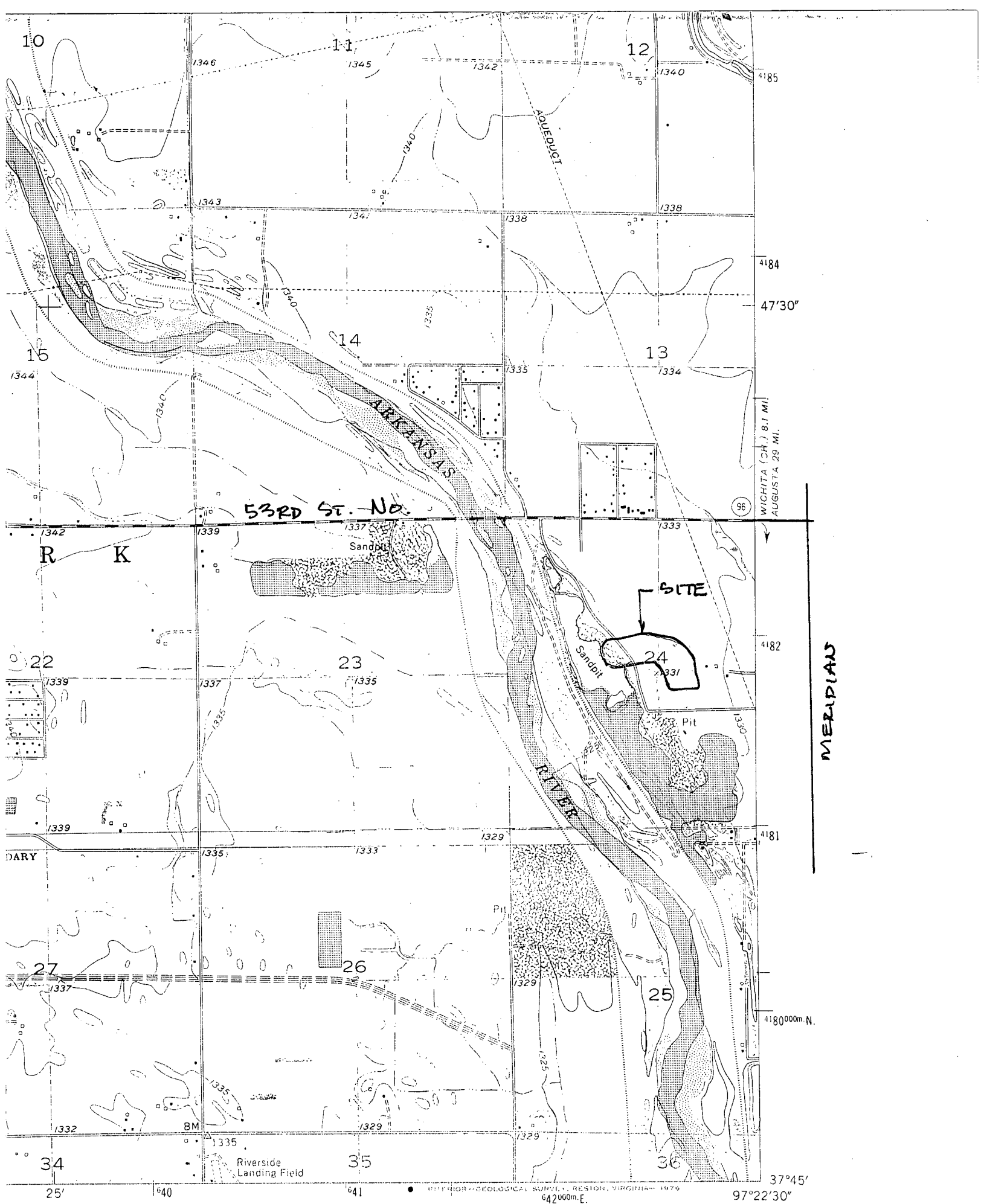
XIII. CERTIFICATION (SEE INSTRUCTIONS)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (Type or Print)	B. SIGNATURE	C. DATE SIGNED
C. BILL BACHMAN	<i>Bill Bachman</i>	1/18/93

COMMENTS FOR OFFICIAL USE ONLY

C



WICHITA (CH.) 8.1 MI.
AUGUSTA 29 MI.

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MELPIAS

4180000m. N.

U.S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 1976
642000m. E.

ROAD CLASSIFICATION

Medium-duty Light-duty

(WICHITA, MS)
8559

1 MILE

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