



See Attached Sheet for Instructions

NOTICE OF INTENT (NOI)
For Authorization to Discharge Stormwater Runoff from Construction Activities
In accordance with the Kansas Water Pollution Control General Permit
Under the National Pollutant Discharge Elimination System

Submission of this Notice of Intent constitutes notice that the party identified in Section I of this form requests authorization for coverage under the Kansas Water Pollution Control general permit, or KDHE issued successor permits, issued for stormwater runoff from construction activities in the State of Kansas. Becoming a permittee obligates the discharger to comply with the terms and conditions of the general permit. Completion of this NOI does not provide automatic coverage under the general permit. Coverage is provided and discharge permitted when the Kansas Department of Health and Environment (KDHE) authorizes the discharge of stormwater runoff from the construction activities identified on the NOI and supporting documentation. A signed and dated copy of the first page of the NOI indicating the Authorization will be provided to the owner or operator, or all three pages for Conditional Authorizations. Upon authorization of the construction activity discharge, a Kansas permit number and a Federal permit number will be assigned to the construction project. A complete request for Authorization for coverage under the general permit must be submitted or the request will not be processed (see listing on Page 3 of this NOI). KDHE will notify owners or operators whose Notice of Intent (NOI) and supporting documentation for Authorization of stormwater runoff associated with construction activities are incomplete, deficient, or denied. Please Print or Type.

I. OWNER OR OPERATOR ADDRESS & RECORD LOCATION INFORMATION

Owner or Operator's Name: Matt Lillie
Company Name:
Owner or Operator's Phone:
Mailing Address: 7200 W. 13th Street North Suite 5
City: Wichita State: KS Zip Code: 67212
Billing Contact Name:
Billing Address (if different):
City: State: Zip Code:
Contact Name:
Company Name:
Contact Phone:
Mailing Address:
E-mail Address:
Address where records will be kept (if not on site):
Records Address:
City: State: Zip Code:

II. SITE INFORMATION

A. LOCATION

Project Name: Lillie Addition
Street Address:
City: State: Zip Code:

B. LEGAL SITE DESCRIPTION

QTR: QTR, NE, 30 Section
27 South 1 E, SW;
Township Range
County: Sedgwick

For Official Use Only:

Table with columns: Received (RECEIVED, MAR 14 2007, BUREAU OF WATER), Paid (\$60), Date (3-14-07), Initials (dg), Check No (30898), Authorized (X), Is Authorization Conditional? (X), Reviewer (Terry O. Hoole), Date (3/23/07), KS Permit No. (S-AR94-0492), Federal Permit No. (KSR 104093)

To receive a hard copy of the general permit packet, check yes: Y; N

Send completed 3 page NOI form with original signature to:

KDHE Contact Information:

Kansas Department of Health and Environment
Bureau of Water, Industrial Programs Section
1000 SW Jackson, Suite 420
Topeka, KS 66612 - 1367

Phone: (785) 296-5545
E-mail: stormwater@kdhe.state.ks.us