

Drinking Water and Groundwater Protection Division

NOTICE OF INTENT (NOI)

TO OPERATE SUBJECT TO THE 2020 GENERAL PERMIT FOR CLASS 1A AND 1B PUBLIC TRANSIENT NON-COMMUNITY DRINKING WATER SYSTEMS

This NOI serves as an Officials Contact Form for Transient Non-Community (TNC) water systems that meet the qualifications of the General Operating Permit. The information provided on this NOI will supersede and replace the existing information on file. Follow the directions provided to complete each section of the NOI.

| | | |
|---|--|----------|
| A. Water System Information | | |
| 1. Water System Name: | | |
| 2. Water System Identification Number (WSID #): | | |
| 3. 911 Address of Lot(s) where Water System is Located: | | |
| 4. SPAN of Lot(s) where Water System is Located: | | |
| B. Applicant Information | This section identifies the legal name of the Owner of the Water System. The Owner is the individual or incorporated entity that is legally and financially responsible for the Water System. If the Owner is an entity, it must be a valid legal entity in active standing with the Vermont Secretary of State's Corporations Division. | |
| 1. Water System Owner (Applicant): | | |
| 2. Applicant's Mailing Address: | | |
| 3. Town/City: | 4. State: | 5. Zip: |
| 6. Applicant Phone: | 7. Applicant Email: | |
| C. Co-Applicant Information | This section identifies the legal name of the Co-Owner of the Water System, if applicable. | |
| 8. Water System Co-Owner (Co-Applicant): | | |
| 9. Co-Applicant's Mailing Address: | | |
| 10. Town/City: | 11. State: | 12. Zip: |
| 13. Co-Applicant Phone: | 14. Co-Applicant Email: | |
| D. Administrative Contact Information | This section identifies the individual authorized by the Owner to receive all communications regarding the Water System, except financial correspondence. If the Administrative Contact is the same as the Owner, write "Same as Owner" on the first line. Completion of this form does not convey legal authority to the Administrative Contact to sign this application and act on behalf of the Owner. | |
| 1. Individual's Name: | | |
| 2. Individual's Mailing Address: | | |
| 3. Town/City: | 4. State: | 5. Zip: |
| 6. Phone: | 7. Email: | |
| E. Financial Contact Information | This section identifies the individual or entity that is responsible for receiving and processing invoices and bills sent to the Water System. If the Financial Contact is the same as the Administrative Contact or Owner, write "Same as Administrative Contact" or "Same as Owner" on the first line. | |
| 1. Individual's <u>or</u> Firm/Company Name: | | |

| | | |
|--|--|-----------------|
| 2. Individual's or Firm/Company Mailing Address: | | |
| 3. Town/City: | 4. State: | 5. Zip: |
| 6. Phone: | 7. Email: | |
| F. Designated Operator Contact Information | This section identifies the Water System's Designated Operator who will receive copies of selected correspondence and other communications sent to the Water System, including outreach in the event of an emergency. The Designated Operator is an individual whom the Owner has placed in responsible charge of all quality, quantity, process control, and system integrity decisions involving public health, source, treatment, storage, distribution, and compliance standards, where applicable. The Designated Operator must hold a valid certification equal to or greater than the classification of the Water System. Each system must designate at least one Operator. | |
| 1. Operator's Name: | | 2. Operator ID: |
| 3. Operator's Mailing Address: | | |
| 4. Town/City: | 5. State: | 6. Zip: |
| 7. Phone: | 8. Email: | |
| G. Water System Classification | | |
| Select one: <input type="checkbox"/> Class 1A (the water system utilizes no treatment, water softener, or cartridge filters) <input type="checkbox"/> Class 1B (the water system utilizes or has the capability to use chlorine or ultraviolet disinfection) | | |
| H. Source Information | | |
| The water source(s) serving the water system have received a determination by the Division that they are not surface water or groundwater under the direct influence of surface water (GWUDI). Select one: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <i>If Do Not Know or No, the Division will review available records and, if necessary, schedule a site visit upon receipt of the NOI to assess compliance with this qualification. In connection with this application, the applicant may be required to conduct additional water quality sampling when necessary for the Division to issue a determination.</i> | | |
| I. Applicant(s) Certification and Signature | | |
| I certify that I have an enforceable permanent property interest to access and use the Water System, or I have the legal authority to sign on behalf of the person or entity that has such property interest. I certify that the statements and representations made in this application are true and accurate. I consent to allow employees of the State of Vermont to access the Water System and enter the property on which the Water System is located to conduct inspections for the purposes of processing this application and ensuring compliance with the General Operating Permit for Class 1A and 1B Public Transient Non-Community Drinking Water Systems and Water Supply Rule. I agree to comply with all the terms and conditions of the General Operating Permit for 1A and 1B Public Transient Non-Community Water Systems, as periodically modified and reissued. | | |
| Printed Name of Applicant: | | |
| Printed Name of Person with Legal Authority to Sign on Behalf of Applicant (if different): | | |
| Applicant Signature: | | Date: |
| Printed Name of Co-Applicant (if applicable): | | |
| Printed Name of Person with Legal Authority to Sign on Behalf of Co-Applicant (if different): | | |
| Co-Applicant Signature: | | Date: |
| J. Submission of the NOI | | |
| Mail the completed and signed form to: VT DEC - Drinking Water and Groundwater Protection Division 1 National Life Drive, Davis 4 Montpelier, VT 05620-3521 Fax 1-802-828-1541 | | |