Notice of Intent (NOI) for Stormwater Discharges from Large and Small Construction Activities, NPDES General Permit SCR100000

For official use only

File number: [illegible]

Permit number: SCR10[illegible]

Submittal package complete: [illegible]

Public Notice Start Date (OCRM only): [illegible]

For official use only

Submission of an NOI constitutes notice that the entity identified in Section I intends to be authorized under SCR100000. Instructions on page 5.

Date:

Project/ Site Name: The Village at Carol Oaks Phase II **County:** Charleston

Do you want this project to be considered for the Expedited Review Program (ERP)? ☐ Yes ☒ No (See instructions.)

If yes, is the design of this project above regulatory requirements or Low Impact Development? ☐ Yes ☐ No

I. Project Information

Project Owner/ Operator (Company or person): Low Country Land Mine, LLC.

Company EIN: [redacted] - [redacted] Phone: 843-478-8511 Fax:

Mailing Address: P.O. Box 304 City: Isle of Palms State: SC Zip: 29451

Permit Contact (if owner is company): Elizabeth Gibbs Phone: 843-478-8511

Mailing Address: P.O. Box 304 City: Isle of Palms State: SC Zip: 29451

Email address (optional): GibbsConGru@aol.com

II. Property Information

A. Site Location (street address, nearest intersection, etc.): ~~P.O. Box 304~~ [illegible]

City/ Town (if in limits): ~~Isle of Palms~~ [illegible] Latitude: 32 ° 52 ' 3 " N Longitude: -79 ° 47 ' 54 " W

Tax map # (list all): 580-00-00-021, 580-00-00-030

B. Property Owner: Low Country Land Mine Phone: 843-478-8511

Mailing Address: P.O. Box 304 City: Isle of Palms State: SC Zip: 29451

III. Site Information

A. Disturbed area (to the nearest tenth of an acre): 3.9 acres Total area: 3.9 acres

B. Is this project part of a Larger Common Plan for Development or Sale (LCP)? ☒ Yes ☐ No

LCP/ Overall Development Name: Village at Carol Oaks Phase II Check here if this is the first phase. ☐

Previous state permit/ file number: 10-06-08-02 Previous NPDES coverage number: SCR10 0 0 0 0

C. Start Date (MM/DD/YYYY): 02/15/2008 Completion Date: 08/01/2008

D. Is this site located on Indian Lands? ☐ Yes ☒ No If yes, name of reservation.

E. Type of Activity (check one):

☐ Commercial ☐ Industrial

☐ Institutional ☐ Residential: Single-family ☐ Multi-use (Commercial & Residential) ☐ Other:

☐ Linear ☒ Residential: Multi-family ☐ Site Preparation (No new impervious)

F. Are there any flooding problems downstream of or adjacent to this site? ☒ Yes ☐ No

G. Has S.C. DHEC issued a Notice to Comply or Notice of Violation for this site or LCP? ☐ Yes ☒ No

H. Is any part of the property located inside an MS4 or urbanized area? ☒ Yes ☐ No

If yes, list the MS4 operator or urbanized area name. Town of Mount Pleasant

I. List all state and federal environmental permits or approvals applied for or obtained for this site (e.g., RCRA).

IV. Waterbody Information

A. Nearest receiving waterbody(s) [RWB]: Horlbeck Creek Distance to nearest RWB (feet): 600

Classification of nearest RWB: SFH Next/Nearest named RWB: Wando River

B. 1. Waters of the U.S./ State	On the site?	Delineated/ Identified?	Impacts?	Amount of Impacts
a. Jurisdictional wetlands	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No	Ac
b. Non-jurisdictional wetlands	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	0.100 Ac
c. Other Water(s) List: None	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	Ac Feet

2. If yes for impacts in B.1, describe each impact and activity, and list all permits (e.g., USACOE Nationwide permit, DHEC General Permit) and certifications that have been applied for or obtained for each impact.

Fill 0.10 acres of Non-Jurisdictional wetlands.

C. Impaired Waterbodies (See instructions.)

List the nearest DHEC water quality monitoring station(s) [WQMS(s)] to which construction stormwater (SW) discharges will drain and the corresponding waterbody(s). 09B-18 Waterbody(s): Rat Hall Crk at Confluence w/ Wando R

1. Is this WQMS(s) listed on the most current 303(d) List for Impaired Waters? ☒ Yes ☐ No
   a. If yes for 1, list the impairment(s). FC
   b. If yes for 1, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? ☐ Yes ☒ No
   c. If yes for b, list the impairment(s) affected by the pollutant(s) referenced in b. _____
   d. If yes for b, will use of the proposed BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations for the impairment(s) listed in c? ☐ Yes ☐ No
2. Has a TMDL(s) been developed for this WQMS(s)? ☐ Yes ☒ No
   a. If yes for 2, list the impairment(s). _____
   b. If yes for 2, has the standard been attained for all impairment(s)? ☐ Yes ☐ No
   c. If no for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? ☐ Yes ☐ No
   d. If yes for c, are your discharges consistent with the assumptions and requirements of the TMDL(s)? ☐ Yes ☐ No

D. 1. Are S.C. Navigable Waters (SCNW) on the site? ☐ Yes ☒ No

a. If yes for 1, list the name of the SCNW: _____
b. If yes for 1, will any construction activities cross over or occur in, under, or through the SCNW? ☐ Yes ☐ No
c. If yes for b, then describe activities. _____
d. If yes for b, are the activities in SCNW covered under a DHEC General Permit or other DHEC permit? ☐ Yes ☐ No
e. If no for d, has an SCNW permit been applied for or issued for the site? ☐ Yes, for all activities ☐ Yes, for some activities ☐ No
f. If yes for d or e, list permit number(s) and corresponding activities.

V. Operator Information

A. SWPPP Preparer: John W. Fleming, P.E. S.C. Registration #: 1 9 8 0 6
Company/ Firm: Hussey, Gay, Bell & DeYoung, Inc. S.C. COA #: 0 0 1 9 4
Mailing Address: 474 Wando Park Blvd City: Mt. Pleasant State: SC Zip: 29410
Phone: (Day) 843-849-7500 (Mobile) _____ (Fax) 843-849-7502
Email address (optional): jfleming@hgbd.com

B. Operator of Day-to-Day Site Activities [ODSA] (Company or person): Elizabeth Gibbs
Mailing Address: P.O. Box 304 City: Isle of Palms State: SC Zip: 29451
Phone: 843-478-8511 Fax: _____
Site Contact (if ODSA is company): Elizabeth Gibbs Phone: 843-478-8511

VI. Signatures and Certifications: DO NOT SIGN IN BLACK INK!

A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.)

Check one. ☐ Engineer ☐ Tier B Surveyor ☐ Landscape Architect

John W. Fleming, P.E.		19806
Printed name of SWPPP Preparer	**Signature of SWPPP Preparer**	**S.C. Registration #**

B. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the to S.C. Department of Health and Environmental Control (DHEC) and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity. (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)

Elizabeth Gibbs		1/4/08
Printed name of Project Owner/Operator	**Signature of Project Owner/ Operator**	**Date**

NPDES CGP Fee Schedule B
(Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, and Jasper Counties)

This schedule should not be used for projects reviewed by a delegated entity or MS4 operator.

If you are completing the fillable version of this form and if the **County** and **Disturbed Area** fields are correctly filled out on page 1 of this form, the fees in the right-hand column will be automatically entered based on your answers to the questions below. This schedule should be attached to DHEC Form 2617. Do not send payment in window envelope. DO NOT MAIL CASH. DHEC will notify the Project Owner/ Operator if the submitted check or credit card payment cannot be processed. The review clock will start when acceptable payment is received and after the project is deemed consistent with the S.C. Coastal Zone Management Plan.

1. Is this project located within ½ mile of a RWB (item IV.A)? ☒ Yes ☐ No
If yes, proceed to item 2. If no, proceed to item 3.

2. a. Will this project or LCP (item III.B) ultimately disturb more than 0.5 acre? ☒ Yes ☐ No $ 125 . 00
If yes, enter $125 in right-hand column and proceed to 2b. If no, see OCRM-SPWS for "Small Project Requirements in Coastal Counties" and proceed to 2c.

b. If yes for 2a, is this project exempt from S.C. Reg. 72-300 et seq? ☐ Yes ☒ No
If yes for 2b, review fees are not initially required*; proceed to item 4.
If yes for 2a **and** no for 2b, enter review fees of $100/ **disturbed** acre (from item III.A on page1) in right-hand column. The review fees cannot exceed $2000. Proceed to item 4. $ 390 . 00

c. If no for 2a, does this project meet the criteria of categories a, d, or e listed in the "SCCZ Requirements" section of the instructions (page 6)? ☐ Yes ☐ No
If no for 2a **and** yes for 2c, enter $125 in the right-hand column. Then, enter review fees of $100/ disturbed acre (from item III.A on page 1) on this line in the right-hand column and proceed to item 4. $_____ . 00 $_____ . 00

3. a. Will this project or LCP (item III.B) ultimately disturb 1 or more acres? ☐ Yes ☐ No $_____ . 00
If yes, enter $125 in right-hand column and proceed to 3b. If no, coverage under SCR100000 is not required; see OCRM-SPWS for "Small Project Requirements in Coastal Counties".

b. If yes for 3a, is this project exempt from S.C. Reg. 72-300 et seq.? ☐ Yes ☐ No
If yes for 3b, review fees are not initially required; proceed to item 4.
If yes for 3a **and** no for 3b, enter review fees of $100/ **disturbed** acre (from item III.A on page 1) in right-hand column. The review fees cannot exceed $2000. Proceed to item 4. $_____ . 00

4. Total Required Fees
Add the values in the right-hand column. Maximum required fees are $2125. DHEC will not review this project until all required fees are received. **Total Required Fees:** $ 515 . 00

* If DHEC will review the project, then DHEC will notify the Project Owner/ Operator in writing within 20 days of receipt of the complete NOI and request review fees.

Payment by Check:
Make sure check is signed and has a current date on it. If check is more than 30 days old, it may be returned. The check must be for the entire amount of required fees.

STAPLE CHECK HERE

Make check payable to S.C. DHEC.

Payment by Credit Card:
Fill out the information below. Credit card payments must be processed by the applicant online at http://www.scdhec.gov. Upon receipt of the NOI, OCRM will provide a memo to the applicant containing directions for processing application fees online and specific invoice numbers necessary for online payment.

Name as it appears on Card:_____ Phone:_____
Mailing Address:_____ City:_____ State:_____ Zip:_____

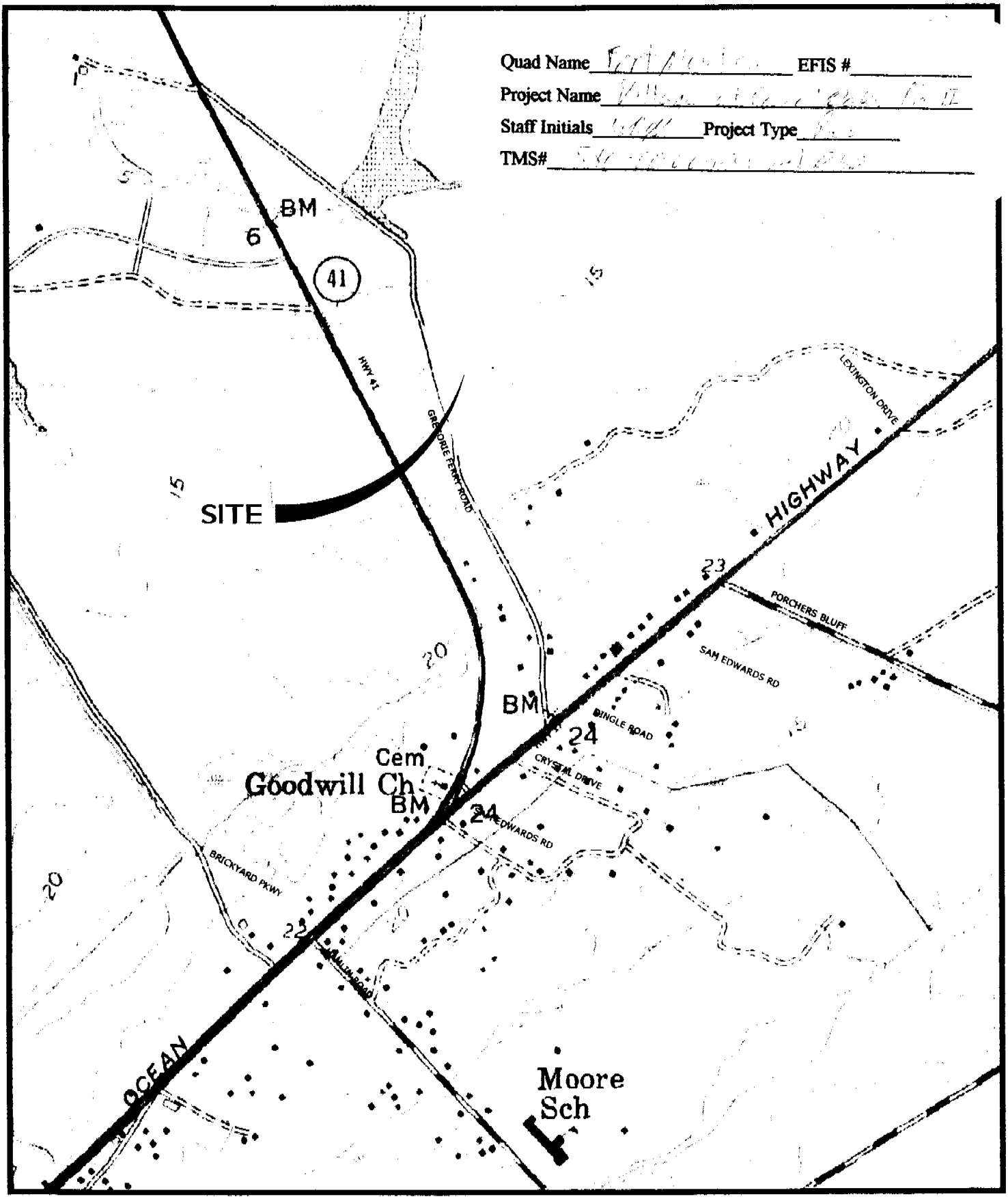
For official use only: **Invoice Numbers YE** _ _ _ _ _ _-_ _ **YA** _ _ _ _ _ _-_ _ **ZV** _ _ _ _ _ _-_ _ **ZT** _ _ _ _ _ _-_ _

Quad Name _____ EFIS # _____

Project Name _____

Staff Initials _____ Project Type _____

TMS# _____



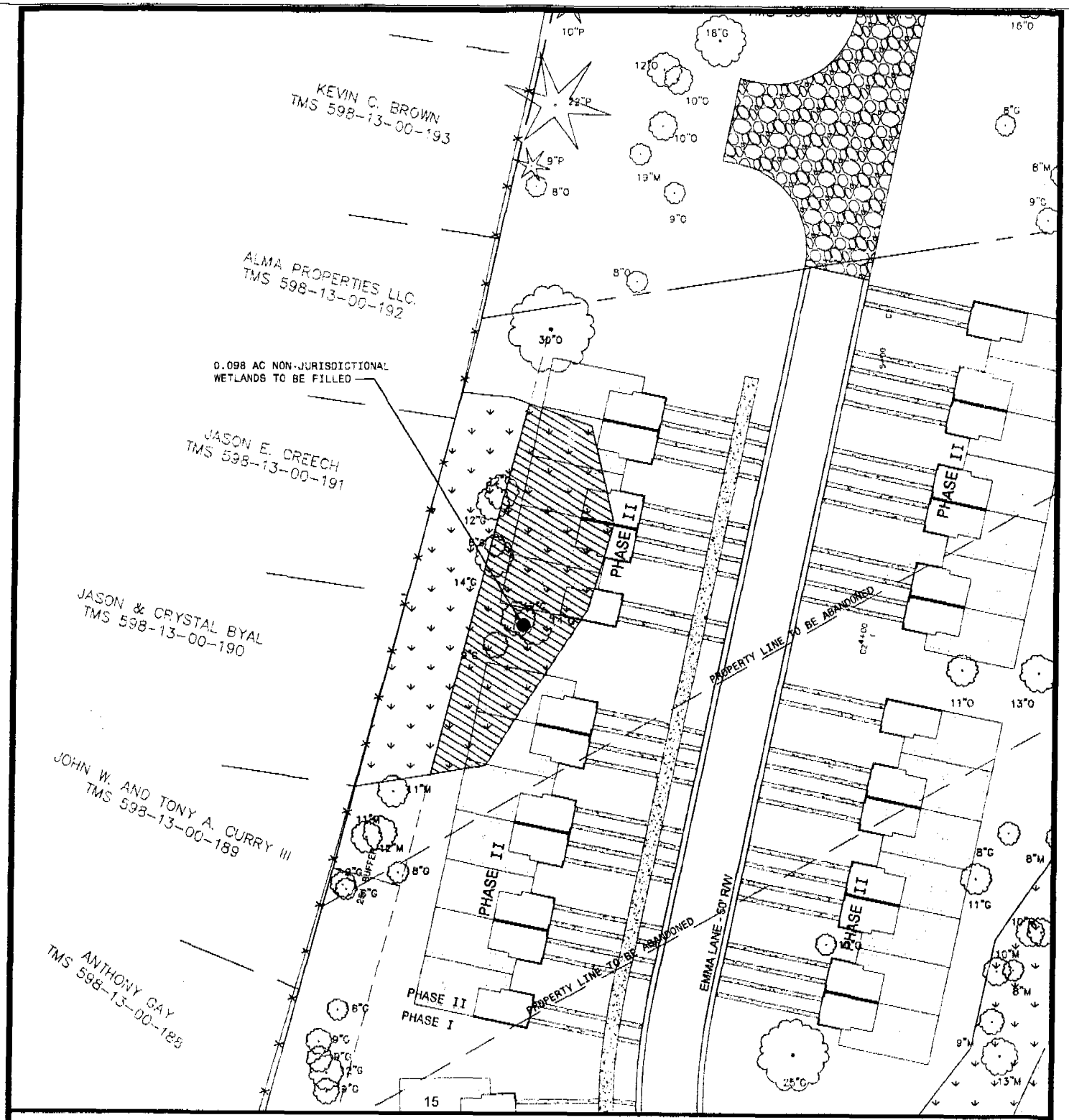
VILLAGE AT CAROL OAKS
LOW COUNTRY LAND MINE
MT. PLEASANT, SC

SHEET NO.: 1 OF 1
SCALE: 1" = 1000'
DATE: October 10, 2007
JOB NO.: 405121700

HBD
A Brill Company

QUAD MAP

SAVANNAH, GA – GAINESVILLE, GA – MOUNT PLEASANT, SC – COLUMBIA, SC



THIS PROJECT IS PROPOSED TO IMPACT 0.098 ACRES OF FEDERALLY NON-JURISDICTIONAL FRESHWATER WETLANDS. THESE PROPOSED IMPACTS REQUIRE APPROVAL UNDER THE SCCZM PROGRAM. THIS PLAN WILL FILL 0.098 ACRES FOR A TOTAL IMPACT OF 0.098 ACRES. MITIGATION WILL BE PROVIDED FOR THESE PROPOSED IMPACTS BY PRESERVING REMAINING WETLANDS AND WITH THE PURCHASE OF OFF-SITE CREDITS.

VILLAGE AT CAROL OAKS
LOW COUNTRY LAND MINE
MT. PLEASANT, SC

SHEET NO.: 1 OF 1
SCALE: 1"=50'
DATE: OCTOBER 8, 2007
JOB NO.: 405121700

HBD

WETLAND IMPACT EXHIBIT

474 WANDO PARK BOULEVARD, SUITE 201, MOUNT PLEASANT, SOUTH CAROLINA 29464 (843) 849-7500