RECEIVED #625 1

DHEC

MAY 1 1 2008

DHEC-OCRM MYRTLE BEACH OFFICE

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

For official use only

File number: 26-08 03 08/62597

Permit number: SCR10-I534/62597

Submittal package complete: 05/01/08

Public Notice Start Date (OCRM only): 5-9-08

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: 03/06/2008

Project/ Site Name: Seacoast Medical Center Expansion **County:** Horry

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): Seacoast Medical Center

Company EIN: 57-6001326 Phone: 843-390-8100 Fax:

Mailing Address: 4000 Highway 9 East City: Little River State: SC Zip: 29566

Permit Contact (if owner is company): Arnold Green Phone: 843-390-8100

Mailing Address: 4000 Highway 9 East City: Little River State: SC Zip: 29566

Email address (optional): hagreen@sccoast.net

II. Property Information

A. Site Location (street address, nearest intersection, etc.): 4000 Highway 9 East

City/ Town (if in limits): Little River Latitude: 33° 51' 56" N Longitude: -79° 39' 48" W

Tax map # (list all): 130-00-03-007, 008, 017, 031, 023 & 130-07-01-001

B. Property Owner: Loris Community Hospital District Phone: 843-716-7000

Mailing Address: 3655 Mitchell Street City: Loris State: SC Zip: 29569

III. Site Information

A. Disturbed area (to the nearest tenth of an acre): 21.1 acres Total area: 29.7 acres

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

LCP/ Overall Development Name: Seacoast Medical Center Check here if this is the first phase. ☐

Previous state permit/ file number: Previous NPDES coverage number: SCR10 ____

C. Start Date (MM/DD/YYYY): 06/01/2008 Completion Date: 06/01/2009

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

E. Type of Activity (check one):

☒ Institutional ☐ Residential: Single-family ☐ Commercial ☐ Multi-use (Commercial & Residential) ☐ Industrial ☐ Linear ☐ Residential: Multi-family ☐ Site Preparation (No new impervious) ☐ Other:

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. Horry County

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

Department of the Army Permit No. 97-1T-124

IV. Waterbody Information

A. Nearest receiving waterbody(s) [RWB]: AIWW Distance to nearest RWB (feet): 6,000

Classification of nearest RWB: FW/SA Next/Nearest named RWB: Atlantic Ocean

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	4.350 Ac
c. Other Water(s) List:	☐ 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.

Mitigation will be provided under a seperate submittal package prepared by Beam Associates.

SWPN 19-08 (5-19-08)

Project ID # 50192

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). MD-125 Waterbody(s): AIWW

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). Cu
   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). DO
   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: James M. Wooten, PE S.C. Registration #: 9160
Company/ Firm: DDC Engineers, Inc. S.C. COA #: 00036
Mailing Address: 1298 Professional Drive City: Myrtle Beach State: SC Zip: 29577
Phone: (Day) 843-692-3100 (Mobile) (Fax) 843-692-3210
Email address (optional): jmw@ddcinc.com

B. Operator of Day-to-Day Site Activities [ODSA] (Company or person): Seacoast Medical Center
Mailing Address: 4000 Highway 9 East City: Little River State: SC Zip: 29566
Phone: 843-390-8100 Fax:
Site Contact (if ODSA is company): Arnold Green Phone: 843-390-8100

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

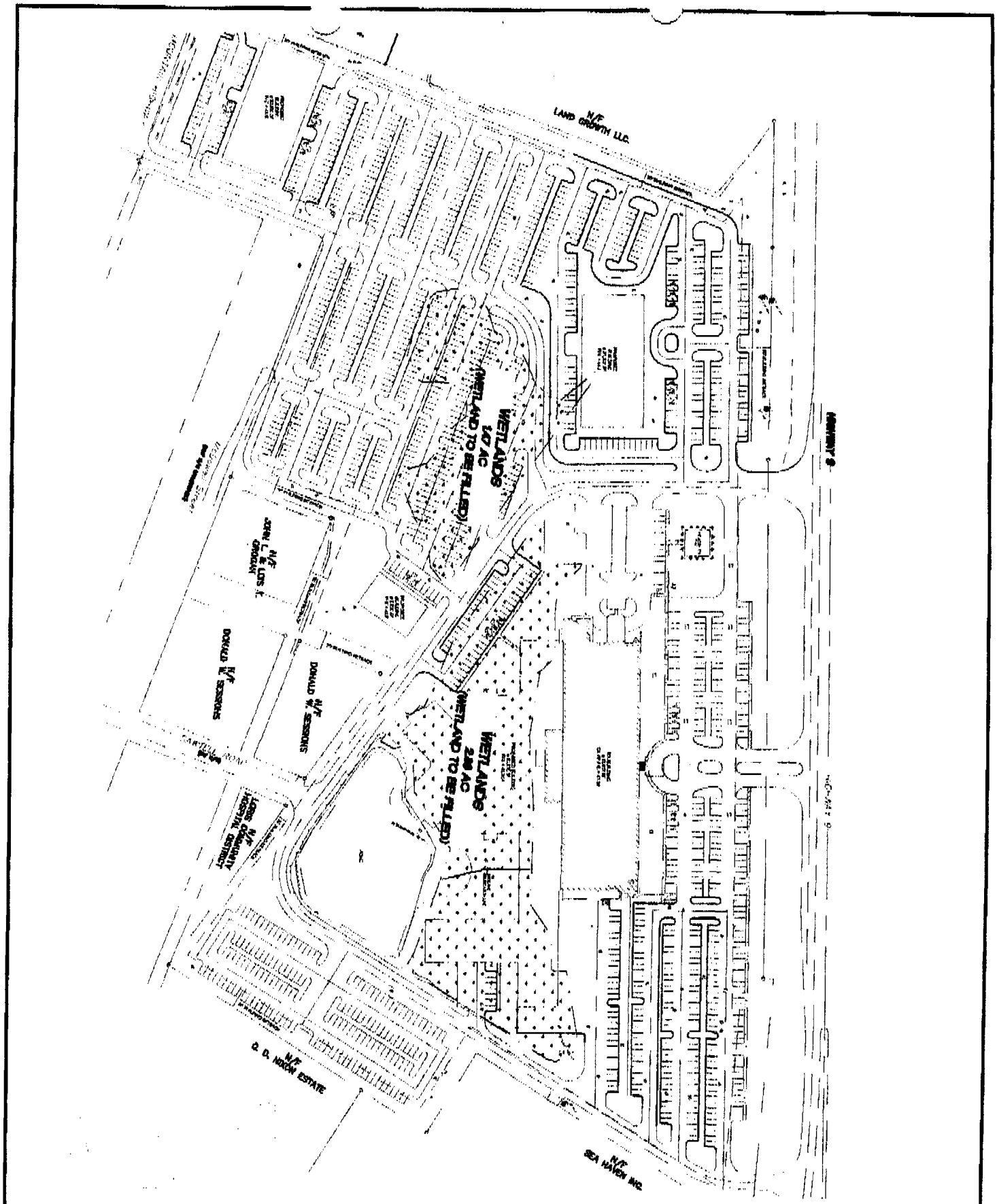
A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, 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

James M. Wooten, PE		9160
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.)

Arnold Green		3-06-08
Printed name of Project Owner/Operator	**Signature of Project Owner/ Operator**	**Date**



WETLAND EXHIBIT

SEA COAST MEDICAL CENTER
Horry County, South Carolina

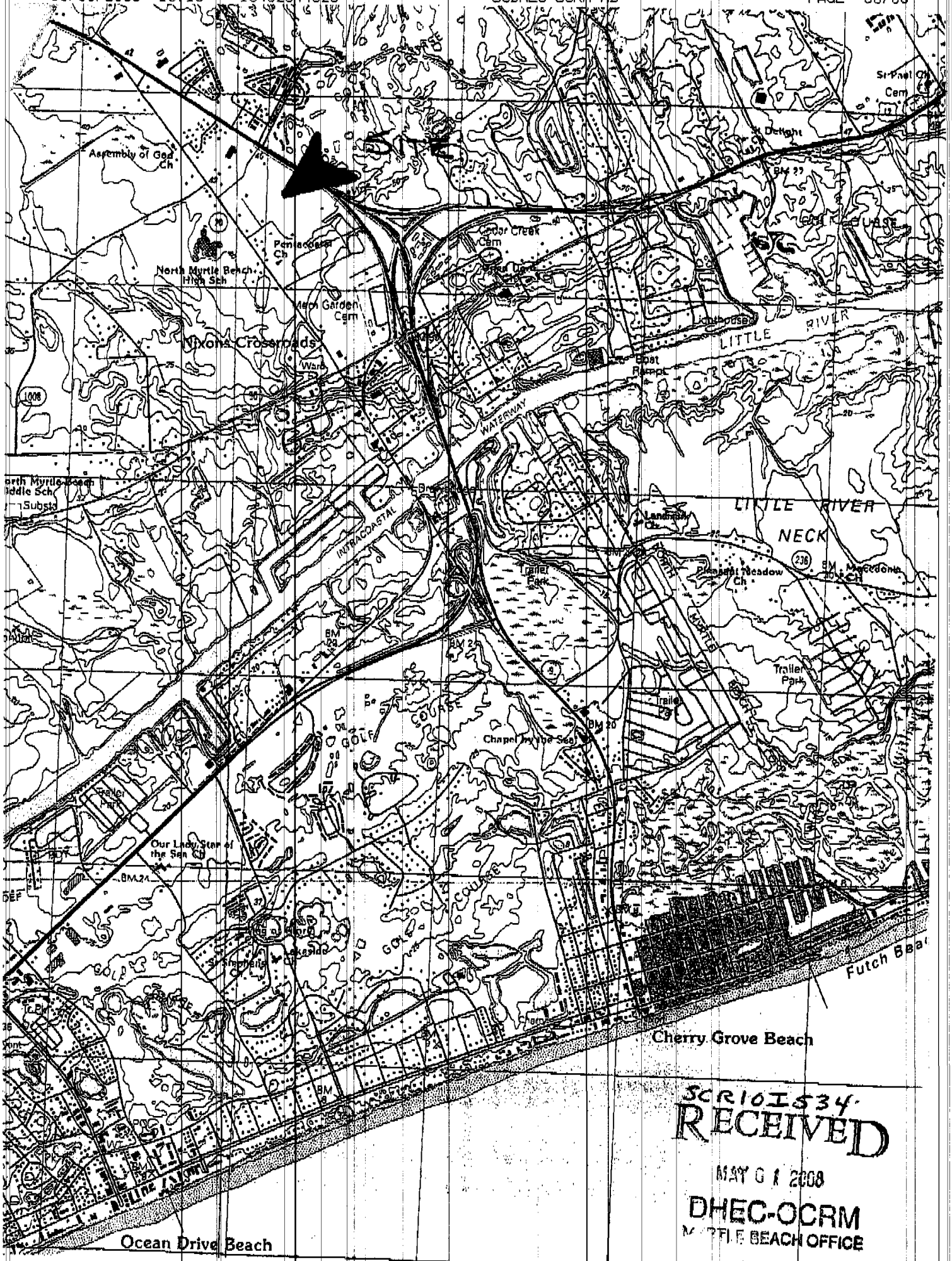
1

PREPARED FOR:

NO.	DATE	REVISION DESCRIPTION	BY

DDC ENGINEERS

SCR10I534



SCR10I534

RECEIVED
MAY 01 2008
DHEC-OCRM
MYRTLE BEACH OFFICE