

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION

Division of Water Pollution Control

6th Floor Annex, L&C Tower, 401 Church Street, Nashville, Tennessee 37243

1-888-891-8332 (TDEC)

Notice of Intent (NOI) for General NPDES Permit for Stormwater Discharges from Construction Activities (TNR100000)

Site or Project Name: WPNA Wetland Mitigation Area #3		NPDES Tracking Number: TNR	
Street Address or Location: 553 McBryant Road NW Charleston, TN 37310		Start date:	08/01/2014
		Estimated end date:	12/31/2014
Site Description: Wetland Mitigation Area #3		Latitude (dd.dddd):	35.2867
		Longitude (dd.dddd):	-84.7993
County(ies): Bradley	MS4 Jurisdiction: N/A	Acres Disturbed:	7.5
		Total Acres:	7.5
Does a topographic map show dotted or solid blue lines <input checked="" type="checkbox"/> and/or wetlands <input checked="" type="checkbox"/> on or adjacent to the construction site? If wetlands are located on-site and may be impacted, attach wetlands delineation report.			
If an Aquatic Resource Alteration Permit has been obtained for this site, what is the permit number?		ARAP permit No.:	NRS10.110
Receiving waters: Unnamed tributary to S. Mouse Creek			
Attach the SWPPP with the NOI <input checked="" type="checkbox"/> SWPPP Attached		Attach a site location map <input checked="" type="checkbox"/> Map Attached	

Name of Site Owner or Developer (Site-Wide Permittee): (person, company, or legal entity that has operational or design control over construction plans and specifications):
Wacker Polysilicon N.A, LLC

Site Owner or Developer Contact Name: (individual responsible for site): Dr. Konrad Bachhuber	Title or Position: (the party who signs the certification below): VP and Site Manager
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Mailing Address: PO Box 446	City: Charleston	State: TN	Zip: 37310-0446
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Phone: (423) 780-8800	Fax: (517) 266-3080	E-mail: konrad.bachhuber@wacker.com
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Optional Contact: Jeremy Copeland	Title or Position: Environmental Manager
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Mailing Address: PO Box 446	City: Charleston	State: TN	Zip: 37310-0446
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Phone: (423) 780-7953	Fax: (517) 264-4021	E-mail: jeremy.copeland@wacker.com
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Owner or Developer Certification (must be signed by president, vice-president or equivalent, or ranking elected official) (Primary Permittee)

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.

Owner or Developer Name; (print or type) Dr. Konrad Bachhuber	Signature: <i>K. Bachhuber</i>	Date: 06/27/14
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Contractor(s) Certification (must be signed by president, vice-president or equivalent, or ranking elected official) (Secondary Permittee)

I certify under penalty of law that I have reviewed this document, any attachments, and the SWPPP referenced above. Based on my inquiry of the construction site owner/developer identified above and/or my inquiry of the person directly responsible for assembling this NOI and SWPPP, I believe the information submitted is accurate. I am aware that this NOI, if approved, makes the above-described construction activity subject to NPDES permit number TNR100000, and that certain of my activities on-site are thereby regulated. I am aware that there are significant penalties, including the possibility of fine and imprisonment for knowing violations, and for failure to comply with these permit requirements.

Primary contractor name and address; (print or type) Mitchell Simpson, Wright Brothers Construction, Inc 1500 Lauderdale Memorial Hwy. Charleston, TN 37310	Signature: <i>J. Mitchell Simpson</i>	Date: 6/27/14
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Other contractor name and address; (print or type)	Signature:	Date:
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Other contractor name and address; (print or type)	Signature:	Date:
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OFFICIAL STATE USE ONLY

Received Date:	Reviewer:	Field Office:	Permit Number TNR 112468	Exceptional TN Water:
Fee(s):	T & E Aquatic Flora and Fauna:	Impaired Receiving Stream:	Notice of Coverage Date:	