

Department of Environment and Conservation Division of Water Pollution Control

## CONSTRUCTION ACTIVITY – STORM WATER DISCHARGES NOTICE OF INTENT (NOI)

| Ste Name:                                                                                                                                                                                                                                                    | Clearview                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                       | Existing Master Tracking No. TNR241365      |                                                          |                                                |                                                                                            |  |  |  |
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|                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                       |                                             | Start date:                                              |                                                | June 2019                                                                                  |  |  |  |
| Street Address or Location:                                                                                                                                                                                                                                  | Walnut Grove Road (Hwy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | Estimated en                          | nd date:                                    | September 2019                                           |                                                |                                                                                            |  |  |  |
| Site Description:                                                                                                                                                                                                                                            | Sec. 1, Lot 7, 60, 62, 63                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                       |                                             | Latitude:                                                | and ( 1 )                                      |                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                              | D. 41 f 1 C 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                       |                                             | Longitude:                                               |                                                |                                                                                            |  |  |  |
| County:                                                                                                                                                                                                                                                      | Rutherford County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                       |                                             | Acres Distur                                             | 0.60                                           |                                                                                            |  |  |  |
| Does a topographic map show dotte<br>If wetlands are located on-site and I<br>If an Aquatic Resource Alteration P<br>number?                                                                                                                                 | may be impacted, attach v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | ineation                              | report.                                     | ARAP perm                                                |                                                | site?                                                                                      |  |  |  |
| Receiving waters:                                                                                                                                                                                                                                            | Stones River                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                       |                                             |                                                          |                                                |                                                                                            |  |  |  |
| Attach the SWPPP with the NOI                                                                                                                                                                                                                                | ☐ SWPPP Attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Attach a       | a site location map    Map Attached   |                                             |                                                          |                                                |                                                                                            |  |  |  |
| Site Owner/Developer: (person, NVR / DBA Ryan Homes                                                                                                                                                                                                          | company, or legal entity tha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | t has operatio | nal or des                            | ign control o                               | over construction                                        | plans and spo                                  | ecifications)                                                                              |  |  |  |
| Site Owner/Developer Contact: (individual responsible for site) Stephen Power                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Title or Position: Division Manager   |                                             |                                                          |                                                |                                                                                            |  |  |  |
| Mailing Address:                                                                                                                                                                                                                                             | ailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                       | on wanag                                    |                                                          | State:                                         | Zip:                                                                                       |  |  |  |
| 302 Innovation Drive, Suite 200                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                       | lin                                         | TN                                                       | 37067                                          |                                                                                            |  |  |  |
| Phone: 515-716-4445                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | E-mail:<br>jopower@nvrinc.com         |                                             |                                                          |                                                |                                                                                            |  |  |  |
| Optional Contact:                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Title or Position:                    |                                             |                                                          |                                                |                                                                                            |  |  |  |
| Jeremy Price, Ryan Homes                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Production Manager  City: State: Zip: |                                             |                                                          |                                                |                                                                                            |  |  |  |
|                                                                                                                                                                                                                                                              | Address: 302 Innovation Drive, Suite 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                       | lin                                         |                                                          | State:<br>TN                                   | Zip: 37067                                                                                 |  |  |  |
| Phone: 615-716-4446                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | E-mail:<br>jprice@nvrinc.com          |                                             |                                                          |                                                |                                                                                            |  |  |  |
| Owner/Developer Certification (m                                                                                                                                                                                                                             | nust be signed by presider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nt, vice-pres  | ident or                              | equivalent,                                 | or ranking ele                                           | cted official                                  | )                                                                                          |  |  |  |
| I certify under penalty of law that this assure that qualified personnel properly or those persons directly responsible for complete. I am aware that there are significant to the complete of the complete of the complete of the complete of the complete. | document and all attachmer<br>gathered and evaluated the<br>or gathering the information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | information s  | ared unde<br>submitted.<br>ation sub  | r my directi<br>Based on m<br>nitted is, to | on or supervision<br>by inquiry of the<br>the best of my | on in accordar<br>person or per<br>knowledge a | nce with a system designed<br>sons who manage the system<br>and belief, true, accurate, an |  |  |  |
| Owner/Developer name; print or type                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Signature                             | DocuS                                       | igned by:                                                |                                                | Date                                                                                       |  |  |  |
| Stephen Power, Division Manager                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                       | Scot                                        | 5BD549B4C8                                               |                                                | 4/16/2019                                                                                  |  |  |  |
| Contractor(s) Certification (must                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                       | valent, or ra                               | anking elected                                           |                                                |                                                                                            |  |  |  |
| I certify under penalty of law that I have<br>owner/developer identified above, and/o<br>am aware that this NOI, if approved, r<br>activities on-site are thereby regulated.<br>and for failure to comply with these perm                                    | nakes the above-described I am aware that there are significant the control of th | construction   | activity s                            | ubject to NI                                | PIDES Liperchit Title                                    | uniber TNR10                                   | 0000, and that certain of m                                                                |  |  |  |
| Primary contractor name and address; print or type                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Signature                             |                                             |                                                          |                                                | Date                                                                                       |  |  |  |
|                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | APR 1 7 2019                          |                                             |                                                          |                                                |                                                                                            |  |  |  |
| Other contractor name and address; print or type                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Signature                             | 9                                           | Date                                                     |                                                |                                                                                            |  |  |  |
| Other contractor name and address; print or type                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Signature                             | VVIRONA                                     | Date                                                     |                                                |                                                                                            |  |  |  |
| OFFICIAL STATE USE ONLY                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                       |                                             |                                                          |                                                |                                                                                            |  |  |  |
| Received Date Reviewer                                                                                                                                                                                                                                       | Field O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ffice          |                                       | Permit Numb                                 | Der 01/19/-                                              | C 02                                           | High Quality Water                                                                         |  |  |  |
| Fee(s) T & E Aqu                                                                                                                                                                                                                                             | natic Fauna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Impaired       |                                       |                                             | 24136e                                                   | Notice of Coverage Date 4-25-19                |                                                                                            |  |  |  |
| CN-0940 (Rev. 03-10))                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                       |                                             |                                                          |                                                | RDAs 2399 and 240                                                                          |  |  |  |



**FIELD ACCOUNT** 

11700 PLAZA AMERICA DRIVE RESTON, VA 20190

262870 06B

47379 - ST OF TN ENVIRONMENT & CON

04/16/2019

| AG1211NOIAPP<br>BP0073NOIAPP | 04-16-19<br>04-16-19 |    | DIV  | СМ  |               | U                    | PH/A         | ACCT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AMOUNT                                    | - 1                                        |
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| BP0073NOIAPP                 |                      | 31 | MAG  |     |               |                      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                            |
| CE000/NOTAPP                 |                      |    | NAS  | BP  | 0073          |                      | 010M         | 121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 100                                       | 0.00                                       |
|                              | 04-16-19<br>04-16-19 |    |      |     | 0007<br>7016  |                      | 010M<br>010M |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           | 0.00                                       |
|                              |                      |    |      |     |               |                      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                            |
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| 277                          |                      |    |      |     |               |                      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                            |
| JNS                          |                      |    |      |     |               |                      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                            |
|                              |                      |    |      |     | B 4150        | 201                  | AEAITA       | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                            |
|                              |                      | N  | SHVI | PEL | D OFF         | CE                   | VIEIVIT      | Total Control of the |                                           |                                            |
|                              | HE7016NOIAPP         |    | DNS  | DNS | DNS NASHVILLE | ONS  NASHVILLE ENVIR | DNS          | ONS  NASHVILLE ENVIRONMENTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ONS  NASHVILLE ENVIRONMENTAL  BELD OFFICE | DNS  NASHVILLE ENVIRONMENTAL.  BELD OFFICE |

ST OF TN ENVIRONMENT & CON 711 R.S. GASS BLVD NASHVILLE TN 37243 APR 1 7 2019

TENNESSEE DEPT OF **ENVIRONMENT & CONSERVATION** 

REMITTANCE ADVICE

DETACH BEFORE DEPOSITING CHECK

THE FRONT OF THIS CHECK CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT. RYAN HOMES FIELD ACCOUNT

Bank of America, N.A. Atlanta, Dekalb County, Georgia

**NVHOMES** HEARTLAND HOMES NVR BUILDING PRODUCTS 262870

SECURITY FEATURES INCLUDED 📅 DETAILS ON BACK

DATE

VENDOR#

CHECK #

PAY

\*\*\*\*\*400.00

04/16/19 47379 262870

EXACTLY:

FOUR HUNDRED DOLLARS AND 00 CENTS

PAY TO THE ORDER OF:

**VOID AFTER 90 DAYS** 

NVR, INC.

CHECK NOT VALID OVER \$50,000.00

ST OF TN ENVIRONMENT & CON