TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
Division of Water Pollution Control
6th Floor Annex, L&C Tower, 401 Church Street, Nashville, Tennessee 37243
1-888-891-8332 (TDEC)

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

Site or Project Name:	**Hankook Tire - Mass Grading and Utility Package Phase 1A**			**NPDES Tracking Number: TNR**	**TNR 149070**
Street Address or Location:	North of Rossview Road, east of Interstate 24, south and west of International Blvd in Montgomery, Tennessee.			Start date:	March 31, 2014
				Estimated end date:	Dec 31, 2014
Site Description:	Grading, drainage, and utility improvements for a Hankook Tire Production facility			Latitude (dd.dddd):	36.5675
				Longitude (dd.dddd):	-87.2471
County(ies):	Montgomery	MS4 Jurisdiction:	Montgomery County	Acres Disturbed:	99.5
				Total Acres:	568

Does a topographic map show dotted or solid blue lines ☒ and/or wetlands ☒ on or adjacent to the construction site?
If wetlands are located on-site and may be impacted, attach wetlands delineation report.
If an Aquatic Resource Alteration Permit has been obtained for this site, what is the permit number? ARAP permit No.:

Receiving waters: Sinkhole - Spring Creek/Red River

Attach the SWPPP with the NOI ☒ SWPPP Attached | Attach a site location map ☒ Map Attached

Name of Site Owner or Developer (Site-Wide Permittee): (person, company, or legal entity that has operational or design control over construction plans and specifications):
Industrial Deveopment Board of the County of Montgomery

Site Owner or Developer Contact Name: (individual responsible for site): Mike Evans		Title or Position: (the party who signs the certification below): Executive Director of IDB	
Mailing Address: 25 Jefferson St, Suite 300		City: Clarksville	State: TN / Zip: 37040
Phone: (931) 245-4348	Fax: (931) 647-1501	E-mail: mevans@clarksville.tn.us	
Optional Contact: **Houston Smith**		Title or Position: Engineer	
Mailing Address: P.O. Box 949		City: **Clarksville**	State: TN / Zip: **37041-0949**
Phone: (931) 647-6959	Fax: (931) 647-7135	E-mail: hsmith@dbsengr.com	

Owner or Developer Certification (must be signed by president, vice-president or equivalent, or ranking elected official) (Primary Permittee)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner or Developer Name; (print or type) Mike Evans	Signature:	Date:

Contractor(s) Certification (must be signed by president, vice-president or equivalent, or ranking elected official) (Secondary Permittee)

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

Primary contractor name and address; (print or type) Alan Lyles Eutaw Construction Company P.O. Box 2482, Madison, MS 39130	Signature:	Date: 3/31/14
Other contractor name and address; (print or type)	Signature:	Date:
Other contractor name and address; (print or type)	Signature:	Date:

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OFFICIAL STATE USE ONLY

Received Date: 4-3-14	Reviewer: MAF	Field Office: 04	Permit Number TNR 149070	Exceptional TN Water: —
Fee(s): —	T & E Aquatic Flora and Fauna: —		Impaired Receiving Stream: —	Notice of Coverage Date: —

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