



**APPLICATION (NOTICE OF INTENT) TO OBTAIN  
 COVERAGE UNDER NDPDES GENERAL PERMIT  
 FOR STORMWATER DISCHARGES ASSOCIATED  
 WITH CONSTRUCTION ACTIVITY (NDR10-0000)**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF WATER QUALITY  
 SFN 19145 (12/15)

FOR DEPT. USE ONLY

Application No. \_\_\_\_\_  
 Date Received \_\_\_\_\_  
**RECEIVED**  
**MAR 24 2016**  
 DIV. OF WATER QUALITY

**GENERAL INFORMATION**

1. Name of Owner of Construction Project NextEra Energy Resources		2. Contact First Name Sean	3. Contact Last Name Harrington	4. Contact Phone No. (561) 694-3614	
5. Contact E-mail Address sean.harrington@nexteraenergy.com					
6. Mailing Address 700 Universe Blvd		7. City Juno Beach		8. State/Province FL	9. Zip Code 33408
10. Name of Operator Working at Site NextEra Energy Resources		11. Contact First Name Dick	12. Contact Last Name Rausch	13. Contact Phone No. (512) 970-6254	
14. Contact E-mail Address dick.rausch@nexteraenergy.com					
15. Mailing Address Laydown Yard		16. City Madan		17. State/Province ND	18. Zip Code

**PROJECT INFORMATION**

19. Name of Construction Project Oliver Wind III					
20. Brief Description of Construction Activity Grading for construction of 48 wind turbine generators, rock access roads, buried underground electrical collection lines, concrete batch plant, rock substation lot, O&M building and one laydown yard area.					
21. Project Start Date 06/13/2016		22. Estimated Completion Date 01/31/2017		23. Estimated Total Area of Site (acres) 21,925	
				24. Estimated Area of Disturbance (acres) 228	
Project Location	25. Physical Address 33rd Ave and 32nd St			26. City Mandan	
	OR	27. Township	28. Range	29. Section	30. Quarter Section (ABCD Format)
		31. County Oliver & Morton			
32. Latitude (Decimal Degrees) 46.951			33. Longitude (Decimal Degrees) -101.15223		
Receiving Waters	34. Name of Municipal Storm Sewer System or Description of Receiving Water Square Butte, Sweet Briar, Otter and Crown Butte Creeks, Missouri and Heart Rivers				

35. A SWPPP must be prepared and available for review at the time of application. You are not required to submit the SWPPP with the application unless otherwise notified by the department. The SWPPP must be completed prior to the start of construction (or the applicable construction phase). Please refer to Part I(D)(2)(c) of the permit.

<b>RETURN COMPLETED APPLICATION TO:</b>  North Dakota Department of Health Division of Water Quality, 4 <sup>th</sup> Floor 918 East Divide Avenue Bismarck, ND 58501-1947  Telephone: (701) 328-5210 Fax: (701) 328-5200	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.	
	36. Printed Name of Owner(s) Sean Harrington	37. Title Sr. Project Director
	38. Signature of Owner(s) <i>[Signature]</i>	39. Date 2/22/16
	40. Printed Name of Operator(s) Dick Rausch	41. Title Sr. Project Manager
42. Signature of Operator(s) <i>[Signature]</i>	43. Date 3/18/16	

