



Environmental
Protection Agency

Notice of Intent (NOI) For Coverage Under Ohio EPA Industrial Storm Water General Permit (OHR000005)

Read accompanying instructions carefully before completing this form.

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized to discharge into state surface waters under Ohio EPA's NPDES general permit program. Becoming a permittee obligates a discharger to comply with the terms and conditions of the permit. Complete all required information as indicated by the instructions. Forms transmitted by fax will not be accepted. A check for \$350 must accompany this form and be made payable to "Treasurer, State of Ohio."

I. Applicant Information/Mailing Address

Company (Applicant) Name: Cyprus Amax Minerals Company

Mailing (Applicant) Address: 333 North Central Avenue

City: Phoenix

State: AZ

Zip Code: 85004

Contact Person: Barbara K. Nielsen

Phone: (602) 366-8270

Fax: (602) 366-7313

Contact E-Mail Address: Barbara_Nielsen@FMI.com

II. Facility/Site Location Information

Facility Name: Cyprus Amax Minerals Company, Inc.

Facility Address/Location: 4243 County Road 74

City: Mingo Junction

State: Ohio

Zip Code: 43938

County(ies): Jefferson

Township(s): Cross Creek

Facility Contact Person: Barbara K. Nielsen

Phone: (602) 366-8270

Fax: (602) 366-7313

Facility Contact E-Mail Address: Barbara_Nielsen@FMI.com

Latitude: 40.313100 Longitude: -80.670900 (Approximate Center of Facility)

Receiving Stream or MS4: Cross Creek

III. General Permit Information

General Permit Number: Industrial Storm Water (OHR000005), Fee = \$350

Initial Coverage: ☐

Renewal Coverage: ☒

Existing NPDES Permit Number (if applicable): OID00037*CD

Primary SIC Code: N/A (remediation site)

Outfall SIC Code(s) Subsector

Federal Effluent Limitation (if applicable)

Latitude

Longitude

Example	2421	GROUP A1	Table 010 - Discharges resulting from spray down or intentional wetting of	40 15 35	- 80 41 22
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001 _____ Not Applicable

002 _____ Please Select One of the Following

003 _____ Please Select One of the Following

004 _____ Please Select One of the Following

005 _____ Please Select One of the Following

IV. Payment Information

Check #: _____

Check Amount: \$350.00

Date of Check: _____

For Ohio EPA Use Only

Check ID (OFA): _____

ORG #: _____

Rev ID: _____

DOC #: _____

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.

Applicant Name: William E. Cobb

Title: Vice-President

Applicant Signature: William E. Cobb

Date: 3/21/12