



Freeport-McMoRan Corporation
Cyprus Amax Minerals Company
333 North Central Avenue
Phoenix, AZ 85004

Joseph A. Brunner
Director, Discontinued Operations
Office: (602) 366-8331
Mobile: (602) 510-1066
E-Mail: Joseph_Brunner@fmi.com

February 10, 2011

Via Certified Mail
Return Receipt Requested

Ohio Environmental Protection Agency
Office of Fiscal Administration
P.O. Box 1049
Columbus, Ohio 73211-1049

To whom it concerns:

Re: Notice of Intent (NOI) for Coverage Under
Ohio Environmental Protection Agency, General Permit

Enclosed, please find a NOI and a check in the amount of \$500.00 for the Cyprus Amax Minerals Company Inc. property located at County Road 74 (Gould Road), in Cross Creek Township, Ohio.

If you have any questions regarding this NOI, please contact Ms. Barbara K. Nielsen at 602-366-8270.

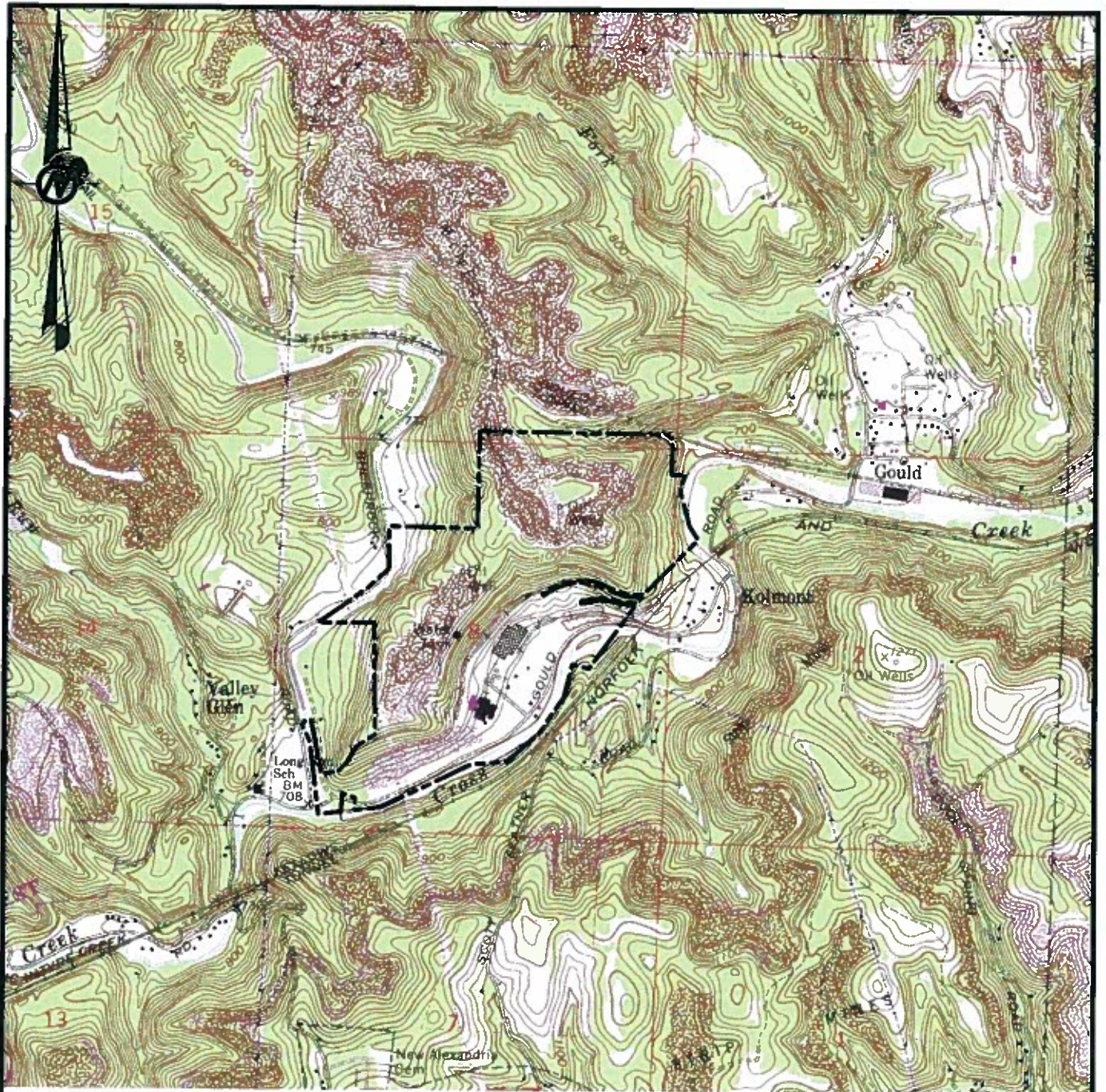
Very truly yours,

CYPRUS AMAX MINERALS COMPANY

By: 
Joseph A. Brunner
Director, Discontinued Operations

Enclosures

cc: Barbara K. Nielsen



REFERENCES

- 1.) MAP TAKEN FROM U.S.G.S. 7.5 MINUTE QUADRANGLE OF STEUBENVILLE WEST, OHIO, DATED



FIGURE **1**

FORMER SATROLLOR SITE LOCATION
CYPRUS AMAX FORMER SATRALLOY SITE
INDUSTRIAL STORM WATER POLLUTION PREVENTION PLAN



Notice of Intent (NOI) For Coverage Under Ohio Environmental Protection Agency General Permit

(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 the proper amount must accompany this form and be made payable to "Treasurer, State of Ohio." (See the fee table in Attachment D of the NOI instructions for the appropriate processing fee)

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: County Road 74 (Gould Road)

City: 4 miles south of Steubenville

State: Ohio

Zip Code: _____

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

Quarter: _____ Section(s): 8

Range: Township 2 North, Range 2 East

Receiving Stream or MS4: Cross Creek

If aware of a state nature preserve within 1,000 feet of the facility/site, check here: ☐

Enter river code here, if discharge is to a river designated scenic, wild, or recreational, or to a tributary within 1,000 feet (see instructions): _____

General Permit Number: OHC000003 Construction Storm Water

Initial Coverage: ☒

Renewal Coverage: ☐

Type of Activity: All Construction Storm Water - 20 or more acres disturbed Fee = \$500

SIC Code(s): - _____ - _____ - _____ - _____

Existing NPDES Permit Number: OID00037*CD

ODNR Coal Mining Application Number: _____

Outfall	Design Flow (MGD)	Latitude	Longitude
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other DSW Permits Required: GP for filling Category 1 & 2 Isolated Wetlands

Proposed Project Start Date (MO DY YR): 05/01/11

Estimated Completion Date: (MO DY YR): 05/01/13

Total Land Disturbance (Acres): 50.00

MS4 Drainage Area (Square Miles): _____

Payment Information: Check # 0000698003

Check Amount: \$500

Date of Check: 10/21/10

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: Joseph A. Brunner

Title: Director, Discontinued Operations

Applicant Signature: Joseph A. Brunner

Date: 02/10/2011

FREEPORT-McMoRAN
COPPER & GOLD
Freeport-McMoRan Copper & Gold
333 North Central Ave
Phoenix AZ 85004

For Inquiries Contact us via: E-Mail:
PHX-FSS_AP@FMI.com / Phone: 602-366-8200 / Self
service website: http://vip.fmi.com/



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OHIO ENV PROTECTION AGENCY
OFFICE OF FISCAL ADMIN
PO BOX 1049
COLUMBUS OH 43216-1049

Page 1 OF 1

INVOICE NUMBER	INVOICE DATE	PURCHASE ORDER	COMPANY	GROSS AMOUNT	DISCOUNT	NET AMOUNT
101210 NOI PAYMENT FEE	10/12/10		- CYPRUS SPECIALTY ME	500.00	0.00	500.00
Check Number		Date	Vendor Number	Name		Total Amount
0000698003		10/21/10	00831V	OHIO ENV PROTECTION AGENCY		\$500.00

CH2491 v0.01 01-22-10

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER - DO NOT CASH IF THE WORD VOID IS VISIBLE

FREEPORT-McMoRAN
COPPER & GOLD
Freeport-McMoRan Copper & Gold
333 North Central Ave
Phoenix AZ 85004

CHECK NO.
0000698003

64-1278/611 GA

DATE OF CHECK
10/21/10

PAY: FIVE HUNDRED AND 00/100 DOLLARS

TO THE ORDER OF OHIO ENV PROTECTION AGENCY
OFFICE OF FISCAL ADMIN
PO BOX 1049
COLUMBUS OH 43216-1049

CHECK AMOUNT
\$500.00



Bank of America, N.A.

Authorized Signature

DOCUMENT CONTAINS A TRUE WATERMARK. DO NOT CASH IF THE WATERMARK IS NOT VISIBLE. SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES.

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