



FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Interim Secretary

REQUEST FOR ADDITIONAL INFORMATION

August 5, 2022

Robert McCormack
Ormond Beach Dunamis Storage, LLC
127 N Meridian St
Lebanon, IN 46052
jgibson@dunamisdevelop.com

RE: First Request for Additional Information (RAI)
Volusia County
Ormond Central Self Storage
Facility ID: FLR10VJ17
DEP Application No.: 62-621.300(4)(b)

Dear Robert McCormack:

Thank you for your application for a *Notice of Intent to Use Generic Permit for Stormwater Discharge from Large and Small Construction Activities* (NOI) submitted on 08/03/2022 for the above referenced Ormond Central Self Storage. A review of your application and supporting documentation indicates the application is incomplete.

To continue the processing of your application, please submit the requested information listed below by 08/15/2022. You are encouraged to contact krishna.baral@floridadep.gov if you need additional time to respond, to discuss the items requested, or help developing your response. Krishna Baral may be reached at 850-245-7610.

Please submit your response by e-mail to Krishna.Baral@Floridadep.gov and copy npdes-stormwater@floridadep.gov. If the file is very large, you may post it to a folder on this office's ftp site at: ftp://ftp.dep.state.fl.us/pub/NPDES_Stormwater/ and notify your processor once it has been posted.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Baral".

Krishna P Baral
Computer Operator II
Florida Department of Environmental Protection

v. 1.2

cc: harry@newkirk-engineering.com

Attached: List of Requested Information

Robert McCormack

Page 2

August 5, 2022

Attachment: List of Requested Information

Ormond Central Self Storage

Facility ID: FLR10VJ17

DEP Application No.: 62-621.300(4)(b)

(1) Complete and properly fill in the missing information:

III. APPLICANT INFORMATION:

G. Responsible Authority: Robert McCormack	Phone #
J. Responsible Authority's Email Address:	

IV. PROJECT/SITE LOCATION INFORMATION:

B. Project Address/Location:

Information Regarding Project Address/Location:

Enter the official or legal name and complete street address, including city, state, and zip code, of the project. Do not provide a P.O. Box number as the street address. If the project lacks a street address, describe the project site location (e.g., intersection of State Road 1 and Smith Street), or directional information (eg 0.3 mile east of State Road 1 & Smith Street).

(2) Complete the following Certification:

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.

Print Name: _____ Title: _____

Hand Signature of Responsible Authority: _____ Date: _____