

**STATE OF UTAH, DEPARTMENT OF ENVIRONMENTAL QUALITY, DIVISION OF WATER QUALITY**  
 195 North 1950 West, P.O. Box 144870, Salt Lake City, Utah 84114-4870 (801)536-4300

**Notice of Intent (NOI) for Coverage Under the UPDES General Permit for Discharges from Small Municipal Separate Storm Sewer Systems (MS4's), Permit No. UTR090000.**



INSTRUCTIONS ON BACK PAGE

DWQ USE ONLY

Coverage No. \_\_\_\_\_

Submission of this Notice of Intent constitutes notice that the party identified in Section I of this form intends to be authorized by a UPDES permit issued for storm water discharges from Small Municipal Separate Storm Sewers in the State of Utah. Becoming a permittee obligates such discharger to comply with the terms and conditions of the permit. **ALL NECESSARY INFORMATION MUST BE PROVIDED ON THIS FORM.**

**Part I. General Information**

**Governmental Entity Name:** \_\_\_\_\_

**Mailing Address: Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_ **Zip Code** \_\_\_\_\_ - \_\_\_\_\_

**Operator Type (Mark One):**    City    County    Hospital    Prison    Military Base    College/University  
    UDOT    Sewer District    Flood Control District    Drainage District    Association  
 Other (list) \_\_\_\_\_

**Operator Status (Mark One):**    Federal    State    Local    Other Public Entity (list) \_\_\_\_\_

**Operator Contact Person: Name** \_\_\_\_\_

**Title** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Latitude/Longitude at Center of land for which you are requesting authorization to discharge:**

**Latitude** \_\_\_\_\_ **Longitude** \_\_\_\_\_

**Population served by your MS4:** \_\_\_\_\_ **People**

**Storm Water Management Program Responsible Person:**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Part II: Outfalls and Receiving Waters**

**Receiving Waters: List all separate storm water outfall receiving waters (all discharges to waters under the definition of waters of the State). If all receiving waters are not known at the time of the NOI submittal, list known outfalls and update the list on annual reports. (ATTACH ADDITIONAL SHEETS AS NEEDED)**

	Outfall	Receiving Water
1.		
2.		
3.		
4.		
5.		
6.		

**Part III. Initial Identification of Best Management Practices (ATTACH ADDITIONAL SHEETS AS NEEDED)**

**1. Public Education and Outreach on Storm Water Impacts**

**Outreach Techniques**

- Classroom education/school programs
- Outreach to commercial entities
- Printed material
- Media campaign
- Classroom educational materials
- Events and Programs
- Displays
- Speakers to community groups
- Economic incentives
- Promotional giveaways
- Others

**Management Practices to Encourage**

- Proper lawn and garden care (fertilizer and pesticide use, sweeping, etc.)
- Low impact development
- Pet waste management
- Pollution prevention for businesses
- Proper disposal of household hazardous wastes
- Water Conservation Practices
- Others

**2. Public Involvement/Participation**

**Involvement Techniques**

- Advisory/partner committees
- Local storm water contact
- Public access to documents and information
- Public review of plans and annual reports
- Watershed organizations
- Attitude surveys
- Community hot lines
- Stakeholder meetings
- Others

**Participation Activities**

- Adopt-a-stream
- Storm drain stenciling
- Stream/roadway cleanup
- Volunteer monitoring
- Wetland plantings
- Others

**3. Illicit Discharge Detection and Elimination**

**Detection and Elimination Activities**

- System mapping
- Regulatory Control Program
- Identifying and Eliminating illicit connection procedures
- Dye testing/Tracing Procedures
- System inspections
- Dry Weather Screening Program/ Field Testing
- Others

**Type of Discharges to Target**

- Failing septic systems
- Illegal dumping
- Industrial/business connections
- Recreational sewage
- Sanitary sewer overflows
- Wastewater connections to the storm drain system
- Others

**4. Construction Site Storm Water Runoff Control**

**Program Activities**

- Regulatory Control Program
- Erosion and Sediment Control BMP's
- Other Waste Control Program
- Site Plan Review Procedures
- Public Information handling Procedures
- Site Inspection/Enforcement Procedures
- Other Construction Site Runoff Controls
- Contractor certification and inspector training
- Others

**Best Management Practices**

- Construction Entrance/Exit Stabilization
- Perimeter Controls
- Sediment Retention Structure Requirements
- Sediment filters and sediment chambers
- Mulching Requirements
- Temporary/Permanent Stabilization Requirements
- Vehicle maintenance and washing areas
- Cement Truck Washout Area
- OtherBMP's

**5. Post-Construction Storm Water Management in New Development and Redevelopment**

- Community Control Strategy
- Regulatory Control Program
- Long Term O& M Procedures
- Pre-Construction Review of BMP Designs
- Site Inspections During Construction
- Post Construction Inspections
- Others

- Infiltration trench/basin
- Infrastructure planning
- storm water inlet specifications
- Narrower residential streets
- Open space design
- Ordinances for post construction runoff
- Storm water wetland
- Zoning
- Others:

**6. Pollution Prevention/Good Housekeeping for Municipal Operations**

- Employee Training Program
- Inspection and Maintenance Program
- Municipal Operations Storm Water Control
- Others

- Municipal Operations Waste Disposal
- Flood Management/Assessment Guidelines
- Others:

**Part IV. Initial Identification of Measurable Goals (Attach additional sheets as needed)**

<p><b>1. Public Education and Outreach on Storm Water Impacts</b></p> <p>Measurable goals (with start and end dates): .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Milestones: Year 1: Year 2: Year 3: Year 4: Year 5:</p>	<p><b>4. Construction Site Storm Water Runoff Control</b></p> <p>Measurable goals (with start and end dates): .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Milestones: Year 1: Year 2: Year 3: Year 4: Year 5:</p>
<p><b>2. Public Involvement/Participation</b></p> <p>Measurable goals (with start and end dates): .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Milestones: Year 1: Year 2: Year 3: Year 4: Year 5:</p>	<p><b>5. Post-Construction Storm Water Management in New Development and Redevelopment</b></p> <p>Measurable goals (with start and end dates): .....</p> <p>.....</p> <p>.....</p> <p>Milestones: Year 1: Year 2: Year 3: Year 4: Year 5:</p>
<p><b>3. Illicit Discharge Detection and Elimination</b></p> <p>Measurable goals (with start and end dates): .....</p> <p>.....</p> <p>.....</p> <p>Milestones: Year 1: Year 2: Year 3: Year 4: Year 5:</p>	<p><b>6. Pollution Prevention/Good Housekeeping for Municipal Operations</b></p> <p>Measurable goals (with start and end dates): .....</p> <p>.....</p> <p>.....</p> <p>Milestones: Year 1: Year 2: Year 3: Year 4: Year 5:</p>

**Part V. 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, I certify that 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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part VI: Contract Certification for Co-Permittee SWMP Implementation  
(ATTACH ADDITIONAL SHEETS AS NEEDED)**

**List entity names responsible for implementation of the SWMP**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_

The above entities have entered into an agreement or contract to satisfy the implementation requirements of the Storm Water Management Program listed in the NOI. As stated in the existing agreements (MOU's) or contracts, the entities have agreed to the following responsibilities.

*Check the entity numbers (entity numbers correspond to entity name numbers listed above) corresponding with responsibilities, or portions thereof, of each entity entering into this agreement in the table below:*

<u>RESPONSIBILITY</u>	<u>ENTITY</u>					
a. Public Education and Outreach	1.	2.	3.	4.	5.	6.
b. Public Involvement and Participation	1.	2.	3.	4.	5.	6.
c. Illicit Discharge Detection and Elimination	1.	2.	3.	4.	5.	6.
d. Construction Site Run-off Control	1.	2.	3.	4.	5.	6.
e. Post-Construction Storm Water Management in New Development and Redevelopment	1.	2.	3.	4.	5.	6.
f. Pollution Prevention/Good Housekeeping for Municipal Operations	1.	2.	3.	4.	5.	6.

If any entity is agreeing to accomplish only a portion of a responsibility in the table then explain the responsibility portion (e.g. entity 1 is responsible for storm drain stenciling program in the MS4 area, entity 2 is responsible for conducting phone surveys for item (a) in the table etc.) on a separate sheet.

The following statement and the accompanying signatures serve as certification that the agreements (MOU's) or contracts have been developed and agreed upon for the implementation of the Operator's (Identified in Part I of the NOI) SWMP.

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, I certify that 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.

Entity	Authorized Signature	Date	Entity	Authorized Signature	Date
1.	_____		2.	_____	
3.	_____		4.	_____	
5.	_____		6.	_____	

**Instructions for Completing the Notice of Intent for Coverage Under a UPDES General Permit for Storm Water Discharges From SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS**  
**Permit No. UTR090000**

**Who Must File a Notice of Intent?**

If you are an operator of a regulated small MS4 designated for permitting, you must apply for coverage under a UPDES permit, or apply for a modification of an existing UPDES permit. If you have questions about whether you need a permit under the UPDES Storm Water Program, contact the Utah Division of Water Quality. The NOI must be submitted in accordance with the deadlines established in Part 2.A. of the UPDES MS4 General Permit.

**When to File the NOI Form**

DO NOT FILE THE NOI UNTIL YOU HAVE READ A COPY OF THE SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM GENERAL PERMIT. You will need to determine your eligibility, prepare your storm water management plan, and correctly answer all questions on the NOI form, all of which must be done before you can sign the certification statement on the NOI in good faith (and without risk of committing perjury).

**Where to File the NOI Form**

NOIs must be sent to the following address:

Department of Environmental Quality  
Division of Water Quality  
P.O. Box 144870  
Salt Lake City, UT 84114-4870

**Completing the NOI Form**

Please make sure you have addressed all applicable questions and have made a photocopy for your records before sending the completed form to the address above. Attach additional pages as needed for detailed explanations of items on the form.

**Part I. MS4 General Information**

Provide the legal name of the person, partnership, co-partnership, firm, company, corporation, association, joint stock company, trust, estate, governmental entity, or other legal entity that operates the MS4 described in this application. The responsible party is the legal entity that controls the MS4's operation. Provide the telephone number of the MS4 operator. Provide the mailing address of the MS4 operator. Include the street address or P.O. box, city, state, and zip code. All correspondence regarding the permit will be sent to this address, not the MS4 address in Section B.

Enter the official or legal name of the MS4.  
Enter the city or cities, county or counties, and state in which the MS4 is located.  
Enter the latitude and longitude of the approximate center of the MS4 in degrees/minutes/seconds. Latitude and longitude can be obtained from U.S. Geological Survey (USGS) quadrangle or topographic maps or by using a GPS unit, calling 1-(888) ASK-USGS, searching for your Facility's address on several commercial map sites on the Internet, or searching the U.S. Census Bureau database at <http://www.census.gov/cgi-bin/gazetteer>. Additionally, estimate the acreage of land area that drains to the MS4. This estimate can be made using topographic maps or topographic data in a geographic information system.

Indicate the legal status of the MS4 operator as a Federal, State, private, or other public entity (other than Federal or State). This refers only to the operator, not the owner of the land on which the MS4 is located.  
Indicate whether the MS4 discharges storm water into one or more receiving water(s). Enter the name(s) of the receiving water(s).  
Indicate whether the MS4 discharges storm water into one or more receiving water(s). Enter the name(s) of the receiving water(s).

**Part II. Outfalls and Receiving Waters**

Indicate all major outfalls (by outfall description) and the receiving water body for each outfall. Indicate whether any of the receiving water bodies are included on the 303(d) list for water quality impairments.

**Part III. Initial Identification of Management Practices**

Check the management practices that you have selected to meet each of the minimum measures. If a selected practice is not on the list, check "Other" and write the name of the practice in the space provided.

**Part IV. Identification of Initial Measurable Goals**

List the person(s) responsible for implementing or coordinating the storm water management program. Provide a narrative description of the measurable goals that will be used for each of the storm water minimum control measures. Indicate the month and year in which you will start and fully implement each of the minimum control measures, or indicate the frequency of the action in the description. Attach additional pages as necessary.

**Part V. Certification**

Certification statement and signature. (CAUTION: An unsigned or undated NOI form will prevent the granting of permit coverage.) State statutes provide for severe penalties for submitting false information on this application form. State regulations require this application to be signed by either a principal executive or ranking elected official as described in Part VI.H. of the Small MS4 General Permit.

**Part VI. Contract Certification for Co-Permittee SWMP Implementation**

Contract certification is required when more than one entity will be implementing the SWMP for the operator filing the NOI. The form must be completely filled out to clearly identify all coordinating agencies. Additional pages shall be used as necessary to define the responsibilities for each entity in preparation and implementation of the SWMP. The form must be signed by all coordinating entities, certifying that local agreements and/or contracts have been developed and agreed upon.