

Notice of Intent (NOI) for coverage under Small MS4 General Permit

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Part I: General Conditions

General Information

Name of Municipality or Organization: State

EPA NPDES Permit Number:

Primary MS4 Program Manager Contact Information

Name: Title:

Street Address Line 1

Street Address Line 2

City State Zip Code

Email: Phone Number:

Fax Number:

Other Information

☐ Check the box if your municipality or organization was covered under the 2003 MS4 General Permit

Stormwater Management Program (SWMP) Location
(web address or physical location):

Eligibility Determination

Endangered Species Act (ESA) Determination Complete? Eligibility Criteria (check all that apply): ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F

National Historic Preservation Act (NHPA) Determination Complete? Eligibility Criteria (check all that apply): ☐ A ☐ B ☐ C ☐ D

MS4 Infrastructure (if covered under the 2003 permit)

Estimated Percent of Outfall Map Complete? If 100% of 2003 requirements not met, enter an estimated date of completion (MM/DD/YY):

(Part II,III,IV or V, Subpart B.3.(a.) of 2003 permit)

Web address where MS4 map is published:

If outfall map is unavailable on the internet an electronic or paper copy of the outfall map must be included with NOI submission (see section V for submission options)

Regulatory Authorities (if covered under the 2003 permit)

Illicit Discharge Detection and Elimination (IDDE) Authority Adopted?: Effective Date or Estimated Date of Adoption (MM/DD/YY):

(Part II,III,IV or V, Subpart B.3.(b.) of 2003 permit)

Construction/Erosion and Sediment Control (ESC) Authority Adopted?: Effective Date or Estimated Date of Adoption (MM/DD/YY):

(Part II,III,IV or V, Subpart B.4.(a.) of 2003 permit)

Post- Construction Stormwater Management Adopted?: Effective Date or Estimated Date of Adoption (MM/DD/YY):

(Part II,III,IV or V, Subpart B.5.(a.) of 2003 permit)

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Part II: Summary of Receiving Waters

Please list the waterbody segments to which your MS4 discharges. For each waterbody segment, please report the number of outfalls discharging into it and, if applicable, any impairments.

For Massachusetts list of impaired waters click here: [Massachusetts 2010 List of Impaired: Waters http://www.mass.gov/dep/water/resources/10list6.pdf](http://www.mass.gov/dep/water/resources/10list6.pdf)

For New Hampshire list of impaired waters click here: [New Hampshire Final 303\(d\) Materials: http://des.nh.gov/organization/divisions/water/wmb/swqa/2010/index.htm](http://des.nh.gov/organization/divisions/water/wmb/swqa/2010/index.htm)

Source of pollutants column should be completed with a preliminary source evaluation of pollutants for discharges to impaired waterbodies (see above 303(d) lists) without an approved TMDL in accordance with Section 2.2.2a of the permit

Waterbody segment that receives flow from the MS4	Number of outfalls into receiving water segment	Pollutant list (select one at a time to add)	Click impairment at left to add, or at right to remove	Pollutant(s) causing impairment, if applicable (select one at a time to remove)
		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total) Oxygen, Dissolved	Add/Remove	
		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total) Oxygen, Dissolved	Add/Remove	
		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total) Oxygen, Dissolved	Add/Remove	
		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total) Oxygen, Dissolved	Add/Remove	

		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total) Oxygen, Dissolved	Add/Remove	
		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total) Oxygen, Dissolved	Add/Remove	
		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total) Oxygen, Dissolved	Add/Remove	
		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total) Oxygen, Dissolved	Add/Remove	
		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total) Oxygen, Dissolved	Add/Remove	
		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total)	Add/Remove	

		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total) Oxygen, Dissolved	Add/Remove	
		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total) Oxygen, Dissolved	Add/Remove	
		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total) Oxygen, Dissolved	Add/Remove	
		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total) Oxygen, Dissolved	Add/Remove	
		Chlorophyll-a Dissolved oxygen saturation Escherichia coli Mercury Nitrogen (Total) Oxygen, Dissolved	Add/Remove	

Click to lengthen table

MCM 2: Public Involvement and Participation

[illegible]

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Part III: Stormwater Management Program Summary

MCM 4: Construction Site Stormwater Runoff Control

[illegible]

[illegible]

Actions for meeting Total Maximum Daily Load (TMDL) Requirements

[illegible]

Part III: Stormwater Management Program Summary

[illegible]

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Part IV: Notes and additional information

Use the space below to provide any additional information about your MS4 program

Click to add text

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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.

Name:

Title:

Signature Field

Date:

NOI Submission

Please submit the form electronically via email using the "submit by Email" button below or send in a CD with your completed NOI. You may also print and submit via mail at the address below if you choose not to submit electronically. Outfall map required in Part I of the NOI (if applicable) can be submitted electronically as an email attachment OR as a paper copy.

Permittees that choose to submit their NOI electronically by email or by mailing a CD with the completed NOI form to EPA, will be able to download a partially filled Year 1 Annual Report at a later date from EPA.

Submit by email using this button. Or, send an email with attachments to: stormwater.reports@epa.gov

Save NOI for your records

EPA Submittal Address:

United States Environmental Protection Agency
5 Post Office Square - Suite 100
Mail Code - OEP06-1
Boston, Massachusetts 02109-3912
ATTN: Newton Tedder

State Submittal Address

Massachusetts Department of Environmental Protection
One Winter Street - 5th Floor
Boston, MA 02108
ATTN: Fred Civian