

## **ADEM Form 028**

### **Notice of Intent – NPDES General Permit Number ALR040000**

#### **(MS4 Phase II General Permit)**

Pursuant to ADEM Admin. Code r. 335-6-1-.04 and the NPDES General Permit Number ALR040000, Notices of Intent for NPDES General Permit Number ALR040000 (ADEM Form 503) are currently required to be submitted electronically. ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS> is now the only method available for electronic submission of such Notices of Intent.

AEPACS allows for dynamic smart forms to be developed. Therefore, ADEM Form 503 has been transformed into multiple variations suited for the specific purpose of the Notice of Intent. This form package includes the following variations of this form in human readable format:

1. MS4 Phase II General Permit (ALR040000) - NOI - New (Form 028)
2. MS4 Phase II General Permit (ALR040000) - NOI - Modification/  
Transfer/Reissuance  
(Form 028)

Applicants may apply for a waiver from electronic submittal of this form in accordance with ADEM Admin. Code r. 335-6-1-.04(6), but a hardcopy submittal of ADEM Form 503 may not be accepted unless the Department first approves such waiver. **The hardcopy form is also include at the end of this form package.** There are differences between the electronic versions of the forms due to the availability of conditionality and the ability to prefill data fields.

# MS4 Phase II GP (ALR040000) - NOI - New (Form 503)

NPDES permit number ALR040000 is a general permit for MS4 Phase II.

Please complete all questions. Incomplete or incorrect answers will delay processing. Attach other information as needed.

## CONTACT INFORMATION

### *Main Address*

Alabama Department of Environmental Management  
Water Division  
Stormwater Management Branch  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

### *Billing Address*

Alabama Department of Environmental Management  
Water Division  
Stormwater Management Branch  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

## CONTACTS

Phone : 334-271-7836

# MS4 Phase II GP (ALR040000) - NOI - New (Form 503)

## Form Input

*\*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

### General Information

#### Permittee Name

Permittee Name

Address Line 1

Address Line 2

City

State/Area

Postal Code

#### 335-6-6-.09 Signatories to Permit Applications and Reports.

The application for an NPDES permit shall be signed by a responsible official, as indicated below:

- (a) In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility;
- (b) In the case of a partnership, by a general partner;
- (c) In the case of a sole proprietorship, by the proprietor; or
- (d) In the case of a municipal, state, federal, or other public entity by either a principal executive officer, or ranking elected official.

#### Responsible Official

First Name

Last Name

Title

Organization Name

Phone Type

Number

Extension

Home

Mobile

Other

Business

Email

Address Line 1

Address Line 2

City

State/Area

Postal Code

Do you have a Duly Authorized Representative (DAR)? \*Select One

Yes  No

**Designated Storm Water Contact**First Name  Last Name Title Phone Type  Number  Extension Home Mobile Other Business Email Address Line 1 Address Line 2 City  State/Area  Postal Code Are there additional contacts associated with this MS4? \*Select One Yes  No**Duly Authorized Representative**\*This section is conditionally displayed based on answers provided in other parts of the form**Authorized Rep****Duly Authorized Representative**Prefix First Name  Last Name Title Phone Type  Number  Extension Home Mobile Other Business Email **Mailing Address**Address Line 1 Address Line 2 City  State/Area  Postal Code Country **Duly Authorized Representative (DAR) Documentation**

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

**Comment** Confidential (Reason for Confidentiality)

**Additional Contact(s)**

*\*This section is conditionally displayed based on answers provided in other parts of the form*

**Contact Type** \*Select One

- Contact
- Contractor
- Director of Public Works
- Environmental Contact
- Local Official
- Consultant
- City Planner
- Engineer
- Facility Contact

**Contact**

**Prefix**

**First Name**      **Last Name**

      

**Title**

**Phone Type**      **Number**      **Extension**

Home           

Mobile           

Other           

Business           

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City**      **State/Area**      **Postal Code**

            

**Country**

**Location/Boundaries**

**MS Entity Type** \*Select One

- County Government/Commission
- Federal
- School District or Board
- Water/Sewer/Utility District or Board
- Corporation
- Municipality (City or Town)
- State

**Site Name**

**Site Location Address**

**Address Line 1**

**Address Line 2**

**Location Description**

**City**      **State/Area**      **Postal Code**

            

**County where the MS4 is located:** \*Select One

- Autauga
- Baldwin
- Barbour
- Bibb
- Blount
- Bullock
- Butler
- Calhoun
- Chambers
- Cherokee
- ... (More Options Available)

**The latitude and longitude to the seconds of the approximate center of your MS4:**

**Latitude**      **Longitude**

      

**Primary SIC Code**  
9511-Air and Water Resource and Solid Waste Management

**Primary NAICS Code**

924110-Administration of Air and Water Resource and Solid Waste Management Programs

**Counties must include a map showing county boundaries, unincorporated area boundaries within the county, and urbanized (UA) boundaries.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Please attach map.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

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**Comment**

Confidential (Reason for Confidentiality)

**Entities must include a location map showing city, town, or district boundaries, and urbanized area (UA) boundaries, if part(s) of the MS4 is within a UA.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Please attach map.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

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**Comment**

Confidential (Reason for Confidentiality)

**Control Measures**

**Has another entity agreed to implement control measures on your behalf?** \*Select One

Yes  No

**Sharing Responsibility**

*\*This section is conditionally displayed based on answers provided in other parts of the form*

**Entity Name(s) and Control Measure(s) or Component(s) of Control Measure(s) to be implemented by entity on your behalf:**

**It is mandatory that you submit a copy of a written agreement between your MS4 and the other entity demonstrating written acceptance of responsibility:**

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

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**Comment**

Confidential (Reason for Confidentiality)

**Supplemental MS4 Information**

**Has your county been granted Home Rule by the State Legislature?** \*Select One

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Yes  No

**Please provide the estimated MS4 acreage covered.**

**Please provide the estimated MS4 population served.**







**Please attach your list of MS4 outfalls.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

The list must include outfall identifier number, latitude/longitude coordinates and receiving water.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.doc, \*.docx, \*.jpeg, \*.jpg, \*.pdf, \*.xls, \*.xlsx

**Comment**

Confidential (Reason for Confidentiality)

**OUTFALL IDENTIFICATION LIST**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Outfall ID#	Latitude (Format ##.#####)	Longitude (Format -##.#####)	Major Receiving Water

**Please provide additional details on the development process of the mapping.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide the estimated completion date of the mapping.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Ordinance or Other Regulatory Mechanism to Prohibit Non-Stormwater Discharges into the Permittee's MS4? <sup>\*Select One</sup>**

In Effect  Under Development

**Indicate which method you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Prohibit Non-Stormwater Discharges into the Permittee's MS4. <sup>\*Select One</sup>**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

URL and/or Citation  Attach a copy

**Please provide a URL and/or a citation reference for the ordinance or other regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide a copy of the ordinance or regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.doc, \*.docx, \*.pdf

**Comment**

Confidential (Reason for Confidentiality)

**Please provide additional details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Does this Entity have a Dry Weather Screening Program? <sup>\*Select One</sup>**

Yes  No

**Is the individual responsible for the Dry Weather Screening Program the same as the Designated Stormwater Contact? <sup>\*Select One</sup>**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Yes  No

**Environmental Contact**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Title</b>		
<input type="text"/>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>		
<input type="text"/>		

**Construction Site Stormwater Runoff Control**

**What is the status of the Ordinance or Other Regulatory Mechanism to Require Erosion and Sediment Control, Including Sanctions to Ensure Compliance?** *\*Select One*

- In Effect
- Under Development

**Indicate which method you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Require Erosion and Sediment Control, Including Sanctions to Ensure Compliance.** *\*Select One*

*\*This control is conditionally displayed based on answers provided in other parts of the form*

- URL and/or Citation
- Attach a copy

**Please provide a URL and/or a citation reference for the ordinance or other regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide a copy of the ordinance or regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

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\*.7z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*,

**Comment**

Confidential (Reason for Confidentiality)

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Entity's Program to Review and Approve Proposed Site Plans for Appropriate Erosion and Sediment Control Prior to the Start of Construction?** *\*Select One*

- In Effect
- Under Development

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Entity's Program to Inspect Construction Sites and Take Enforcement Actions to Correct Noncompliance?** *\*Select One*

- In Effect
- Under Development

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Post-Construction Stormwater Management in New Development and Redevelopment**

**What is the status of the Ordinance or Other Regulatory Mechanism to Post-Construction Runoff from New Development and Redevelopment Projects?** \*Select One

In Effect  Under Development

**Indicate which method you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Post-Construction Runoff from New Development and Redevelopment Projects.** \*Select One

*\*This control is conditionally displayed based on answers provided in other parts of the form*

URL and/or Citation  Attach a copy

**Please provide a URL and/or citation reference for the ordinance or other regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide a copy of the ordinance or regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

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**Comment**

Confidential (Reason for Confidentiality)

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Entity's Program to Address Stormwater Runoff from New Development and Redevelopment Projects that Disturb a Minimum of Greater than or Equal to One Acre?**

In Effect  Under Development

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Entity's Program to Ensure Adequate Long-Term Operation and Maintenance of BMPs for Controlling Runoff from New Development and Redevelopment Projects.**

In Effect  Under Development

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Pollution Prevention/Good Housekeeping**

**Does the Storm Water Management Plan (SWMP) contain information on Pollution Prevention and Good Housekeeping Measures.** \*Select One

Yes  No

**Please provide additional details on the development process of the Pollution Prevention and Good Housekeeping information.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Additional Attachment(s)**

**If there is additional supporting documentation relevant to this submittal, please include here.**

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.doc,\*.docx,\*.pdf

**Comment**

Confidential (Reason for Confidentiality)

**NOI Preparer**

**NOI Preparer**

**Prefix**

**First Name**

**Last Name**

**Title**

**Organization Name**

**Phone Type**

**Number**

**Extension**

Home

Mobile

Other

Business

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

**City**

**State/Area**

**Postal Code**

**Country**

# MS4 Phase II GP (ALR040000) - NOI - Mod/Transfer/Reissuance (Form 503)

NPDES permit number ALR040000 is a general permit for MS4 Phase II.  
Please complete all questions. Attach other information as needed.

## CONTACT INFORMATION

### *Main Address*

Alabama Department of Environmental Management  
Water Division  
Stormwater Management Branch  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

### *Billing Address*

Alabama Department of Environmental Management  
Water Division  
Stormwater Management Branch  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

## CONTACTS

Phone : 334-271-7836

# MS4 Phase II GP (ALR040000) - NOI - Mod/Transfer/Reissuance (Form 503)

## Form Input

*\*This form may contain one or more sections or controls that are conditionally displayed based on answers provided in other parts of the form*

### Processing Information

#### Form Submission Reason \*Select One

- Modification  Transfer  
 Reissuance

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Please download, print, and sign the following:

[Transfer Agreement \(Form 466\)](#)

#### Attach Transfer Agreement (Form 466)

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Please attach the signed Transfer Agreement (Form 466) here.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*

#### Comment

Confidential (Reason for Confidentiality)

Please provide a summary of proposed modifications being applied for with this submission.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

### Permit Information

#### Permit Number

#### Permittee Name

Small MS4 Name

#### Mailing Address

Address Line 1

Address Line 2

City

State/Area

Postal Code

Country

Name of the small MS4 if different from the permittee name above.

**Responsible Official**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

**MS4 Entity Name**

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

**Address Line 1**

**Address Line 2**

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Country**

**Do you have a Duly Authorized Representative (DAR)?** \*Select One

- Yes    No

**Designated Storm Water Contact**

**Prefix**

**First Name**      **Last Name**  
     

**Title**

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

**Address Line 1**

**Address Line 2**

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Country**

**Are there additional contacts associated with this MS4?** \*Select One

- Yes    No

**Duly Authorized Representative**

\*This section is conditionally displayed based on answers provided in other parts of the form

**Authorized Rep**

**Duly Authorized Representative**

**Prefix**

**First Name**  **Last Name**

**Title**

Phone Type	Number	Extension
Home	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Country**

**Duly Authorized Representative (DAR) Documentation**

Please attach appropriate documentation meeting the requirements above for a duly authorized representative. The document must be dated within the last 12 months.

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**Comment**

Confidential (Reason for Confidentiality)

**Additional Contact(s)**

*\*This section is conditionally displayed based on answers provided in other parts of the form*

**Contact Type** \*Select One

- Contact
- Consultant
- Contractor
- City Planner
- Director of Public Works
- Engineer
- Environmental Contact
- Facility Contact
- Local Official



**Contact**

**Prefix**

**First Name**  **Last Name**

**Title**

Phone Type	Number	Extension
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>

**Email**

**Mailing Address**

**Address Line 1**

**Address Line 2**

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Country**

**Location/Boundaries**

**MS4 Entity Type** \*Select One

County Government/Commission     Corporation  
 Federal     Municipality (City or Town)  
 School District or Board     State  
 Water/Sewer/Utility District or Board

**Site Name**

**Site Location Address**

**Address Line 1**

**Address Line 2**

City	State/Area	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**County where the MS4 is located:** \*Select One

Autauga     Baldwin  
 Barbour     Bibb  
 Blount     Bullock  
 Butler     Calhoun  
 Chambers     Cherokee  
... (More Options Available)

**The latitude and longitude to the seconds of the approximate center of your MS4:**

Latitude	Longitude
<input type="text"/>	<input type="text"/>

**Primary SIC Code**  
9511-Air and Water Resource and Solid Waste Management

**Primary NAICS Code**  
924110-Administration of Air and Water Resource and Solid Waste Management Programs

**Counties must include a map showing county boundaries, unincorporated area boundaries within the county, and urbanized (UA) boundaries.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*  
Please attach map.

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**Comment**

Confidential (Reason for Confidentiality)

**Entities must include a location map showing city, town, or district boundaries, and urbanized area (UA) boundaries, if part(s) of the MS4 is within a UA.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*  
Please attach map.

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**Comment**

Confidential (Reason for Confidentiality)

**Control Measures**

**Has another entity agreed to implement control measures on your behalf?** *\*Select One*

Yes  No

**Sharing Responsibility**

*\*This section is conditionally displayed based on answers provided in other parts of the form*

**Entity Name(s) and Control Measure(s) or Component(s) of Control Measure(s) to be implemented by entity on your behalf:**

**It is mandatory that you submit a copy of a written agreement between your MS4 and the other entity demonstrating written acceptance of responsibility:**

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

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**Comment**

Confidential (Reason for Confidentiality)

**Supplemental MS4 Information**

**Has your county been granted Home Rule by the State Legislature?** *\*Select One*

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Yes  No

**Please provide the estimated MS4 acreage covered.**

**Please provide the estimated MS4 population served.**

**Does the MS4 obtain project source funding from any of the following:** *\*Select All That Apply*

- Grant(s)                       Loan(s)
- Local Taxes                       Stormwater Utility
- Stormwater Fee(s)               Utility Surcharge
- Other                                       No funding is collected



Please provide the method of performing Public Involvement and Participation (Select One). *\*Select One*

- Public Workshop
- Government Meeting (e.g. Public Hearing, Council Meeting)
- Involvement in Development of MS4 Program Report
- Involvement in Designing of Ordinance Controlling Discharges to MS4
- No Specific Delivery Method Specified in Permit Requirement
- Citizen Committee Meetings
- Volunteer Event
- Involvement in Development of Stormwater Management Plan (SWMP)
- Other

For the delivery method specified above, please select ALL subjects that are addressed by this method. *\*Select All That Apply*

- Construction Sites
  - Household Hazardous Waste Disposal
  - Infrastructure Maintenance
  - Storm Drain Marking
  - Pesticide and Fertilizer Application
  - General Stormwater Management Information
  - Illicit Discharge Detection and Elimination
  - Smart Growth
  - Green Infrastructure/Better Site Design/Low Impact Development
  - Pet Waste Management
- ... (More Options Available)

For the method and subject noted above, please select ALL in the target audience. *\*Select All That Apply*

- Public Employees
  - Businesses
  - Contractors
  - Public
  - Agricultural
  - Residential
  - Restaurants
  - Developers
  - Industries
  - Other
- ... (More Options Available)

### Illicit Discharge Detection and Elimination

Please provide the status of MS4 outfall mapping? *\*Select One*

- MS4 System Map is Current
- Under Development
- No Mapping of MS4 Outfalls

Please provide the date of the most recent mapping of MS4 outfalls.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Please attach a site map that may include the coordinates of all known outfalls, identifies the receiving waters and structural BMPs owned, operated or maintained by the Permittee.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:  
 \*.7z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

Comment

Confidential (Reason for Confidentiality)

Please provide the total number of MS4 outfalls in the MS4 system.

A list of MS4 outfalls should be provided either as an attachment (to include Outfall Number or ID, coordinates and receiving water) or individually listed in the table provided. *\*Select One*

- I will attach a list of the MS4 outfalls.
- I will enter each MS4 outfall individually.

Please attach your list of MS4 outfalls.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

The list must include outfall identifier number, latitude/longitude coordinates and receiving water.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.doc\*.docx\*.jpeg\*.jpg\*.pdf\*.xls\*.xlsx

Comment

Confidential (Reason for Confidentiality)

### OUTFALL IDENTIFICATION LIST

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Outfall ID#	Latitude (Format ##.#####)	Longitude (Format -##.#####)	Major Receiving Water

Please provide additional details on the development process of the mapping.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Provide the estimated completion date of the mapping.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

What is the status of the Ordinance or Other Regulatory Mechanism to Prohibit Non-Stormwater Discharges into the Permittee's MS4? <sup>\*Select One</sup>

- In Effect  Under Development

Indicate which method you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Prohibit Non-Stormwater Discharges into the Permittee's MS4 <sup>\*Select One</sup>

*\*This control is conditionally displayed based on answers provided in other parts of the form*

- URL and/or Citation  Attach a copy

Please provide a URL and/or a citation reference for the ordinance or other regulatory mechanism.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Provide a copy of the ordinance or regulatory mechanism.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.doc,\*.docx,\*.pdf

Comment

Confidential (Reason for Confidentiality)

Please provide additional details on the development process.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Provide estimated completion date.

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Does this Entity have a Dry Weather Screening Program? <sup>\*Select One</sup>

- Yes  No

Is the individual responsible for the Dry Weather Screening Program the same as the Designated Stormwater Contact? <sup>\*Select One</sup>

*\*This control is conditionally displayed based on answers provided in other parts of the form*

- Yes  No

Environmental Contact

*\*This control is conditionally displayed based on answers provided in other parts of the form*

<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Title</b>		
<input type="text"/>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>		
<input type="text"/>		

**Construction Site Stormwater Runoff Control**

What is the status of the Ordinance or Other Regulatory Mechanism to Require Erosion and Sediment Control, Including Sanctions to Ensure Compliance? <sup>\*Select One</sup>

- In Effect  Under Development

Indicate which method you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Require Erosion and Sediment Control, Including Sanctions to Ensure Compliance. <sup>\*Select One</sup>

*\*This control is conditionally displayed based on answers provided in other parts of the form*

- URL and/or Citation  Attach a copy

**Please provide a URL and/or a citation reference for the ordinance or other regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide a copy of the ordinance or regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:

\*.7Z,\*.7z,\*.AVI,\*.avi,\*.Avi,\*.BMP,\*.bmp,\*.Bmp,\*.CSV,\*.csv,\*.Csv,\*.DAT,\*.dat,\*.Dat,\*.DOC,\*.doc,\*.Doc,\*.DOCX,\*.docx,\*.Docx,\*.DWG,\*.dwg,\*.Dwg,\*.EML,\*.eml,\*.Eml,\*.GIF,\*.gif,\*.Gif,\*.GPX,\*.gpx,\*.Gpx,\*.HTM,\*.

**Comment**

Confidential (Reason for Confidentiality)

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Entity's Program to Review and Approve Proposed Site Plans for Appropriate Erosion and Sediment Control Prior to the Start of Construction?** <sup>\*Select One</sup>

In Effect  Under Development

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Entity's Program to Inspect Construction Sites and Take Enforcement Actions to Correct Noncompliance?** <sup>\*Select One</sup>

In Effect  Under Development

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

## **Post-Construction Stormwater Management in New Development and Redevelopment**

**What is the status of the Ordinance or Other Regulatory Mechanism to Post-Construction Runoff from New Development and Redevelopment Projects?** <sup>\*Select One</sup>

In Effect  Under Development

**Indicate which method you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Post-Construction Runoff from New Development and Redevelopment Projects.** <sup>\*Select One</sup>

*\*This control is conditionally displayed based on answers provided in other parts of the form*

URL and/or Citation  Attach a copy

**Please provide a URL and/or citation reference for the ordinance or other regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide a copy of the ordinance or regulatory mechanism.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted:  
\*.7z\*.7z\*.AVI\*.avi\*.Avi\*.BMP\*.bmp\*.Bmp\*.CSV\*.csv\*.Csv\*.DAT\*.dat\*.Dat\*.DOC\*.doc\*.Doc\*.DOCX\*.docx\*.Docx\*.DWG\*.dwg\*.Dwg\*.EML\*.eml\*.Eml\*.GIF\*.gif\*.Gif\*.GPX\*.gpx\*.Gpx\*.HTM\*.

**Comment**

Confidential (Reason for Confidentiality)

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Entity's Program to Address Stormwater Runoff from New Development and Redevelopment Projects that Disturb a Minimum of Greater than or Equal to One Acre?**

In Effect  Under Development

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**What is the status of the Entity's Program to Ensure Adequate Long-Term Operation and Maintenance of BMPs for Controlling Runoff from New Development and Redevelopment Projects.**

In Effect  Under Development

**Please provide more details on the development process.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Pollution Prevention/Good Housekeeping**

**Does the Storm Water Management Plan (SWMP) contain information on Pollution Prevention and Good Housekeeping Measures. \*Select One**

Yes  No

**Please provide additional details on the development process of the Pollution Prevention and Good Housekeeping information.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Provide estimated completion date.**

*\*This control is conditionally displayed based on answers provided in other parts of the form*

**Additional Attachment(s)**

If there is additional supporting documentation relevant to this submittal, please include here.

Multiple attachments are not allowed. Please be aware that files exceeding 500 MB in size are not allowed. The following file types are accepted: \*.doc,\*.docx,\*.pdf

**Comment**

Confidential (Reason for Confidentiality)

**NOI Preparer**

**Notice of Intent (NOI) Preparer**

<b>Prefix</b>		
<input type="text"/>		
<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>Title</b>		
<input type="text"/>		
<b>Organization Name</b>		
<input type="text"/>		
<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	<input type="text"/>	
Mobile	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>
<b>Email</b>		
<input type="text"/>		
<b>Mailing Address</b>		
<b>Address Line 1</b>		
<input type="text"/>		
<b>Address Line 2</b>		
<input type="text"/>		
<b>City</b>	<b>State/Area</b>	<b>Postal Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country</b>		
<input type="text"/>		



# ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## NOTICE OF INTENT – NPDES GENERAL PERMIT NUMBER ALR040000 (MS4 PHASE II)

**Instructions:** This form should be used to submit a Notice of Intent for coverage under NPDES General Permit Number ALR040000 **ONLY if the applicant has been granted a waiver from electronically submitting this form pursuant to ADEM Admin. Code r. 335-6-1-.04(6).** NPDES General Permit Number ALR040000 is the general permit authorizing stormwater discharges from regulated small Municipal Separate Storm Sewer Systems (MS4). **Mail completed form to:** ADEM-Water Division, Stormwater Management Branch, PO Box 301463, Montgomery, AL 36130-1463.

### PURPOSE OF THIS NOI

- |                                                                       |                                                                 |
|-----------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Initial NOI for New Coverage                 | <input type="checkbox"/> Reissuance of General Permit ALR _____ |
| <input type="checkbox"/> Modification of General Permit No. ALR _____ | <input type="checkbox"/> Other _____                            |
| <input type="checkbox"/> Transfer of General Permit No. ALR _____     |                                                                 |

### I. PERMITTEE INFORMATION

#### A. Permittee

Permittee Name (Legal Name)		Responsible Official Phone Number (Provide at least one)	
Mailing Address		Mailing City, State, and Zip Code	
<b>MS4 Entity Type (please select only one)</b>			
<input type="checkbox"/> Municipality (City or Town)	<input type="checkbox"/> County Government/Commission	<input type="checkbox"/> Water/Sewer/Utility District or Board	
<input type="checkbox"/> School District or Board	<input type="checkbox"/> State	<input type="checkbox"/> Federal	<input type="checkbox"/> Corporation

#### B. Responsible Official

Name	Title
Phone Number	Email Address
Mailing Address	Mailing City, State, and Zip Code

#### C. Designated Storm Water Contact

Name	Title
Phone Number	Email Address
Mailing Address	Mailing City, State, and Zip Code

### II. Site Information

Site Name	County where the MS4 is located
Location Address	Location City, State, and Zip Code
Latitude/Longitude, to the seconds, of the approximate center of your MS4	

### III. Site Maps

<b>Please indicate which of the applicable required maps are attached to this application:</b>	
<input type="checkbox"/>	The MS4 Entity Type is a County Government/Commission. A map showing county boundaries, unincorporated area boundaries within the county, and urbanized (UA) boundaries is attached.
<input type="checkbox"/>	The MS4 Entity Type is NOT a County Government/Commission. A location map showing city, town, or district boundaries, and urbanized area (UA) boundaries, if part(s) of the MS4 is within a UA is attached.

### IV. Supplemental MS4 Information

<b>If the MS4 Entity Type is County Government/Commission, has your county been granted Home Rule by the State Legislature?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Estimated MS4 acreage covered		Estimated MS4 population served	
_____		_____	
<b>Does the MS4 obtain project source funding from any of the following:</b>			
<input type="checkbox"/> Grants	<input type="checkbox"/> Loans	<input type="checkbox"/> Local Taxes	<input type="checkbox"/> Other
<input type="checkbox"/> Stormwater Fee(s)	<input type="checkbox"/> Utility Surcharge	<input type="checkbox"/> Stormwater Utility	<input type="checkbox"/> No funding is collected

If <b>Other</b> was selected, please describe:		
<b>Please provide the MS4 Type:</b>		
<input type="checkbox"/> County	<input type="checkbox"/> Hospital	<input type="checkbox"/> Park
<input type="checkbox"/> Transportation System/DOT	<input type="checkbox"/> Military Installation/Base	<input type="checkbox"/> Prison
<input type="checkbox"/> Educational Institution (e.g. college, university)	<input type="checkbox"/> Municipality (e.g. City, Town)	<input type="checkbox"/> Other _____

**V. Receiving Water List and Known or Suspected Water Quality Problems, If Applicable**

ADEM Water Quality Information such as 303(d) lists, TMDLs, and impaired water information can be accessed at the following webpage: <http://www.adem.alabama.gov/programs/water/waterquality.cnt>

Please list all major receiving waters to which the MS4 discharges and identify whether the receiving water is impaired [included on the latest 303(d) list or an EPA approved total maximum daily load (TMDL)]. If impaired, please provide a brief summary of any known or suspected water quality concerns within your jurisdictional area (e.g. stream siltation, habitat degradation, elevated levels of pollutants, etc.). Also, please indicate if any of the major receiving waters above classified as an Outstanding National Resource Water (ONRW) [335-6-10-.10(1)], Outstanding Alabama Water (OAW) [335-6-10-.03(1)] or a Treasured Alabama Lake (TAL) [335-6-10-.10(2)]. Attach additional pages if necessary			
Major Receiving Water Name	303(d)/TMDL Applicability	Known or Suspected Water Quality Concern Details	Indicate which of these classifications apply
			<input type="checkbox"/> ONRW <input type="checkbox"/> OAW <input type="checkbox"/> TAL <input type="checkbox"/> None
			<input type="checkbox"/> ONRW <input type="checkbox"/> OAW <input type="checkbox"/> TAL <input type="checkbox"/> None
			<input type="checkbox"/> ONRW <input type="checkbox"/> OAW <input type="checkbox"/> TAL <input type="checkbox"/> None
			<input type="checkbox"/> ONRW <input type="checkbox"/> OAW <input type="checkbox"/> TAL <input type="checkbox"/> None
			<input type="checkbox"/> ONRW <input type="checkbox"/> OAW <input type="checkbox"/> TAL <input type="checkbox"/> None
			<input type="checkbox"/> ONRW <input type="checkbox"/> OAW <input type="checkbox"/> TAL <input type="checkbox"/> None

**VI. Sharing Responsibility**

Has another entity agreed to implement control measures on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please attach the following:
1. A listing of each entity’s name and the Control Measure(s) or Component(s) of Control Measure(s) to be implemented by entity on your behalf.
2. A copy of a written agreement between your MS4 and the other entity demonstrating written acceptance of responsibility

**VII. Storm Water Management Program Plan (SWMP)**

A description of your Storm Water Management Program Plan (SWMP) that includes a) management practices b) control techniques and c) system, design, and engineering methods to reduce pollutants in storm water run-off to the maximum extent practicable (MEP) for the following six minimum control measures <u>must</u> be attached:
<ol style="list-style-type: none"> <li>Public Education and Outreach</li> <li>Public Involvement/Participation</li> <li>Illicit Discharge Detection and Elimination</li> <li>Construction Site Storm Water Runoff Control</li> <li>Post-construction Storm Water Management in New Development and Redevelopment</li> <li>Pollution Prevention/Good Housekeeping</li> </ol>

**VIII. Public Education and Outreach**

In the table indicated, provide a summary of the permit requirements associated with the MS4 public education and outreach program, including any educational materials the permittee is required to distribute or equivalent outreach activities the permittee must implement to inform the target audience about the impacts of stormwater discharges and the steps the public can take to reduce stormwater pollutants.

This section will identify:

- How the public education and outreach will be delivered;
- The subject of the public education and outreach program; and
- The target audience.

**IX. Public Involvement and Participation**

In the table indicated, provide a summary of the permit requirements associated with the MS4 public involvement and participation program requirements, which must involve the public and comply with State, Tribal, and local public notice requirements.

This section will identify:

- The mechanism for public involvement and participation;
- The subject of the public involvement program; and
- The public involvement participants.

**PLEASE DUPLICATE FOLLOWING TWO PAGES AS MANY TIMES AS NECESSARY TO COVER ALL OF THE PUBLIC EDUCATION AND OUTREACH METHODS AND PUBLIC INVOLVEMENT AND PARTICIPATION METHODS TO BE USED. PLEASE USE ONE PAGE PER METHOD**

## VIII. Public Education and Outreach

1. Choose one Public Education and Outreach Method (Only one method per page, duplicate page as many times as needed)				
<input type="checkbox"/> Website	<input type="checkbox"/> School Programs	<input type="checkbox"/> Publication of MS4 Program Report		
<input type="checkbox"/> Brochures/Pamphlets	<input type="checkbox"/> Special Events/Fairs	<input type="checkbox"/> Publication of Stormwater Management Plan (SWMP)		
<input type="checkbox"/> Contests	<input type="checkbox"/> Videos	<input type="checkbox"/> Publication of Ordinance Controlling Discharges to MS4		
<input type="checkbox"/> Displays/Posters/Kiosks	<input type="checkbox"/> Tours	<input type="checkbox"/> Targeted Group Training		
<input type="checkbox"/> Local Public Service Announcements	<input type="checkbox"/> Government Events	<input type="checkbox"/> Signage		
<input type="checkbox"/> Meetings	<input type="checkbox"/> Workshops	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Newspaper Articles/Press Releases	<input type="checkbox"/> Social Media	<input type="checkbox"/> No Specific Delivery Method Specified in Permit Requirement		
2. For the method specified above, please select ALL subjects that are addressed below:		3. For each subject selected, please select ALL of the target audiences below:		
<input type="checkbox"/> Construction Sites	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> General Stormwater Management Information	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Household Hazardous Waste Disposal	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Illicit Discharge Detection and Elimination	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Infrastructure Maintenance	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Smart Growth	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Storm Drain Marking	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Green Infrastructure/Better Site Design/Low Impact Development	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Pesticide and Fertilizer Application	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Pet Waste Management	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Recycling	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Riparian Corridor Protection/Restoration	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Trash Management	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Vehicle Washing	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Water Conservation	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Wetland Protection	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Residential Yard Waste Management (e.g. onsite reuse of leaves and grass clippings)	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Transportation/Commuting (e.g. commuter reduction, carpooling, leaky cars)	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> Other _____	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement
<input type="checkbox"/> No Specific Subject Specified in Permit Requirement	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> School Groups <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement

**IX. Public Involvement and Participation**

<b>1. Choose one Public Involvement and Participation Method (Only one method per page, duplicate page as many times as needed)</b>					
<input type="checkbox"/> Involvement in Development of MS4 Program Report <input type="checkbox"/> Involvement in Development of Stormwater Management Plan (SWMP) <input type="checkbox"/> Involvement in Designing of Ordinance Controlling Discharges to MS4 <input type="checkbox"/> Government Meeting (e.g. Public Hearing, Council Meeting)			<input type="checkbox"/> Public Workshop <input type="checkbox"/> Citizen Committee Meetings <input type="checkbox"/> Volunteer Event <input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Delivery Method Specified in Permit Requirement		
<b>2. For the delivery method specified above, please select ALL subjects that are addressed by this method:</b>		<b>3. For each subject selected, please select ALL of the target audiences below:</b>			
<input type="checkbox"/> Construction Sites	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> General Stormwater Management Information	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Household Hazardous Waste Disposal	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Illicit Discharge Detection and Elimination	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Infrastructure Maintenance	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Smart Growth	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Storm Drain Marking	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Green Infrastructure/Better Site Design/Low Impact Development	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Pesticide and Fertilizer Application	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Pet Waste Management	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Recycling	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Riparian Corridor Protection/Restoration	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Trash Management	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Vehicle Washing	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Water Conservation	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Wetland Protection	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Residential Yard Waste Management (e.g. onsite reuse of leaves and grass clippings)	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Transportation/Commuting (e.g. commuter reduction, carpooling, leaky cars)	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Citizen Stream Monitoring	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Cleanup Events	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Planting Community Rain Garden	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Group BMP Installation	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	
<input type="checkbox"/> No Specific Subject Specified in Permit Requirement	<input type="checkbox"/> Public <input type="checkbox"/> Residential <input type="checkbox"/> Restaurants	<input type="checkbox"/> Businesses <input type="checkbox"/> Agricultural <input type="checkbox"/> Public Employees	<input type="checkbox"/> Contractors <input type="checkbox"/> Developers <input type="checkbox"/> Industries	<input type="checkbox"/> Other _____ <input type="checkbox"/> No Specific Target Audience Specified in Permit Requirement	

**X. Illicit Discharge Detection and Elimination**

This section provides a summary of the permit requirements associated with the Illicit Discharge Detection and Elimination requirements, including (at a minimum): (1) the date of most recent mapping of MS4 outfalls (including the receiving waterbody for each MS4 outfall); (2) the status of the ordinance or other regulatory mechanism to prohibit non-stormwater discharges into the permittee’s MS4; (3) the procedures and actions the permittee is required to take to enforce the prohibition of non-stormwater discharges to the permittee’s MS4; (4) the procedures and actions the permittee must take to detect and address non-stormwater discharges, including illegal dumping, to the permittee’s MS4; and (5) the procedures and actions the permittee must take to inform public employees, businesses and the public of hazards associated with illegal discharges and improper disposal of waste.

**A. MS4 Outfalls**

**1. Please provide the status of MS4 outfall mapping:**

MS4 System Map is Current

If selected:

1. Provide the date of the most recent mapping of MS4 outfalls \_\_\_\_\_
2. Attach a site map that may include the coordinates of all known outfalls, identifies the receiving waters and structural BMPs owned, operated or maintained by the Permittee

Under Development

If selected:

1. Provide the estimated date of the most mapping of MS4 outfalls \_\_\_\_\_
2. Please provide additional details on the development process of the mapping:

No Mapping of MS4 Outfalls

**2. What is the total number of MS4 outfalls in the MS4 system? \_\_\_\_\_**

**3. Attach a list of MS4 outfalls to include Outfall Number or ID, geographic coordinates, and major receiving waters.**

**B. Prohibition of Non-Stormwater Discharges**

**What is the status of the Ordinance or Other Regulatory Mechanism to Prohibit Non-Stormwater Discharges into the Permittee's MS4?**

In Effect

If selected, please indicate the method by which you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Prohibit Non-Stormwater Discharges into the Permittee's MS4:

The URL and/or a citation reference for the ordinance or other regulatory mechanism if provided below:

A copy of the ordinance or other regulatory mechanism is attached

Under Development

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the ordinance or other regulatory mechanism:

**C. Dry Weather Screening Program**

**Does this Entity have a Dry Weather Screening Program?**  Yes  No

If Yes, is the individual responsible for the Dry Weather Screening Program the same as the Designated Stormwater Contact?  Yes  No

If No, provide the contact information for person responsible for the Dry Weather Screening Program

<b>Name</b>	<b>Title</b>
<b>Phone Number</b>	<b>Email Address</b>

**XI. Construction Site Stormwater Runoff Control**

This section provides a summary of the permit requirements associated with the Construction Site Runoff Control requirements, including (at a minimum): (1) status of the ordinance or other regulatory mechanism to require erosion and sediment controls, including sanctions to ensure compliance; (2) requirements for construction site operators to implement appropriate erosion and sediment control BMPs and control waste at the construction site that may cause adverse impacts to water quality; (3) procedures for site plan review that incorporate consideration of potential water quality impacts; (4) procedures for receipt and consideration of information submitted by the public; and (5) procedures for site inspection and enforcement of control measures.

**A. What is the status of the Ordinance or Other Regulatory Mechanism to Require Erosion and Sediment Control, Including Sanctions to Ensure Compliance?**

In Effect

If selected, please indicate the method by which you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Require Erosion and Sediment Control, Including Sanctions to Ensure Compliance:

The URL and/or a citation reference for the ordinance or other regulatory mechanism if provided below:

A copy of the ordinance or other regulatory mechanism is attached

Under Development

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the ordinance or other regulatory mechanism:

**B. What is the status of the Entity's Program to Review and Approve Proposed Site Plans for Appropriate Erosion and Sediment Control Prior to the Start of Construction?**

In Effect

Under Development

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the entity's program to review and approve proposed site plans for appropriate erosion and sediment control prior to the start of construction:

**C. What is the status of the Entity's Program to Inspect Construction Sites and Take Enforcement Actions to Correct Noncompliance?**

In Effect

Under Development

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the entity's program to inspect construction sites and take enforcement actions to correct noncompliance:

**XII. Post-Construction Stormwater Management in New Development and Redevelopment**

**A. What is the status of the Ordinance or Other Regulatory Mechanism to Post-Construction Runoff from New Development and Redevelopment Projects?**

In Effect

If selected, please indicate the method by which you wish to provide proof of the Ordinance or Other Regulatory Mechanism to Post-Construction Runoff from New Development and Redevelopment Projects:

The URL and/or a citation reference for the ordinance or other regulatory mechanism if provided below:

A copy of the ordinance or other regulatory mechanism is attached

Under Development

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the ordinance or other regulatory mechanism:

**B. What is the status of the Entity's Program to Address Stormwater Runoff from New Development and Redevelopment Projects that Disturb a Minimum of Greater than or Equal to One Acre?**

In Effect

Under Development

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the entity's program to address stormwater runoff from new development and redevelopment projects that disturb a minimum of greater than or equal to one acre:

**C. What is the status of the Entity's Program to Ensure Adequate Long-Term Operation and Maintenance of BMPs for Controlling Runoff from New Development and Redevelopment Projects?**

In Effect

Under Development

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the entity's program to ensure adequate long-term operation and maintenance of bmps for controlling runoff from new development and redevelopment projects:

**XIII. Pollution Prevention/Good Housekeeping**

**Does the Storm Water Management Plan (SWMP) contain information on Pollution Prevention and Good Housekeeping Measures?**

Yes

No,

1. Provide the estimated completion date \_\_\_\_\_
2. Please provide additional details on the development process for the pollution prevention and good housekeeping measures:

**XIV. NOI Preparer**

<b>Name</b>	<b>Title</b>	<b>Organization Name</b>
<b>Email Address</b>		<b>Phone Number</b>
<b>Mailing Address</b>		<b>Mailing City, State, and Zip Code</b>