

**DEQ**  
**FORM**  
**605 – R04**  
February 8, 2005



**OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**NOTICE OF INTENT FOR STORM WATER DISCHARGES FROM**  
**SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS**  
**OKR04**

**Please print or type.** All items should be completed as accurately as possible and in their entirety. Please refer to the instructions for information about the required items. An original signature of the applicant is required according to PART VI.H in the permit OKR04. Use additional pages to fully describe your responses.

**Note:** Municipality is defined as a federal, state, city, town, county, district, association, or other public body (created by or pursuant to Oklahoma or Federal law), including special districts under State law such as a storm sewer district, flood control or drainage district, or similar entity, or a designated and approved management agency under Section 208 of the Clean Water Act.

**1. Name and address of the permit applicant and local contact:**

\_\_\_\_\_  
Name of the Municipality

\_\_\_\_\_  
Name and Title of Storm Water Program Manager

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

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

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Type of Municipality  
(Federal, State, City, County, Publicly Owned, Private)

\_\_\_\_\_  
Latitude

\_\_\_\_\_  
Longitude

(measured at the approximate geographical center)

Approximate area of the municipality in square miles: \_\_\_\_\_

County(s) the regulated SMS4 is located in: \_\_\_\_\_

**2. Co-permittee:**

Are you co-permitting with another Municipal Entity? **Yes**  **No**

If yes, complete the following:

\_\_\_\_\_  
Name of the Co-permittee

\_\_\_\_\_  
Name and Title of Storm Water Program Manager

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

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

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Type of Municipality  
(Federal, State, City, County, Publicly Owned, Private)

\_\_\_\_\_  
Latitude

\_\_\_\_\_  
Longitude

(measured at the approximate geographical center)

Certification by the co-permittee is required Section 9 below.

**3. Receiving waters for discharges of storm water from your MS4:**

<u>Name of Water Bodies</u>	<u>Impaired</u> (Yes or No)	<u>Impairment</u>	<u>Source of Impairment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use additional pages if needed.

**4. Location Map / Boundaries**

Attach a location showing the present boundaries of the municipality.

**5. Will another entity provide services to perform some portion or all of the BMPs for the six minimum control measures (PART IV.C) or TMDL supplemental conditions (PART III.B)?** Yes  No   
 If yes, attach a statement listing their name and the service they will be providing.

**6. Outline of Measurable Goals and BMPs**  
 Attach a description of your storm water management program (SWWP), including best management practices that will be implemented and the measurable goals for each of the six storm water minimum control measures, the month and year in which the MS4 operator will start and fully implement each of the control measures or the frequency of the action, the name of the person(s) responsible for implementing or coordinating the SWMP, and the supporting documentation required by Part I.E. and Part III. of the permit.

**7. Endangered Species**  
 Based on the requirements of Part I. E and Exhibit 1 does your municipality discharge into an Aquatic Resource of concern? Yes  No   
 If yes, which criterion listed in Part I.E is your municipality using to meet eligibility requirements?  
**Criterion** \_\_\_\_\_  
 Certification of this NOI will constitute your certification of compliance with the endangered species requirements of this permit.

**8. Construction by the Permitted Municipality**  
 You have the option to develop permit requirements (PART VIII) that allow the municipality to obtain permit coverage for all municipality owned and operated construction sites under this permit rather than filing a separate notice of intent (NOI) with the DEQ for each such project.  
 Indicate if the municipality will include the optional permit requirements into your SWMP and permit.  
 Yes  No

**9. Certification of Permittee**  
*"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 gathered and evaluated 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 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."*

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Name (printed)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Email address (legally responsible person)

**Certification of Co-Permittee (if applicable)**

\_\_\_\_\_  
 Signature of Co-Permittee

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Name (printed)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Email address (legally responsible person)