

**NPDES Small Municipal Separate Storm Sewer System Notice of Intent
For Small MS4s Previously Permitted (sMS4 – NOI)**
(Revised: December 19, 2016)

This form is designed for use by cities, counties and other governmental bodies seeking coverage under the General NPDES Small Municipal Separate Storm Sewer System (sMS4) Permit pursuant to NDEQ Title 119, Chapter 10 002.11A.

Existing NPDES sMS4 authorization number: _____ Facility ID number: _____

1. Identification of Applicant and Designation of Certifying Official¹

Name of Applicant: _____

Certifying Official¹: _____

Title of Certifying Official: _____

Mailing Address: _____

Telephone: () _____

¹The Certifying Official will need to sign page 4 of this application, and must meet the following qualifications:

All permit applications submitted to the Department shall be signed:

002.01 In the case of corporation, by a responsible corporate officer (defined in 002.01A or 002.01B);

002.02 In the case of a partnership of a sole proprietorship, by a general partner or proprietor; and

002.03 In the case of a municipal, State or other public facility by either a principal executive officer or ranking elected official.

2. Designation of Authorized Representative²

Completion of this section is not required if the Certifying Official is to be the sole contact concerning this application.

Name of Authorized Representative: _____

Title of Authorized Representative: _____

Employer of Authorized Representative (if not the applicant): _____

Mailing Address: _____

Telephone: () _____

² The "authorized representative" is the primary facility contact for correspondence and monitoring reporting, and must meet the requirements set forth in NDEQ Title 119 Chapter 13.003. All other correspondence, reports and SEMR's shall be signed by a person designated in 002.01 through 002.03 or a duly authorized representative if such representative is responsible for the overall operation of the facility from which the discharge originates; the authorization is made in writing by the person designated under 002.01 through 002.03 and the written authorization is submitted to the Director.

3. Standard Industrial Classification (SIC) Codes

Check or list the SIC codes that apply to the applicant. At least one SIC code must be checked or listed. See examples:

- ___ 9111 - Executive Offices (i.e., Government Administration)
- ___ 9411 - Public Education Program
- ___ 9431 - Public Health Program
- ___ 9511 - Environmental Quality Program (e.g., water resource mgmt. including storm water transport)
- ___ 9532 - Urban Planning and Development
- ___ 9621 - Public Administration of Transportation Programs
- ___ 9711 - National Security

Other (list): _____

Example 1: A city that anticipates both its public works and planning departments having responsibilities under the NPDES permit for sMS4 discharges would check 9111, 9511 and 9532.

Example 2: A county that anticipates both its health and roads and planning departments having responsibilities under the NPDES permit for sMS4 discharges would check 9111, 9431, 9532 and 9621.

Example 3: A public university that operates its own sMS4 would check 9411.

4. Identification of the Small Municipal Separate Storm Sewer System (sMS4) Area

- a. **Attach a map (or maps) of the Small Municipal Separate Storm Sewer System (sMS4)** that shows the location of all outfalls identified to date (Also see “c” below) and the receiving water to which they discharge. The receiving waters may be identified either on the map or in an associated map index or attachment.
- b. **What is the approximate size of the Small Municipal Separate Storm Sewer System (sMS4) area in square miles?** _____
- c. **Provide an explanation** (below or in the map or associated index/attachment) as to the extent to which the map identifies all storm water outfalls. See examples below.

Example 1: It is believed that the attached map identifies all storm sewer discharge points that exist in the Small Municipal Separate Storm Sewer System (sMS4).

Example 2: The attached map identifies all storm sewer discharge points constructed since 1950, and all known discharge points that were constructed prior to 1950. There may be unidentified outfalls in the older areas of the city and if such discharges exist they will be identified as part of the Illicit Discharge Detection and Elimination efforts to be carried-out under the permit.

5. Shared Responsibilities

a. Check the appropriate statement below. Only one may be checked.

Completion of this section does not preclude the applicant from changing plans relative to coordinated programs or co-permittee implementation efforts. If such a change occurs, the applicant (or a representative of the coordinated group) needs to provide the NDEQ with a written notification of the change.

- (1) ___ At this time, the applicant is implementing all provisions and requirements of the NPDES permit without entering any cooperative agreements with other public or private entities.
- (2) ___ At this time, the applicant is implementing the provisions and requirements of the NPDES permit in conjunction with the other public entities identified below as coordinated programs as detailed in Part II of the permit.
- (3) ___ At this time, the applicant is implementing the provisions and requirements of the NPDES permit in conjunction with the other public entities identified below as co-permittees as detailed in Part II of the permit.
- (4) ___ Other - Provide explanation below (See Additional Information).

b. Coordinated Programs or Co-permittees: If (2), (3) or (4) were checked, identify the cooperative partners or potential partners.

c. Additional Information: Provide any other information that may be pertinent. If (5) was checked, provide an explanation in the following spaces.

9. 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 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, 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.

Certifying Official's Signature⁴

Date Signed

Certifying Official's Printed Name

Certifying Official's Title

⁴ The Certifying Official identified in Section 1 of this application must sign above.

10. Completeness Review:

- ___ **Have the NOI sections 1 thru 6 been completed?**
- ___ **Was the proper signature provided in NOI Section 9?**
- ___ **Is a map of the Small Municipal Separate Storm Sewer System (sMS4) as required in NOI Section 4 attached?**
- ___ **Is the SWMP and Monitoring Plan information as required in Section 6 attached?**

**NPDES Small Municipal Separate Storm Sewer System Notice of Intent
For Small MS4s New Permittees (sMS4 – NOI)**
(Revised: December 19, 2016)

This form is designed for use by cities, counties and other governmental bodies seeking coverage under the General NPDES Small Municipal Separate Storm Sewer System (sMS4) Permit pursuant to NDEQ Title 119, Chapter 10 002.11A.

1. Identification of Applicant and Designation of Certifying Official¹

Name of Applicant: _____

Certifying Official¹: _____

Title of Certifying Official: _____

Mailing Address: _____

Telephone: () _____

¹ The Certifying Official will need to sign page 4 of this application, and must meet the following qualifications:

All permit applications submitted to the Department shall be signed:

- 002.01 In the case of corporation, by a responsible corporate officer (defined in 002.01A or 002.01B);
- 002.02 In the case of a partnership of a sole proprietorship, by a general partner or proprietor; and
- 002.03 In the case of a municipal, State or other public facility by either a principal executive officer or ranking elected official.

2. Designation of Authorized Representative²

Completion of this section is not required if the Certifying Official is to be the sole contact concerning this application.

Name of Authorized Representative: _____

Title of Authorized Representative: _____

Employer of Authorized Representative (if not the applicant): _____

Mailing Address: _____

Telephone: () _____

² The "authorized representative" is the primary facility contact for correspondence and monitoring reporting, and must meet the requirements set forth in NDEQ Title 119 Chapter 13.003. All other correspondence, reports and SEMR's shall be signed by a person designated in 002.01 through 002.03 or a duly authorized representative if such representative is responsible for the overall operation of the facility from which the discharge originates; the authorization is made in writing by the person designated under 002.01 through 002.03 and the written authorization is submitted to the Director.

3. Standard Industrial Classification (SIC) Codes

Check or list the SIC codes that apply to the applicant. At least one SIC code must be checked or listed. See examples:

- ___ 9111 - Executive Offices (i.e., Government Administration)
- ___ 9411 - Public Education Program
- ___ 9431 - Public Health Program
- ___ 9511 - Environmental Quality Program (e.g., water resource mgmt. including storm water transport)
- ___ 9532 - Urban Planning and Development
- ___ 9621 - Public Administration of Transportation Programs
- ___ 9711 - National Security

Other (list): _____

Example 1: A city that anticipates both its public works and planning departments having responsibilities under the NPDES permit for sMS4 discharges would check 9111, 9511 and 9532.

Example 2: A county that anticipates both its health and roads and planning departments having responsibilities under the NPDES permit for sMS4 discharges would check 9111, 9431, 9532 and 9621.

Example 3: A public university that operates its own sMS4 would check 9411.

4. Identification of the Small Municipal Separate Storm Sewer System (sMS4) Area

- a. **Attach a map (or maps) of the Small Municipal Separate Storm Sewer System (sMS4)** that shows the location of all outfalls identified to date (Also see “c” below) and the receiving water to which they discharge. The receiving waters may be identified either on the map or in an associated map index or attachment.
- b. **What is the approximate size of the Small Municipal Separate Storm Sewer System (sMS4) area in square miles?** _____
- c. **Provide an explanation** (below or in the map or associated index/attachment) as to the extent to which the map identifies all storm water outfalls. See examples below.

Example 1: It is believed that the attached map identifies all storm sewer discharge points that exist in the Small Municipal Separate Storm Sewer System (sMS4).

Example 2: The attached map identifies all storm sewer discharge points constructed since 1950, and all known discharge points that were constructed prior to 1950. There may be unidentified outfalls in the older areas of the city and if such discharges exist they will be identified as part of the Illicit Discharge Detection and Elimination efforts to be carried-out under the permit.

5. Shared Responsibilities

a. Check the appropriate statement below. Only one may be checked.

Completion of this section does not preclude the applicant from changing plans relative to coordinated programs or co-permittee implementation efforts. If such a change occurs, the applicant (or a representative of the coordinated group) needs to provide the NDEQ with a written notification of the change.

- (1) ___ At this time, the applicant anticipates implementing all provisions and requirements of the NPDES permit without entering any cooperative agreements with other public or private entities.
- (2) ___ At this time, the applicant will implement the provisions and requirements of the NPDES permit in conjunction with the other public entities identified below as coordinated programs as detailed in Part II of the permit.
- (3) ___ At this time, the applicant anticipates implementing the provisions and requirements of the NPDES permit in conjunction with the other public entities identified below as co-permittees as detailed in Part II of the permit.
- (4) ___ Other - Provide explanation below (See Additional Information).

b. Coordinated Programs or Co-permittees: If (2), (3) or (4) were checked, identify the cooperative partners or potential partners.

c. Additional Information: Provide any other information that may be pertinent. If (5) was checked, provide an explanation in the following spaces.

9. 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 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, 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.

Certifying Official's Signature⁴

Date Signed

Certifying Official's Printed Name

Certifying Official's Title

⁴ The Certifying Official identified in Section 1 of this application must sign above.

10. Completeness Review:

- Have the NOI sections 1 thru 6 been completed?**
- Was the proper signature provided in NOI Section 9?**
- Is a map of the Small Municipal Separate Storm Sewer System (sMS4) as required in NOI Section 4 attached?**
- Is the SWMP and Monitoring Plan information as required in Section 6 attached?**

NPDES/NPP SIGNATORY AUTHORIZATION FORM

This form is to be used to identify or update information pertaining to the facility. This form must be signed by the Certifying Official. The Certifying Official and the Authorized Representative can be the same person.

Facility Name _____ Program/Permit# NE _____
Address _____ City _____ Zip _____ County _____
Location (Street/Directions to) _____
Phone _____

PERMITTEE

List the *NAME* of the company, business, governmental entity, or person that owns the facility and that will be responsible for the permit compliance:

CERTIFYING OFFICIAL

This person is responsible for the permit, signing reapplications, signing DMRs or designating someone to sign DMRs (Authorized Representative) and other correspondence. For a municipal, only the principal executive officer or ranking elected official may sign as the Certifying Official. *See page two for requirements.*

Name _____ Title _____
*Mailing Address _____ City _____
State _____ Zip _____ Phone _____ Email _____

AUTHORIZED REPRESENTATIVE/SIGNATORY (Do not complete if same as Certifying Official)

This person is designated by the Certifying Official and is responsible for receiving, completing and signing DMRs, and receiving other correspondence (i.e., city clerk, plant operator). *See page two for requirements.*

Name _____ Title _____
*Mailing Address _____ City _____
State _____ Zip _____ Phone _____ Email _____
If you represent this Facility as/for a Contractor, list: Contractor's Name _____
Contractor's Address _____ Phone _____

OPERATOR This person is responsible for the operation and maintenance of the plant. *See page two for requirements.*

Name _____ Title _____ Certification # _____
Mailing Address _____ City _____
State _____ Zip _____ Phone _____ Email _____
If you represent this Facility as/for a Contractor, list: Contractor's Name _____
Contractor's Address _____ Phone _____

***Mailing Address:** DMRs will be mailed to this address. *DO NOT* use home or personal address unless necessary. Please use city/village office address or facility/corporate address, etc. This address should remain the same, even with changes in the facility's Certifying Official or Authorized Representative.

(COMPLETE and SIGN PAGE 2)

Facility Name: _____ Permit No. NE _____

COMMENTS

CERTIFYING OFFICIAL SIGNATURE _____ DATE _____

PRINTED NAME OF CERTIFYING OFFICIAL _____

SIGNATORY AUTHORIZATION FORM REQUIREMENTS

Certifying Official. Nebraska Department of Environmental Quality, Title 119, *Rules and Regulations Pertaining to the Issuance of Permits under the National Pollutant Discharge Elimination System*, Chapter 13.

- 002 All permit applications submitted to the Department shall be signed as follows:
- 002.01 for a corporation, by a responsible corporate officer;
- 002.02 for a partnership or sole proprietorship, by a general partner or proprietor, respectively;
- 002.03 for a municipal, State, Federal, or other public agency, by either a principal executive officer or ranking elected official.

Authorized Representative. Nebraska Department of Environmental Quality, Title 119, *Rules and Regulations Pertaining to the Issuance of Permits under the National Pollutant Discharge Elimination System*, Chapter 13.

- 003 All reports required by permits, and other information requested by the Director shall be signed by a person designated in 002 above, or by a duly authorized representative if such a representative is responsible for the overall operation of the regulated facility; the authorization is made, in writing, by the person designated under 002 above; and the written authorization is submitted to the Director.

Changes to Authorization. Nebraska Department of Environmental Quality, Title 119, *Rules and Regulations Pertaining to the Issuance of Permits under the National Pollutant Discharge Elimination System*, Chapter 13.

- 004 If an authorization above is no longer accurate, a new authorization satisfying the requirements must be submitted to the Director prior to, or together with any reports, information, or applications.

Operator. Nebraska Department of Environmental Quality, Title 123, *Rules and Regulations for the Design, Operation and Maintenance of Wastewater Works*, Chapter 11.

- 002 All wastewater works shall be operated and maintained by a competent, designated operator. Facilities requiring certified operators shall meet the requirements of Title 197, *Rules and Regulations for the Certification of Wastewater Treatment Facility Operators of Nebraska*.

Nebraska Department of Environmental Quality
ATTN: Staff Assistant, NPDES Permits Unit
Suite 400, 1200 N Street, The Atrium
PO Box 98922
Lincoln, Nebraska 68509-8922
Telephone (402) 471-4220 Fax (402) 471-2909
<http://deq.ne.gov>

Attachment #4 – sMS4 Annual Report and Evaluation Assessment Sample Format

Requirement (List the Minimum Control Measure)			
Reference	In this section, list the sMS4 permit reference or SWMP reference number for the Requirement		
Responsible	List who is responsible for this activity (e.g., stormwater coordinator, maintenance staff, construction staff)	Date of Last Review	(Date measure was last reviewed)
Strategy/Frequency	List the strategy or frequency for the operations performed for this requirement	Date of Last Update	(Date of last SWMP update)
Report	<p>In this section, detail the actions, observations, work performed, and any data obtained that would satisfy the SWMP or permit requirement. If administrative indicators (such as survey results, permits issued, permit violation fixes, etc.) are available which would display the effectiveness of this control measure, please describe.</p>	Activity Satisfied	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>In this section, list if the actions or activity performed satisfied the SWMP or permit requirement. If No, please report why not in the report evaluation.</p>
Evaluation: Environmental Indicators	If environmental indicators (such as test or monitoring results, studies, etc.) are available which would display the effectiveness of this control measure, please describe. If not available, enter "None" or "NA."		