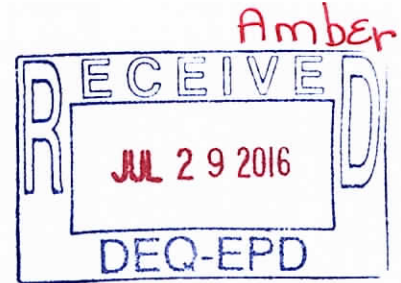


AI #17846



## RE-COVERAGE FORM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) GENERAL PERMIT

**GENERAL PERMIT: MSRMS4 0 3 2.** This coverage number must be completed for the referenced MS4 or this form will be considered incomplete and will be returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage.

### INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Small Municipal Separate Storm System (MS4) General Permit. This form, with an original signature, must be completed and returned to MDEQ at the address printed at the bottom of this form within 60 days of the date of the Letter of Instruction for Re-Coverage.

Submittals with this Re-Coverage Form must include:

- A Storm Water Management Program (SWMP) as required by ACT 5 of the General Permit
- Copies of current municipal storm water ordinances, or if not a city or county, copies of current regulatory mechanisms that address storm water management
- A location map must be attached, if location boundaries have changed since initial coverage issuance
- Copy of current Storm Water Pollution Prevention Plan (SWPPP) or Plans

Additional submittals may include:

- Appendix A and associated Joint MS4 legal documents, if applicable

**NOTE: 3-RING BINDERS WILL NOT BE ACCEPTED DUE TO LIMITED FILING SPACE AT MDEQ.**

### MS4 APPLICANT INFORMATION

MS4 NAME: Hancock County

MS4 MAILING ADDRESS: 854 Hwy 90, Suite A

MS4 CITY: Bay St. Louis STATE: MS ZIP: 39521

MS4 COUNTY: Hancock County

MS4 IS A: ☐ CITY/TOWN ☒ COUNTY ☐ OTHER: \_\_\_\_\_

IS THIS A JOINT RE-COVERAGE FORM BEING SUBMITTED? ☐ YES ☒ NO  
(If yes, a completed Appendix A must accompany submittal)

MS4 POPULATION: 46,400

PRIMARY LOCAL CONTACT NAME (responsible for storm water program implementation): Anthony Cuevas

CONTACT'S TITLE: Director of Planning/Building Insp OFFICE PHONE: (228) 467-4157

CELL PHONE: ( ) FAX NUMBER: ( )

E-MAIL ADDRESS (local contact): Anthony.cuevas@co.hancock.ms.us

E-MAIL ADDRESS (legally responsible person): \_\_\_\_\_

SECONDARY LOCAL CONTACT NAME (knowledgeable about program, if primary contact is unavailable) Mickey LaGasse

OFFICE PHONE: (228) 762-3970 CELL PHONE: (228) 372-4427

**LOCATION DESCRIPTION OF MS4 (not required for cities and counties)**



PROVIDE A NARRATIVE DESCRIPTION OF THE GEOGRAPHICAL LOCATION OF THE MS4 FOR FACILITIES SUCH AS MILITARY BASES, SPECIAL DISTRICTS AND ASSOCIATIONS, AND LARGE COMPLEXES (education, hospital, prison, etc.). \_\_\_\_\_

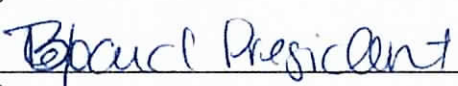
**RECEIVING WATER INFORMATION**

IDENTIFY THE MAJOR RECEIVING WATERS (named on a USGS Quad Map) WITHIN THE MS4 BOUNDARIES. IN ADDITION, NOTE THOSE THAT ARE 303(d) LISTED IMPAIRED WATERBODIES WITHIN THE PERMITTED AREA (a complete list of 303(d) listed impaired waters may be found on MDEQ's web site: <http://www.deq.state.ms.us>).

<u>RECEIVING STREAM</u>	<u>CHECK IF 303(d) LISTED</u>	<u>RECEIVING STREAM</u>	<u>CHECK IF 303(d) LISTED</u>
Pearl River (Turtleskin Creek)	<input checked="" type="checkbox"/>	Mallini Bayou	<input type="checkbox"/>
Catahoula Creek	<input checked="" type="checkbox"/>	Cowan Bayou	<input type="checkbox"/>
Dead Tiger Creek	<input checked="" type="checkbox"/>	Bayou Caddy	<input type="checkbox"/>
Bayou LaSalle	<input checked="" type="checkbox"/>	Turkey Bayou	<input type="checkbox"/>
Rotten Bayou	<input checked="" type="checkbox"/>	Bayou LaCroix	<input type="checkbox"/>
Wolf Creek	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Jourdan River	<input type="checkbox"/>		<input type="checkbox"/>

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.

  
 \_\_\_\_\_  
 Authorized Signature  
  
 \_\_\_\_\_  
 Printed Name

6-6-2016  
 \_\_\_\_\_  
 Date  
  
 \_\_\_\_\_  
 Title

<sup>1</sup>This application shall be signed according to the General Permit, ACT10: SIGNATORY REQUIREMENTS as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by either a principal executive officer, the mayor, or ranking elected official.

Please submit this form to: Chief, Environmental Permits Division  
 MDEQ, Office of Pollution Control  
 P.O. Box 2261  
 Jackson, Mississippi 39225





# NOTICE OF INTENT (NOI) FORM

## SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) GENERAL PERMIT

### GENERAL PERMIT: MSRMS4 \_\_\_\_\_. (Number to be assigned by State)

#### GENERAL INSTRUCTIONS

This Notice of Intent (NOI) is for first time Small Municipal Separate Storm Sewer Systems (MS4s) applicants. The Mississippi Department of Environmental Quality (MDEQ), in accordance with federal regulations, will identify the regulated MS4s. **Do not apply for coverage under the Small Municipal Separate Storm Sewer System General Permit unless you have been notified by MDEQ.** MS4s that have previously held permit coverage must submit the Re-Coverage Form.

Submission of this application constitutes notice that the regulated entity, identified as applicant in this form, agrees to comply with all applicable terms and conditions of the Small MS4 General Permit (MSRMS4). Furthermore, the applicant understands that implementation of the Storm Water Management Program (SWMP) as described in the permit is required to begin as soon as permit coverage is issued by the Mississippi Environmental Quality Permit Board (Permit Board).

MS4s that have been determined to include "urbanized areas" by the Bureau of Census should complete and submit this form, with an original signature and associated submittals, to MDEQ at the address printed at the bottom of this form within 180 days of the date of such designation. For those MS4s designated by MDEQ pursuant to 40 CFR 122.32(a)(2), the MS4 shall submit a MS4 NOI package within 180 days of receiving notification from MDEQ.

All items of the MS4 NOI, including associated submittals, must be completed **accurately and in their entirety** or the MS4 NOI will be deemed incomplete. Processing of the MS4 NOI will not begin until all information is received. Answer "N/A" if the question or Appendix is not applicable. One original copy of the completed MS4 NOI (no faxes) should be submitted.

Submittals with this Notice of Intent Form must include:

- A Storm Water Management Program (SWMP) as required by ACT 5 of the General Permit. There are a number of guidance manuals and references that may be used for program development. The MDEQ guidance manual is available at <http://www.deq.state.ms.us> or by calling 601-961-5171. MS4s in the three coastal counties should use the "Mississippi Gulf Coast Storm Water Management Toolbox" as well. The U.S. Environmental Protection Agency (EPA) website, <http://cfpub.epa.gov/npdes/stormwater/menuofbmps/index.cfm>, and the Center for Watershed Protection website, <http://www.cwp.org>, also have numerous guidance and reference documents that can assist in developing these plans.
- Copies of current storm water ordinances, or if not a city or county, copies of other regulatory mechanisms that address storm water management.
- A location map for the MS4 indicating the boundaries of permit coverage. For enforcement purposes, the map must be of sufficient detail so that the exact boundaries, by street or other demarcation, can be determined. This information can be obtained from the US Census Bureau or from EPA. The map must show the city, town, county, district boundaries or service area, as applicable. Counties must also indicate the unincorporated area boundaries. **Incorporated areas within a regulated county are not regulated unless specifically designated by the Permit Board.** For non-traditional MS4s such as universities and military bases, the maps should be of an appropriate scale to clearly indicate the property boundaries. U.S. Geological Survey (USGS) quadrangle maps can provide some of the requested information. These maps are available for the entire state from the MDEQ Office of Geology (you may contact the Office of Geology at 601-961-5523).

Additional submittals may include:

- Appendix A and associated Joint MS4 legal documents, if applicable.

**NOTE: 3-RING BINDERS WILL NOT BE ACCEPTED DUE TO LIMITED FILING SPACE AT MDEQ.**

### NOI INSTRUCTIONS FOR EACH INFORMATION BLOCK

**MS4 Applicant Information:** Provide the name and physical address of the MS4 (the city, town, county or district) and local contact information. Indicate the status as a city, county or other public entity. Indicate the resident number of people living within the permitted area.

**Location Description of MS4:** Provide a narrative description of the geographical location of the MS4, for military bases, special districts and associations, and large complexes such as education, hospital or prison facilities. A narrative description is not required for a city or county.

**Receiving Water Information:** Identify the major receiving waters (named on a USGS Quad Map) within the MS4 boundaries. In addition, list all 303(d) listed impaired waterbodies (a complete list of 303(d) listed impaired waters may be found on the MDEQ web site: <http://www.deq.state.ms.us>).

**MS4 NOI Certification:** The MS4 NOI must be signed to be considered complete. In the case of a municipal, state, or other public agency the MS4 NOI must be signed by either a principal executive officer or ranking elected official.

### JOINT NOI APPENDIX INSTRUCTIONS

Two or more MS4s and/or recognized utility districts may submit a joint MS4 NOI. The implementation of the minimum control measures may be performed solely by another entity or jointly with another entity. If one or more of the minimum measures are performed solely by another entity the regulated MS4 must complete Appendix A. Control measures that will be performed solely by another entity must be clearly indicated. For example, under the Public Education measure, it may state that "City A will perform this control measure on behalf of Special District B and as per the attached Interlocal Agreement." Minimum measures being performed jointly with another entity must be identified in the SWMP and not on the MS4 NOI. Each applicant must fill out a MS4 NOI. One copy of the required submittals is required per applicant.

Item A. Indicate all of the entities that are applying jointly. Include your own MS4 on the first line.

Item B. Indicate entities that are responsible for implementing entire control measures. If a control measure is to be implemented by more than one entity, indicate each entity's responsibility in the SWMP. The numbers assigned to the entities in Item A. correspond to the "Entities Implementing Control Measures" of Table 1. The regulated entity submitting the form would be A.1.

Item C. An Interlocal Agreement or the equivalent must be submitted for control measures that will be implemented entirely by another entity.

### MS4 APPLICANT INFORMATION

MS4 NAME: Hancock County

MS4 MAILING ADDRESS: 854 Hwy 90, Suite A

MS4 CITY: Bay St. Louis STATE: MS ZIP: 39521

MS4 COUNTY: Hancock MS4 POPULATION: 46,400

MS4 IS A: ☐ CITY/TOWN ☒ COUNTY ☐ OTHER: \_\_\_\_\_

IS THIS A JOINT NOI FORM BEING SUBMITTED? ☐ YES ☒ NO  
(If yes, a completed Appendix A must accompany submittal)

LOCAL CONTACT NAME (responsible for storm water program implementation): Anthony Cuevas

CONTACT'S TITLE: Director of Planning/Bldg Inspector OFFICE PHONE: ( 228 ) 467-4157

CELL PHONE: (      ) \_\_\_\_\_ FAX NUMBER: (      ) \_\_\_\_\_

E-MAIL ADDRESS (local contact): anthony.cuevas@co.hancock.ms.us

E-MAIL ADDRESS (person signing this form): \_\_\_\_\_



**LOCATION DESCRIPTION OF MS4 (not required for cities and counties)**

PROVIDE A NARRATIVE DESCRIPTION OF THE GEOGRAPHICAL LOCATION OF THE MS4 FOR FACILITIES SUCH AS MILITARY BASES, SPECIAL DISTRICTS AND ASSOCIATIONS, AND LARGE COMPLEXES (education, hospital, prison, etc.). \_\_\_\_\_

**RECEIVING WATER INFORMATION**

IDENTIFY THE MAJOR RECEIVING WATERS (named on a USGS Quad Map) WITHIN THE MS4 BOUNDARIES. IN ADDITION, NOTE THOSE THAT ARE 303(d) LISTED IMPAIRED WATERBODIES WITHIN THE PERMITTED AREA (a complete list of 303(d) listed impaired waters may be found on MDEQ's web site: <http://www.deq.state.ms.us>).

<u>RECEIVING STREAM</u>	<u>CHECK IF 303(d) LISTED</u>	<u>RECEIVING STREAM</u>	<u>CHECK IF 303(d) LISTED</u>
Pearl River	<input checked="" type="checkbox"/>	Mallini Bayou	<input type="checkbox"/>
Catahoula Creek	<input checked="" type="checkbox"/>	Cowan Bayou	<input type="checkbox"/>
Dead Tiger Creek	<input checked="" type="checkbox"/>	Bayou Caddy	<input type="checkbox"/>
Bayou LaSalle	<input checked="" type="checkbox"/>	Turkey Bayou	<input type="checkbox"/>
Rotten Bayou	<input checked="" type="checkbox"/>	Bayou LaCroix	<input type="checkbox"/>
Wolf Creek	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Jordan River	<input type="checkbox"/>		<input type="checkbox"/>

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.

Authorized Signature

BLAINE Lafontaine  
Printed Name

Date

6/6/16  
Board President  
Title

<sup>1</sup>This application shall be signed according to the General Permit, ACT10, SIGNATORY REQUIREMENTS, as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by either a principal executive officer, the mayor, or ranking elected official.

Please submit this form to:

Chief, Environmental Permits Division  
MDEQ, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225

## APPENDIX A – JOINT MS4 NOI

### Item A. Joint MS4 NOI

List all entities implementing entire control measures. Entities implementing a component of a control measure should be identified in the SWMP and not on the MS4 NOI (use additional pages as needed):

1. (Responsible Entity, MS4 Applicant) Hancock County
2.
3.
4.
5.
6.
7.
8.

### Item B. Entity Implementing Control Measure – Table 1

Minimum Control Measures for MS4	Entities Implementing Control Measures (use numbers from A, above)							
	1	2	3	4	5	6	7	8
a. Public Education and Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Public Participation and Involvement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Illicit Discharge Detection and Elimination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Construction Site Storm Water Runoff Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Post-Construction Storm Water Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pollution Prevention and Good Housekeeping for Municipal Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other <u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Item C. Legal Agreement.** Attach a copy of the interlocal agreement(s), or equivalent, between the regulated MS4 identified in A. 1. above and the entity or entities responsible for implementing the control measure(s).

Revised: 3/14/2016





## CONSTRUCTION MINIMUM MEASURE ASSISTANCE PETITION SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) GENERAL PERMIT

**GENERAL PERMIT:** MSRMS4 0 3 2. This coverage number must be completed for the referenced MS4 or this form will be considered incomplete and will be returned. The coverage number can be found at the bottom left corner of your previous Certificate of Coverage.

### INSTRUCTIONS

**The form must be submitted to petition MDEQ to assume responsibility for the regulation of storm water runoff from construction activities five (5) acres and greater.**

**The MS4 General Permit requires regulated entities (MS4s) to develop and implement a Storm Water Management Program (SWMP) to reduce the discharge of pollutants from their storm water conveyance systems. The SWMP must include six (6) minimum control measures, including Construction Site Storm Water Runoff Control from construction activities that result in a land disturbance of greater than or equal to one (1) acre or less if part of a larger common plan of development or sale. ACT6, SHARING MINIMUM MEASURE RESPONSIBILITY of the General Permit allows the regulated entity to petition MDEQ to assume responsibility for the regulation of storm water runoff from large construction activities five (5) acres and greater.**

**Activities that disturb less than five (5) acres remain the MS4's responsibility, including activities that are part of a larger common plan of development or sale. For example, the MS4 is responsible for regulating storm water runoff from individual lot construction even though the large residential subdivision had been covered under MDEQ's Large Construction Storm Water General Permit.**

**If MDEQ agrees to assume this responsibility, the regulated entity is not required to include MDEQ's portion of the minimum control measure in the SWMP, nor required to address large construction in the annual report. If MDEQ does not agree to assume this responsibility, the regulated entity will be notified in writing.**

### MS4 INFORMATION

MS4 NAME: <u>Hancock County</u>		
MS4 MAILING ADDRESS: <u>854 Hwy 90, Suite A</u>		
MS4 CITY: <u>Bay St. Louis</u>	STATE: <u>MS</u>	ZIP: <u>39521</u>
MS4 COUNTY: <u>Hancock</u>		
MS4 IS A: <input type="checkbox"/> CITY/TOWN <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER: _____		
LOCAL CONTACT NAME (responsible for construction storm water program implementation): <u>Anthony Cuevas</u>		
CONTACT'S TITLE: <u>Director of Planning/Bldg Insp</u>		OFFICE PHONE: <u>( 228) 467-4157</u>
CELL PHONE: <u>( )</u>		FAX NUMBER: <u>( )</u>
E-MAIL ADDRESS (local contact): <u>anthony.cuevas@hancock.co.ms.us</u>		
E-MAIL ADDRESS (legally responsible person): _____		

In accordance with ACT6, SHARING MINIMUM MEASURE RESPONSIBILITY of the General Permit, the regulated entity (MS4) described above, requests the Mississippi Department of Environmental Quality (MDEQ) to assume responsibility for regulating storm water runoff from large construction activities, five (5) acres and greater. I understand that the above MS4 is still required to develop and implement a Storm Water Management Plan to reduce pollutants from construction activities less than five (5) acres in accordance with ACT5 of the general permit.

Authorized Signature

Date

Blaine LaFontaine  
Printed Name

6/6/16  
Board President  
Title

<sup>1</sup>This application shall be signed according to the General Permit, ACT10, SIGNATORY REQUIREMENTS, as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by either a principal executive officer, the mayor, or ranking elected official.

Please submit this form to:

Chief, Environmental Permits Division  
MDEQ, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225

Revision: 03/14/2016