

AI # 70582
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Dept. of Environmental Quality

NOTICE OF INTENT (NOI) FORM
SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) GENERAL PERMIT
GENERAL PERMIT: MSRMS4 039.
(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: City of Hernando

MS4 MAILING ADDRESS: 475 West Commerce Street

MS4 CITY: Hernando STATE: MS ZIP: 38632

MS4 COUNTY: DeSoto MS4 POPULATION: 14,090 (2010 census)

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): D.W. Gilbert

CONTACT'S TITLE: Building Official OFFICE PHONE: (662) 429-9092 ext 102

CELL PHONE: (____) _____ FAX NUMBER: (____) _____

E-MAIL ADDRESS (local contact): Dgilbert@cityofhernando.org

E-MAIL ADDRESS (person signing this form): mayor@cityofhernando.org

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

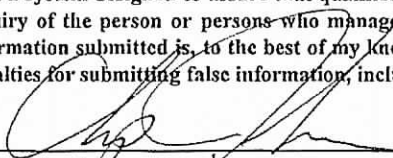
PROVIDE A NARRATIVE DESCRIPTION OF THE GEOGRAPHICAL LOCATION OF THE MS4 FOR FACILITIES SUCH AS MILITARY BASES, SPECIAL DISTRICTS AND ASSOCIATIONS, AND LARGE COMPLEXES (education, hospital, prison, etc.). Hernando is in the center of DeSoto County, bordered to the north by the city of Southaven.

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>
Hurricane Creek	<input type="checkbox"/>		<input type="checkbox"/>
Grays Creek	<input type="checkbox"/>		<input type="checkbox"/>
Mussacana Creek	<input type="checkbox"/>		<input type="checkbox"/>
Short Fork Creek	<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"/>

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

 Date

 Printed Name

 Title

- ¹This 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