



**NOTICE OF INTENT FOR COVERAGE UNDER NDPDES
GENERAL PERMIT NDR04-0000 FOR STORM WATER DISCHARGES
FROM SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS (MS4s)**
NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WATER QUALITY
SFN 53488 (08/2021)

For Dept. Use Only

Application Number
Date Received

GENERAL INFORMATION

Name of Owner or Agency with Operational Control of the MS4 (City, County, NDDOT, etc.)			
MS4 Owner or Operator Address			
Contact Person Responsible for Permit Compliance			Telephone Number
Mailing Address	City	State	ZIP Code
Contact Email Address			
Briefly describe the location/area of the MS4:			
Provide the name or general description of the water bod(s), or other MS4s, that will receive storm water from the MS4:			
Provide the location of transportation facilities with vehicle maintenance activities, public works maintenance yards and wastewater treatment works with a design flow of 1.0 mgd or greater.			

(You may attach additional sheets, if more space is needed to provide the information requested above)

NOI REQUIREMENTS AND PREREQUISITES

The general permit requires that a MS4 Program be developed and implemented. A summary of the program must be included as part of the NOI. The summary must include the information for each of the six minimum control measures in the general permit for storm water discharges from small MS4s. For each of the measures you must indicate the Best Management Practices (BMPs) you intend to implement, the measurable goals for the BMPs, estimated time lines for the BMPs and indicate who is responsible for implementing each measure. Continue by completing the check lists regarding your planned program and summary.

Does your planned MS4 Program address the following minimum control measures?

1. Public education and outreach:	<input type="radio"/> Yes	<input type="radio"/> No
2. Public participation and involvement:	<input type="radio"/> Yes	<input type="radio"/> No
3. Illicit discharge detection and elimination:	<input type="radio"/> Yes	<input type="radio"/> No
4. Construction site runoff control:	<input type="radio"/> Yes	<input type="radio"/> No
5. Post construction storm water management:	<input type="radio"/> Yes	<input type="radio"/> No
6. Pollution prevention/good housekeeping:	<input type="radio"/> Yes	<input type="radio"/> No

Are the following items addressed for each of the control measures in the attachment to this NOI summarizing the MS4 Program?

1. The Best Management Practices (BMPs) that you will implement for each of the minimum control measures.	<input type="radio"/> Yes	<input type="radio"/> No
2. The measurable goals for the BMPs you plan to implement, including as appropriate, a description of the planned actions, timing and frequency of actions, and milestones.	<input type="radio"/> Yes	<input type="radio"/> No
3. Estimated time line(s) (months, years) in which you will implement each BMP.	<input type="radio"/> Yes	<input type="radio"/> No
4. Person(s) responsible for implementing and/or coordinating each component of the MS4 Program (this should be the person(s) you want the department to contact regarding the overall program or the particular components).	<input type="radio"/> Yes	<input type="radio"/> No

CERTIFICATION AND SIGNATURE

All permit applications shall be signed by a responsible corporate officer for a corporation; a general partner or the proprietor for a partnership or sole proprietorship; or a principal executive officer or ranking elected official for a municipality, State, Federal, or other public agency.

<p>Return Completed NOI to:</p> <p>North Dakota Dept. of Env. Quality Division of Water Quality 4201 Normandy Street Bismarck, ND 58503-1324</p> <p>Telephone: 701.328.5210</p>	<p>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 evaluate 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.</p>	
	<p>Printed Name of Applicant</p>	<p>Title</p>
	<p>Signature of Applicant</p>	<p>Date</p>