

ALL REQUESTED
INFORMATION MUST
BE PROVIDED ON
THIS FORM



Arizona Department of Environmental Quality
Water Permits Section
1110 N. Washington, 5415B-3, Phoenix, Arizona 85007
NOTICE OF INTENT (NOI) FOR COVERAGE
under AZPDES Permit No. AZG2002-002 for
Discharges from Small MS4s to Waters of the United States

CHECK AS APPLICABLE: NEW NOI _____ REVISED NOI _____
IF A REVISION, PROVIDE PRIOR AUTHORIZATION NO.

Applicant is:
_____ Federal _____ State
_____ Other _____

PERMITTEE (Agency Responsible for the Discharge)

Applicant's Name: _____ Phone: _____
Applicant's Mailing Address: _____
City: _____ Zip Code: _____

CONTACT PERSON

Name: _____ Phone: _____
E-mail Address: _____ Fax: _____
Contact Person's Agency and Title: _____

LOCATION INFORMATION

Name of Urbanized Area where the MS4 is located: _____

Name of county(ies) where the MS4 is located: _____

Provide the following information on the approximate center of the MS4:

Latitude: _____° _____' _____" Longitude: _____° _____' _____"

Township: _____ Range: _____ Section: _____

Is any portion of the MS4 located in Indian Country? No _____ Yes _____ If yes, name _____

Does any portion of the MS4 service a population within Indian Country? No _____ Yes _____

If yes, how many people within the Indian Country are served by your MS4? _____

Name(s) of neighboring Tribes/Counties/Cities/Towns (places that share borders with the permittee):

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

WATERSHED INFORMATION

Name of Watershed: _____

Name of Receiving Water(s):

Is the Receiving Water a 303(d) Impaired Water?

Yes _____ No _____
Yes _____ No _____
Yes _____ No _____

If any of the receiving waters are 303 (d)-listed Impaired Waters, you must complete the Impaired Water Information portion of this form.

IMPAIRED WATERS INFORMATION

If you indicated that any of the receiving waters to which you discharge are listed as a 303 (d) Impaired Water, please answer the following questions.

Is there a Total Maximum Daily Load (TMDL) for the 303(d) Impaired Water?
Yes _____ Proceed to Part A No _____ Proceed to Part B

Part A. Does the TMDL prescribe a wasteload allocation to stormwater discharge from your MS4?
Yes _____ Check the box below No _____ Proceed to Part B

_____ *I certify that the SWMP identifies specific BMPs that will be used to meet wasteload allocations. I also certify that I will monitor for pollutants for which my MS4 is assigned a wasteload allocation.*

Part B. Check the box below if the MS4 has the potential to discharge the pollutants identified on the 303(d) list.
_____ *I certify that the description of the SWMP addresses specific BMPs for reducing the discharge of 303(d)-listed pollutants.*

ADDITIONAL INFORMATION

This NOI must include the following attachments prepared as specified in Part III of the general permit.
_____ A description of your Stormwater Management Program.

Has another governmental entity agreed to satisfy any of your permit obligations?
Yes _____ If yes, check the boxes below No _____
_____ The agreement is explained in the description of your Stormwater Management Program.
_____ Written documentation of your agreement is included as an attachment.

CERTIFICATION

This certification must be signed by the appropriate party as specified in this general permit Part VI.L.

"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. In addition I certify that the permittee will comply with all terms and conditions stipulated in General Permit No. AZG2002-002 issued by the Director."

Printed Name of Applicant's Representative: _____ Title: _____

Signature of Applicant's Representative: _____ Date: _____