

DEQ FORM
605-R04

November 1, 2015



Oklahoma Department of Environmental Quality
Notice of Intent (NOI) for Stormwater Discharges from
Small Municipal Separate Storm Sewer Systems (MS4s)
Under OPDES General Permit OKR04

Please print or type: All items should be completed as accurately as possible and in their entirety. Please refer to Part 4 of the permit OKR04 for information about the required items. An original signature of the applicant is required according to PART VI.H in the permit OKR04. Use additional pages to fully describe your responses.

Note: Municipality is defined as a federal, state, city, town, county, district, association, or other public body (created by or pursuant to Oklahoma or Federal law), including special districts under State law such as a storm sewer district, flood control or drainage district, or similar entity, or a designated and approved management agency under Section 208 of the CWA.

1. Name and address of the permit applicant and local contact:

Name of the Small MS4: _____ City of Claremore

Address: _____ 104 South Muskogee

City: _____ Claremore

County: _____ Rogers State: _____ Oklahoma

Telephone Number: _____ (918) 341-3629 E-mail Address: _____

Circle the appropriate letter to indicate the legal status of the operator of the facility:

F = Federal; **S** = State;

M = Municipal (public other than Federal or State, i.e. as city, county); **P** = Private

F O S O M O P O

ZIP Code: _____ 74017-1234

Name and Title of Stormwater Management Program Manager: _____ Charlene Lawrence Stormwater Manager

2. Co-permittee: Are you co-permitting with another entity? Yes No If yes, complete the following:

Name of the Co-permittee _____ Name and Title of Stormwater Management Program Manager _____

Mailing Address _____ City _____ ZIP Code _____

Telephone Number: _____ E-mail Address: _____

Circle the letter for type of facility: Federal, State, Municipal, Private **F O S O M O P O**

Certification by the co-permittee is required in Section 9.

Latitude: _____ Longitude: _____

3. Facility/Site Location: Attach a map showing your MS4 boundaries. Your MS4 jurisdiction shall cover the entire area within the corporate boundary of the municipality if your city is not located entirely within an Urbanized Area.

Name of the Small MS4: _____ City of Claremore County: _____ Rogers

Street Address: _____ 104 South Muskogee City: _____ Claremore

Latitude: _____ 36 Deg 18' 45" Longitude: _____ 95 Deg 36' 57" Approximate area of the MS4: _____ 14.29 square miles

Latitude/Longitude: If you do not have this information, go to the DEQ Flexviewer at <http://gis.deq.ok.gov/flexviewer/>.

4. Will another entity provide services to perform some portion or all of the Best Management Practices (BMPs) for the six minimum control measures (PART IV.C) or TMDL supplemental conditions (PART III.B)?

Yes No If yes, attach a statement listing their name and the service they will be providing.

5. Receiving waters for discharges of stormwater from your MS4: Use additional pages if needed.

Name of Waterbodies	Impaired?	Impairment	Source of Impairment
Cat Creek	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	303(d)	DO
Dog Creek	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	303(d)	Enterococcus, E. Coli, DO
Claremore Lake	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	303(d)	Chlorophyll A

Do you discharge into waterbodies on the Oklahoma 303(d) list of impaired waters? Yes No

If yes, you must ensure that impairment caused by identified pollutants in your receiving waters will, in future discharges, not cause, have the reasonable potential to cause, or contribute to an in-stream exceedance of WQ standards and comply with PART III.A.1

Do you discharge into receiving waterbodies with an established TMDL or watershed plan? Yes No

If yes, you must adopt any Wasteload Allocation (WLA) assigned to your discharges specified in the TMDL as measurable goals and include any limitations, conditions, monitoring, and other requirements associated with a TMDL implementation plan within specified timeframes.

Do you discharge into an Outstanding Resource Water (ORW)? Yes No

If yes, you must document in your SWMP how you will comply with WQ standard prohibitions (PART III.C).

6. Outline of Measurable Goals and BMPs

Attach an updated description of your Stormwater Management Program (SWMP). You shall include details of BMPs that will be implemented and the measurable goals for each of the six stormwater minimum control measures, the month and year in which the MS4 operator will start and fully implement each of the control measures or the frequency of the action, and the name of the person(s) responsible for implementing or coordinating the SWMP.

7. Endangered Species

Based on the requirements of Part I. E and Exhibit 1, does your municipality discharge into an Aquatic Resource of Concern?

Yes No If yes, which criterion listed in Part I.E is your municipality using to meet eligibility requirements?

Criterion _____

Certification of this NOI will constitute your certification of compliance with the endangered species requirements of this Permit.

8. Construction by the Permitted Municipality

You have the option to develop permit requirements (PART VIII) that allow the municipality to cover all municipalities owned and operated construction sites under this Permit rather than filing a separate OKR10 NOI with the DEQ for each such project.

Will the municipality include the optional permit requirements into your SWMP and permit? Yes No

9. Certification of Permittee

"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 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."

Signature of Applicant

Jim Thomas

Name (print)

01/28/16

Date Signed

Claremore City Manager

Title

Certification of Co-Permittee (if applicable)

Signature of Co-Permittee

Name (print)

Date Signed

Title