



# Notice of Intent

## Municipal Stormwater General Permit

NOI Version:

Application Id:

Application Type:  New  Renewal

Permit Number:

### I. Contact Information

Billing Contact		
Honorific:	First Name:	Last Name:
Company Name:		Title:
Mailing Address:		
City:	State:	Zip Code:
Email:		
Primary Phone:		Secondary Phone:
UBI Number:		
Legal Responsible Party		
Honorific:	First Name:	Last Name:
Company Name:		Title:
Mailing Address:		
City:	State:	Zip Code:
Email:		
Primary Phone:		Secondary Phone:
UBI Number:		
Permittee		
Honorific:	First Name:	Last Name:
Company Name:		Title:
Mailing Address:		
City:	State:	Zip Code:
Email:		
Primary Phone:		Secondary Phone:
UBI Number:		
Site Contact		
Honorific:	First Name:	Last Name:
Company Name:		Title:
Mailing Address:		
City:	State:	Zip Code:
Email:		
Primary Phone:		Secondary Phone:
UBI Number:		

**Are you co-applying with another entity/entities to meet the requirements of the MS4 permit?**

Yes  No

Co-Permittees:

You must add contact information above for the Co-Permittee.

Permittees that co-apply are responsible for meeting permit conditions related to their discharge(s). **You must include as an attachment to this NOI a summary of the permit obligations that will be carried out jointly among co-applicants. The summary must identify the other co-applicant(s) and must be signed by the other co-applicant(s).**

**Are you relying on another entity to satisfy one or more of the requirements of the permit?**

Yes  No

Permittees that rely on another entity to satisfy one or more of their permit obligations remain responsible for permit compliance if the other entity fails to implement the permit conditions. Permittees may rely on another entity provided:

1. The other entity agrees to take on responsibility for implementation of the permit requirements, and
2. The other entity implements the permit requirements.

**You must include as an attachment a summary of the permit obligations that will be carried out by another entity. The summary must identify the other entity or entities and must be signed by the other entity or entities.**

## II. Facility/Jurisdiction Information

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**Facility Name:**

**Street Address:**

**City:**

**County:**

**Zip Code:**

**Latitude:**

**Longitude:**

**Ownership Type: [select one]**

- City or Town  
 County

**OR**

**Special Purpose District (secondary permittee, if applicable): [select one]**

- Diking/drainage district  
 Flood control district  
 Public school district  
 State agency  
 Port  
 University  
 Park District  
 Other:

## III. Site Information

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**Geographic area where the applicant's MS4s are located ([see instructions](#))**

- Phase I Municipal Stormwater Permit  
 Phase II Municipal Stormwater Permit for Eastern Washington  
 Phase II Municipal Stormwater Permit for Western Washington

**Population Served by the MS4**

Estimated population (resident and commuter) served by the MS4 within the geographic area(s) covered by the permit:

**Tribal Lands**

Is part of the MS4 located on tribal lands (within a reservation or on land held in trust for a tribe)?

\*For Puyallup reservation only: check "yes" if MS4 is located on trust lands. Check "no" if any part of the MS4 is located on fee lands.

Yes  No

**Maps (special purpose districts only)**

You will need to attach a map or maps delineating the geographic area served by the MS4.

**IV. Public Notice**

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**Public Notice applies to facilities that began operations on or after August 1st, 2019.**

You must publish a public notice at least **once** a week for **two** consecutive weeks with **seven days** between publications, in at least a **single** newspaper of general circulation in the county in which the facility is located. Ecology cannot grant permit coverage sooner than the end of the 30-day public comment period, which begins on the date of the **second** public notice.

Newspaper Name	First Public Notice Date	Second Public Notice Date

**V. Certification of Permittees**

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*"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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those 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."*

\_\_\_\_\_  
Permittee Signature

\_\_\_\_\_  
Date