



State of Delaware
Department of Natural Resources & Environmental Control
Division of Water/Surface Water Discharge Section/MS4
89 Kings Highway Dover, DE 19901
(302) 739-9946

Notice of Intent (NOI) under Phase II MS4 General Permitting Program

Form 2020-01
Revised 05/19/2022

- The purpose of this Notice of Intent (NOI) is for a Delaware city, town, county, utility district, public transportation entity, university, hospital or other public entity to apply for a National Pollutant Discharges Elimination System (NPDES) permit to discharge stormwater runoff from a small (Phase II) municipal separate storm sewer system (MS4).
- Submission of this form serves as notification of the intention of the public entity identified on this form, to adhere to the provisions of the ***State of Delaware General Permit for Storm Water Discharges from Small Municipal Separate Storm Sewer Systems***.
- This form must be complete in order to obtain permit coverage.

Section 1: Facility Information

Entity Name			
Mailing Address			
	City	State	Zip
Phone Number: () -	Fax Number: () -		
County: <input type="checkbox"/> Kent <input type="checkbox"/> New Castle <input type="checkbox"/> Sussex	Legal Status of Entity: <input type="checkbox"/> City/Town <input type="checkbox"/> County <input type="checkbox"/> DOT <input type="checkbox"/> Other _____		
Permit Type: <input type="checkbox"/> Existing Phase II Individual Permittee requesting renewal of coverage under the General Permit (Tier I) Previous Permit #DE _____ <input type="checkbox"/> New MS4 requesting to be covered under the General Permit (Tier II)			
Are you requesting co-permittee status with another entity?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If requesting co-permittee status with another entity, please provide name of entity/entities here:		

Section 2: Contact Information person/persons responsible for entity compliance with the NPDES Phase II Stormwater Permit

<i>Program Contact</i>	<i>Technical Contact</i>
Name	Name
E-mail address:	E-mail address:
Phone Number:	Phone Number:

Section 3: General Description of Storm System

Describe MS4 boundaries (i.e. same as municipal boundaries; main roads; university boundaries, etc.):

Identify other MS4 boundaries within the boundary of your MS4 (i.e. roads maintained by other entity; hospitals, etc.):

Total Area Covered by MS4 (square miles)	Area Incorporated (square miles)	Area Un-Incorporated (square miles)
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Watershed Chesapeake Bay Delaware Bay Inland Bays/Atlantic Ocean Piedmont

Storm Drainage
Infrastructure:

If currently known, please provide information on the following stormwater infrastructure present within the boundaries of your MS4:

Storm Sewers _____ (miles or feet)

Open Ditches/Tax Ditches _____ (miles or feet)

Outfalls _____

Catch Basins _____

Retention Basins _____

Detention Basins _____

Section 6: Certification

"I certify under penalty of law this document and all attachments were prepared under my direction, or supervision, in accordance with a system designed to assure that qualified personnel gathered and evaluated the information submitted. Based upon my inquiry of the person(s) directly responsible for gathering the information, the information is, to the best of my knowledge, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for willful violations."

Print Name & Title

Telephone Number

Signature

Date