



Form 2020-02
Revised 07/30/2020

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

Waiver Application of Phase II MS4 General Permitting Program

- The purpose of this Waiver Application is for a Delaware city, town, county, utility district, public transportation entity, university, hospital or other public entity to be waived from the 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 to provide proof of compliance with the Waiver Criteria set forth by the Environmental Protection Agency (EPA).
- Upon approval of this waiver application from the Department, the applicant will be waived from the Phase II General Permit for the length of the permit cycle, five years. In the event the Department receives and investigates new information, the waiver application shall be evaluated again and permit coverage may be requested of the applicant anytime within the five-year permit cycle.
- This form must be complete in order to obtain waived status.

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 _____		

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 _____

For Section 5, please refer to the Phase II Tier II General Permit Fact Sheet under "Waiver Program"

Section 5: Waiver Criteria and Analysis

To qualify for a waiver, small new MS4s with a population between 1,000 and 10,000 residents must pass threshold criteria of controlling TP, TN, and bacteria through the implementation of a construction/post-construction sediment and stormwater control program and the replacement of onsite septic systems with centralized wastewater treatment.

Population as of Waiver Application year:

Year _____ Population _____

Is there a construction/post-construction sediment and stormwater control program in place for the MS4?
If yes, please provide information on where the Department will be able to locate the program for review:

Yes, _____ No

Is there a centralized wastewater treatment system with its own NPDES permit serving the MS4?
If yes, please provide the name of the Wastewater Treatment System:

Yes, _____ No

Does your MS4 discharge to ERES Waters? Yes No

If yes, does the MS4 contribute less than 1% of the load of nutrients and bacteria to the watershed?

_____ % total load of MS4

If no, does the MS4 contribute less than 5% of the total load of nutrients and bacteria to the watershed?

_____ % total load of MS4

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