



Form 2020-01
Revised 05/19/2022

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

- 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 # <u>DE</u> <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

Program Contact	Technical Contact
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)
Watershed <input type="checkbox"/> Chesapeake Bay <input type="checkbox"/> Delaware Bay <input type="checkbox"/> Inland Bays/Atlantic Ocean <input type="checkbox"/> 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 Sections 4 and 5, please refer to appropriate mapping (e.g. <http://store.usgs.gov/>), the State of Delaware Surface Water Quality Standards (<http://water.epa.gov/scitech/swguidance/standards/wqslibrary/upload/dewqs.pdf>) and the most current State of Delaware Combined Watershed Assessment Report 305(b) Report and 303(d) List (<https://dnrec.alpha.delaware.gov/watershed-stewardship/assessment/reports/>)

Section 4: Identifying Impaired Streams and Other Waterbodies

[illegible]

Section 5: TMDLs in place for watersheds/waterbodies within MS4 boundaries

[illegible]

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