

**DEQ FORM
605-R04**

April 30, 2021



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

Submission of this NOI constitutes notice that the parties identified in Sections I and II of this form intend to be authorized by DEQ for stormwater discharges associated with MS4s. Becoming a permittee obligates such dischargers to comply with the terms and conditions of the OKR04 permit. To obtain an authorization from DEQ, this form must be complete with all the pertinent information.

**All necessary information must be provided on this form. See instructions for completing the NOI on page 3 of this form.
All associated fees must be submitted with this NOI.**

-NEW APPLICATION -MODIFICATION or -RENEWAL of current permit, authorization number: OKR04 0047

I. MS4 Information Your MS4 jurisdiction shall cover the entire area within the corporate boundaries of the municipality if your city is not located entirely within an Urbanized Area.

Name of MS4: City of Glenpool Legal status of the operator of MS4:
-Federal -State -Private
Address: 12205 S Yukon Ave -Municipal (public other than federal or state)
City: Glenpool State: OK Zip Code: 74033 County: Tulsa
Latitude: 35°05'0.131"N Longitude: 96°01'4.671"W Approximate area (sq. miles) of MS4: 11

II. MS4 Contact Information

Responsible Party: Mayor Joyce Calvert Phone: 918-322-5409

Title: Mayor, City of Glenpool, Oklahoma Email: jcalvertward3@gmail.com

Address: 12205 S Yukon Ave City: Glenpool State: OK Zip Code: 74033

Stormwater Program Manager: Carl Prescott Phone: 918-209-4614

Title: Technical Assistant/Stormwater Administrator Email: cprescott@cityofglenpool.com

Address: 12205 S Yukon Ave City: Glenpool State: OK Zip Code: 74033

Permit Fee Billing Contact: Darrell Colbert Phone: 918-209-4633

Title: Accounts Payable Email: dcolbert@cityofglenpool.com

Address: 12205 S Yukon Ave City: Glenpool State: OK Zip Code: 74033

III. Co-Permittee Information

Are you co-permitting with another entity? -No -Yes, complete the following:

Co-Permittee: _____ Legal status of the operator of co-permittee:

-Federal -State -Private

-Municipal (public other than federal or state)

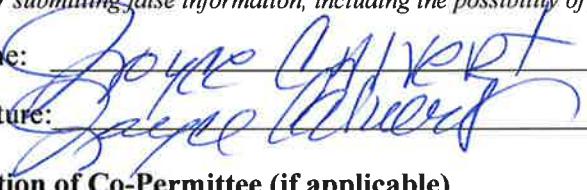
Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Latitude: _____ Longitude: _____ Certification by the co-permittee is required in Section IX.

Stormwater Program Manager: _____ Phone: _____

Title: _____ Email: _____

IV. Receiving Water Information		Use additional sheets of paper as needed	
Name of Receiving Waterbody	Is this waterbody impaired? If so, what are its impairments?		Is there a TMDL for that impairment?
Coal Creek	<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No		
	<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No		
Duck Creek	<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No		<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No
	<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No		
Posey Creek	<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No		<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No
	<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No		
Do you discharge into an Outstanding Resource Water? <input checked="" type="checkbox"/> -Yes <input type="checkbox"/> -No			
V. Endangered Species Eligibility			
a. <input checked="" type="checkbox"/> -My MS4 is not located within any of the corridors of federal- and state-identified Aquatic Resources of Concern (ARC).			
b. <input type="checkbox"/> - Informal consultation with the USFWS, or a separate federal action, has addressed the effects of stormwater discharges from my MS4, or has resulted in a “no jeopardy” opinion or written concurrence that discharges are not likely to adversely affect any listed species or critical habitat.			
c. <input type="checkbox"/> -My MS4 is authorized under section 10 of the Endangered Species Act (ESA) and a copy of the authorization is attached.			
d. <input type="checkbox"/> -The discharges from my MS4 are not likely to adversely affect any listed species or critical habitat.			
e. <input type="checkbox"/> -My MS4 is relying on another permittee’s certification of eligibility and agrees to comply with the conditions of that certification.			
VI. Optional Minimum Control Measure (MCM) 7			
Will your MS4 utilize MCM 7 for municipal construction activities? <input checked="" type="checkbox"/> -No <input type="checkbox"/> -Yes			
VII. Required Attachments			
<input checked="" type="checkbox"/> - An updated map showing your MS4 boundaries			
<input type="checkbox"/> -Authorization under section 10 of the ESA or <input checked="" type="checkbox"/> -NA			
<input checked="" type="checkbox"/> -Application and permit fee or <input checked="" type="checkbox"/> -Invoice is needed for application and permit fee			
VIII. Reporting Period for Annual Report			
Will your MS4 report based on: <input type="checkbox"/> -Calendar year (January-December) or <input checked="" type="checkbox"/> -Fiscal year (July-June)			
IX. Certification			
<p>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, 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.</p>			
Print Name:			Date: <u>01/23/21</u>
Signature:			Title: <u>Suzanne C. Meyer</u>
Certification of Co-Permittee (if applicable)			
Print Name:			Date: _____
Signature:			Title: _____

DEQ FORM 605-R04 April 30, 2021		Instructions for Completing Notice of Intent (NOI) for Stormwater Discharges from Small Municipal Separate Storm Sewer Systems (MS4s) under the OPDES General Permit OKR04
Completing the NOI Form <p>To complete an NOI form, type or print in all of the appropriate places of the form. Check the appropriate box whether you are filing for a new application, a modification, or a renewal of your current permit. Enter your current authorization number if you are applying for permit modification or renewal.</p> <p>I. MS4 Information Provide the MS4 name, legal status, street address, latitude/longitude of the City Hall or approximate center of the MS4, and the approximate area, in square miles, of the MS4.</p> <p>II. MS4 Contact Information Provide the legal name, title, mailing address, phone number, and email for the following:</p> <ol style="list-style-type: none"> 1) Responsible Party: the person meeting the definition as described in IX. Certification. 2) Stormwater Program Manager: the person primarily responsible for implementing the Stormwater Management Plan (SWMP) and ensuring compliance with the OKR04 general permit. 3) Permit Fee Billing Contact: the person primarily responsible for receiving invoices and/or submitting annual permit fees and/or permit application fees. <p>III. Co-Permittee Information You may partner with other MS4s to develop and implement your SWMP. For each co-permittee, provide the name of the entity, legal status, street address, and latitude/longitude. In addition, include the legal name, mailing address, phone number, and email for the co-permittee's stormwater program manager.</p> <p>IV. Receiving Water Information Identify all of the waterbodies that receive stormwater discharges from your MS4. Check the appropriate box(es) if the receiving waterbody is listed in the DEQ Integrated Report for 303(d) impaired waterbodies or drains to a watershed with an approved Total Maximum Daily Load (TMDL) report. Identify the pollutant(s) for which the waterbody is impaired.</p> <p>V. Endangered Species Eligibility Complete this section by checking the box which applies to your MS4.</p> <p>VI. Optional Minimum Control Measure (MCM) 7 Indicate if you will be implementing MCM 7 optional permit requirements for municipal construction activities.</p> <p>VII. Required Attachments Submit a copy of the following with your NOI: -an updated map showing your MS4 boundaries -a copy of your authorization under section 10 of ESA (if applicable) - application and permit fee or indicate if an invoice is needed</p>	<p>VIII. Reporting Period for Annual Report Indicate which reporting period your MS4 will be using for the annual report.</p> <p>IX. Certification The NOI must be signed by the responsible party as described below:</p> <p><u>For a corporation</u>: by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;</p> <p><u>For a partnership or sole proprietorship</u>: by a general partner or the proprietor, respectively; for limited liability companies (LLC), by an owner/managing member/partner;</p> <p><u>For a municipality, state, federal, or other public facility</u>: by either a principal executive officer or ranking elected official.</p> <p>Where to File the NOI form: Completed NOIs must be submitted to the following address: Water Quality Division Municipal Discharge & Stormwater Permitting Section Oklahoma DEQ P.O. Box 1677 Oklahoma City, Oklahoma 73101-1677 Or fax it to: (405) 702-8101 Or email to: ms4permitting@deq.ok.gov</p> <p>An NOI that is unsigned, incomplete, or does not have the required attachments will not be processed for permit coverage.</p>	