



**Notice of Intent (NOI) for Storm Water
Discharges from Small Municipal Separate
Storm Sewer Systems (MS4) under the TPDES
Phase II MS4 General Permit (TXR040000)**

TCEQ Office Use Only

Permit No.:

RN:

CN:



**Did you know you can pay on line? Go to <https://www6.tceq.state.tx.us/epay/>
Select Fee Type: GENERAL PERMIT MS4 PHASE II STORM WATER DISCHARGE NOI APPLICATION**

Application Fee: You must pay the \$100 Application Fee to TCEQ for the application to be considered complete.
How did you pay this fee?

<input checked="" type="checkbox"/> Mailed:	Check/Money Order No.:	Name Printed on Check: City of Roanoke
<input type="checkbox"/> EPAY:	Voucher No.:	Is the Payment Voucher copy attached? <input type="checkbox"/> Yes

IMPORTANT:

- Use the attached **INSTRUCTIONS** when completing this form.
- After completing this form, use the attached **CUSTOMER CHECKLIST** to make certain all items are complete and accurate.
- Missing, illegible, or inaccurate items may delay final acknowledgment or coverage under the general permit.

One (1) copy of the NOI and SWMP with the completed SWMP Cover Sheet MUST be submitted with the original NOI and SWMP.

Is the copy attached? Yes

A. OPERATOR (applicant)

- If the applicant is currently a customer with TCEQ, what is the Customer Number (CN) issued to this entity?
CN 600241582
- What is the full Legal Name of the applicant?
City of Roanoke
(The exact legal name must be provided.)
- What is the applicant's mailing address as recognized by the **US Postal Service**?
Address: 108 S. Oak Street Suite No./Bldg. No./Mail Code:
City: Roanoke State: Texas ZIP Code: 76262

Country Mailing Information (if outside USA). Country Code: Postal Code:

- Phone No.: (817) 491-2411 Extension:
- Fax No.: (817) 491-2242 E-mail Address:
- Indicate the type of Customer:
 Federal Government State Government County Government
 City Government Other Government
- Number of Employees: 0-20; 21-100; 101-250; 251-500; or 501 or higher

B. BILLING ADDRESS

The Operator is responsible for paying the annual fee. The annual fee will be assessed to permits **active on September 1 of each year**. TCEQ will send a bill to the address provided in this section. The Operator is responsible for terminating the permit when it is no longer needed.

Is the billing address same as the Operator Address? Yes, go to **Section C**. No, fill out **Section B**

- Billing Mailing Address: Suite No./Bldg. No./Mail Code:
City: State: ZIP Code:
- Country Mailing Information (if outside USA). Country Code: Postal Code:
- Billing Contact (Attn or C/O):
- Phone No.: () Extension:
- Fax No.: () E-mail Address:

C. REGULATED ENTITY (RE) INFORMATION			
1. Has the TCEQ issued a Regulated Entity Reference Number (RN) for the regulated MS4 ? Yes. What is the RN? RN No - TCEQ will assign the RN number after the NOI is submitted.			
2. Name that is used to identify the small MS4 (Regulated Entity). (Example: City of XXX MS4) City of Roanoke MS4			
3. Provide a brief description of the regulated MS4 boundaries: (Example: Area within the City of XXXX limits that is located within the xxx (e.g. Dallas) urbanized area.) Area within the City of Roanoke limits that is located within the Dallas-Fort Worth-Arlington Tx Urbanized Area			
4. a. What is the county where the largest residential population exists within the regulated MS4 boundaries? Denton			
b. Is the MS4 located within additional counties? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what county(s)?			
5. What is the latitude and longitude of the approximate center of the regulated portion of the small MS4? Latitude: 33.004 N Longitude: -97.226 W			
6. What is the mailing address for the regulated entity? Is the RE mailing address the same as the Operator? <input checked="" type="checkbox"/> Yes, go to Section F. <input type="checkbox"/> No, provide the address.			
Street Number:		Street Name:	
City:	State:	ZIP Code:	
D. GENERAL CHARACTERISTICS			
1. I certify that any portion of the regulated MS4 is not located on Indian Country Lands. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, you must obtain authorization through EPA, Region VI.			
2. What is the Standard Industrial Classification (SIC) code (see instructions for common codes): 9111			
3. Has TCEQ "designated" the small MS4 as needing coverage under this general permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No" and no portion of the Small MS4 is located within an Urbanized Area as determined by the 2000 Decennial Census by the U.S. Bureau of Census requiring a NOI be submitted, the operator is not eligible for coverage under this general permit through the NOI.			
4. Storm Water Management Program (SWMP)			
a. I certify that the SWMP submitted with this Notice of Intent has been developed according to the provisions of this general permit TXR040000. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b. I certify that the SWMP Cover Sheet is completed and attached to the front of the SWMP. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No to question a. or b. the application is considered incomplete and may be returned.			
b. Who is the person responsible for implementing or coordinating implementation of the SWMP? (Note: All contact information requested below is required.)			
Name: Cody Petree		Title: Director of Public Works	Company:
Address: 265 Marshall Creek Road		Suite No./Bldg. No./Mail Code:	
City: Roanoke	State: Texas	ZIP Code: 76262	
Phone No.: (817) 491-6099		Extension:	
Fax No.: (817) 491-3114		E-mail Address: cpetree@roanoketexas.com	
5. Seventh Minimum Control Measure (MCM) for Municipal Construction Activities			
a. Is the Minimum Control Measure for authorization to discharge storm water from municipal construction activities included with the attached SWMP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b. If you answered "Yes" to 5.a., what are the boundaries within which those activities will occur?			
Note: If the boundaries are located outside of the urbanized area, then the entire SWMP must also incorporate the additional areas.			

<p>c. Is the discharge or potential discharge from regulated construction activities within the Recharge Zone, Contributing Zone, or Contributing zone within the Transition zone of the Edwards Aquifer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If the answer is "Yes", please note that a copy of the agency approved Plan required by the Edwards Aquifer Rule (30 TAC Chapter 213) must be either included or referenced in the construction storm water pollution prevention plan(s).</p>		
<p>6. Discharge Information</p>		
<p>a. What is the name of the receiving water body(s) from the MS4? Denton Creek, Cade Branch, Elizabeth Creek</p>		
<p>b. What is the classified segment(s) that receives discharges, directly or indirectly, from the small MS4? 0826A, 0826 C</p>		
<p>c. Are any of the surface water bodies receiving discharges from the small MS4 on the latest EPA-approved CWA § 303(d) list of impaired waters? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, what is the name of the impaired water body(s) receiving the discharges from the small MS4?</p>		
<p>d. Is the discharge into any other MS4 prior to discharge into surface water in the state? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, what is the name of the MS4 Operator?</p>		
<p>7. Edwards Aquifer</p>		
<p>Is the discharge or potential discharge from the MS4 within the Recharge Zone, Contributing Zone, or Contributing Zone within the Transition Zone of the Edwards Aquifer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If the answer is Yes, please note that a copy of the agency approved Plan required by the Edwards Aquifer Rule (30 TAC Chapter 213) for activities also regulated under this general permit must be either included or referenced in the SWMP.</p>		
<p>8. Public Participation Process</p>		
<p>The Office of Chief Clerk will send the operator or person responsible for publishing notice, the notice of the executive director's preliminary determination of the NOI and SWMP, for publishing in a newspaper of largest circulation in the county where the small MS4 is located. If multiple counties, notice must be published at least once in the newspaper of largest circulation in the county containing the largest resident population.</p> <p>The applicant must file with the Chief Clerk a copy of an affidavit of the publication within 60 days of receiving the written instructions from the Office of Chief Clerk.</p>		
<p>a. I will comply with the Public Participation requirements described in Part II.D.12 of the general permit. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, coverage under this general permit is not obtainable.</p>		
<p>b. Who is the person responsible for publishing notice of the executive director's preliminary determination on the NOI and SWMP? (Note: All contact information requested below is required.)</p>		
Name: Cody Petree	Title: Director of Public Works	Company:
Address: 265 Marshall Creek Road	Suite No./Bldg. No./Mail Code:	
City: Roanoke	State: Texas	Zip Code: 76262
Phone No.: (817) 491-6099	Extension:	
Fax No.: (817) 491-3114	E-mail Address: cpetree@roanoketexas.com	
<p>c. What is the name and location of the public location where copies of the NOI and SWMP, as well as the executive director's general permit and fact sheet, may be viewed?</p>		
<p>Name of Public Place: City Hall</p>		
<p>Address of Public Place: 108 S. Oak Street Roanoke, Texas 76262</p>		
<p>County of Public Place: Denton</p>		

E. CERTIFICATION

Check "Yes" to the certifications below. **Failure to indicate "Yes" to ALL items** may result in denial of coverage under the general permit.

- I certify that I have obtained a copy and understand the terms and conditions of the general permit TXR040000. Yes
- I certify that the small MS4 qualifies for coverage under the general permit TXR040000. Yes
- I understand that a Notice of Termination (NOT) must be submitted when this authorization is no longer needed. Yes
- I understand that permits active on September 1st of each year will be assessed an Annual Water Quality Fee. Yes

Operator Certification:

I, Carl "Scooter" Gierisch Mayor

 Typed or printed name Title

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 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under **30 Texas Administrative Code §305.44** to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signature: _____ Date: _____
 (Use blue ink)