

Notice of Intent (NOI) - Amendment

for Stormwater Discharges from
Municipal Separate Storm Sewer Systems (MS4)
General Permit 3-9014

For Dept. Use Only
Notice of Intent No:

Submission of this Notice of Intent (NOI) constitutes notice that the entity in Section A intends to be authorized to discharge pollutants to waters of the State under Vermont's Municipal Separate Storm Sewer Systems (MS4) permit. Submission of the NOI also constitutes notice that the party identified in Section A of this form has read, understands and meets the eligibility conditions; agrees to comply with all applicable terms and conditions; and understands that continued authorization under the MS4 General Permit is contingent on maintaining eligibility for coverage. In order to be granted coverage, all information required on this form and the Minimum Control Measure attachments must be completed and a complete Stormwater Management Program (SWMP) Plan must be submitted.

A. Permittee Information

Name of MS4: City of Winooski

Name of Principle Executive Officer (PEO) or Chief Elected Official (CEO): Ray Coffey Title: Interim City Manager

Mailing Address: Street/P.O. Box: 27 West Allen Street

City/Town: Winooski State: VT Zip: 05404

Phone: (802) 655-6410 Email: rcoffey@winooskivt.org

B. Primary contact responsible for overall coordination of SWMP, if different than PEO/CEO

Name: John Choate

Mailing Address: Street/P.O. Box: 27 West Allen Street

City/Town: Winooski State: VT Zip: 05404

Phone: (802) 655-6421 Email: jchoate@winooskivt.org

C. Partnering organization responsible for Minimum Control Measure implementation (if applicable)

If you are participating in the CCRPC MOU to implement MCM1 &/or MCM2 check here: MCM 1
Or, if you are relying on another entity to implement a MCM, please complete the following: MCM 2

Organization: _____ Contact: _____

Minimum Control Measure being implemented: _____

Mailing Address: Street/P.O. Box: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Organization: _____ Contact: _____

Minimum Control Measure being implemented: _____

Mailing Address: Street/P.O. Box: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ Email: _____

D. Municipal Separate Storm Sewer System (MS4) InformationEstimate of the square mileage served by the MS4: 1.508 square miles

Identify the names of all know waters that receive a discharge from the MS4:

Receiving water	# of outfalls	Impaired status	Nature of impairment
Winooski River	10	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mercury
Winooski Natural Area Wetlands	7	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Memorial Park Wetlands Complex	5	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gillbrook Wetlands Complex	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Morehouse Brook	5	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stormwater
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

E. Stormwater Impaired Waters InformationDoes the MS4 discharge into a stormwater impaired water? Yes No

If yes, the MS4 must comply with all requirements listed in Part IV.C. of the permit, including the requirement to develop a Flow Restoration Plan (FRP) for the stormwater impaired water.

SEE ATTACHMENT

F. Incorporation of Previously Permitted Stormwater SystemsAs part of this application, is the MS4 incorporating a stormwater system that was previously authorized under a State stormwater permit? Yes No

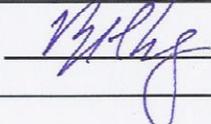
If yes, the MS4 must complete and attach an MS4 Incorporation Form for each permit it is incorporating.

List permit numbers here:

G. Certification

This NOI shall be signed by a principal executive officer, ranking elected official or other duly authorized employee consistent with 40 CFR §122.22(b) and certified as follows:

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 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.

Name: Ray Coffey Title: Interim City ManagerSignature:  Date: 10/13/16**Submit this *Original* form to:**

MS4 Permit Coordinator

VTDEC · Watershed Management Division

Stormwater Management Program

One National Life Drive

Montpelier, Vermont 05620-3522