



New York State Department of Environmental Conservation
625 Broadway
Albany NY 12233-3505

**Notice of Intent for Coverage Under an SPDES General Permit for
Storm Water Discharges From SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS**

Submission of this Notice of Intent (NOI) constitutes notice that the entity identified in Section A of this form intends to be authorized by DEC's Small MS4 SPDES General Permit issued for storm water discharges from the small municipal separate storm sewer system (MS4) in New York State. 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 of Part I.B. of the Small MS4 General Permit; agrees to comply with all applicable terms and conditions of the Small MS4 General Permit; understands that continued authorization under the Small MS4 General Permit is contingent on maintaining eligibility for coverage, and that implementation of the permittee's storm water management program is required to begin within five (5) calendar days after a completed NOI is received by DEC. In order to be granted coverage, all information required on this form must be completed. Please read and make sure you comply with all permit requirements, including the requirement to prepare and implement a storm water management program.

Section A. Small MS4 Owner/Operator Information

1. Name: Town of Salina 2. Phone: (315) 451-0492
3. a. Mailing Address: a. Street or P.O. Box: 201 School Road
b. City Liverpool c. State NY d. Zip Code: 13088

Section B. Small MS4 Location Information

1. MS4 Name: Town of Salina
2. a. City/Town/Village: Same
b. County(ies): Onondaga
3. a. Permit Applicant: Federal State County City Town Village
 School District Fire District Other public entity
4. Does the MS4 discharge to receiving waters or a watershed which is/are impaired (appears on DEC's 303(d) list or for which a Total Maximum Daily Load (TMDL) has been determined)? Yes No
Onondaga Lake - Class B - PCBs, Dioxin, Hg - source: contaminated sediment

Section C. Initial Identification of Management Practices (attach additional sheets as necessary)

1. Public Education and Outreach on Storm Water Impacts	
<i>Outreach Techniques</i>	<i>Management Practices to Encourage</i>
<input checked="" type="checkbox"/> Plan and conduct an ongoing public education and outreach program (required) <input type="checkbox"/> Classroom education/school programs <input checked="" type="checkbox"/> Outreach to commercial entities <input type="checkbox"/> Webpage <input checked="" type="checkbox"/> Printed material <input checked="" type="checkbox"/> Media campaign <input checked="" type="checkbox"/> Library of educational materials <input checked="" type="checkbox"/> Events and Programs <input type="checkbox"/> Displays <input type="checkbox"/> Posters and signs of varying sizes (magnet to billboards) <input type="checkbox"/> Speakers to community groups <input type="checkbox"/> Economic incentives <input type="checkbox"/> Promotional giveaways <input type="checkbox"/> Others _____	<input checked="" type="checkbox"/> Proper lawn and garden care (fertilizer and pesticide use, sweeping, etc.) <input type="checkbox"/> Low impact development <input checked="" type="checkbox"/> Pet waste management <input checked="" type="checkbox"/> Pollution prevention for businesses <input checked="" type="checkbox"/> Proper disposal of household hazardous wastes <input checked="" type="checkbox"/> Trash management <input type="checkbox"/> Water conservation practices <input type="checkbox"/> Others _____
2. Public Involvement/Participation	
<i>Involvement Techniques</i>	<i>Participation Activities</i>
<input checked="" type="checkbox"/> Public notice and access to documents and information (required) <input checked="" type="checkbox"/> Public presentation and comments received SWMP and on annual reports (required) <input checked="" type="checkbox"/> Public involvement/participation program (required) <input checked="" type="checkbox"/> Contact person identified (required) <input checked="" type="checkbox"/> Advisory/partner committees <input type="checkbox"/> Watershed organizations <input type="checkbox"/> Attitude surveys <input type="checkbox"/> Community hot lines <input checked="" type="checkbox"/> Stakeholder meetings <input type="checkbox"/> Mailing list development and use <input type="checkbox"/> Other _____	<input type="checkbox"/> Adopt-a-stream <input type="checkbox"/> Reforestation program <input type="checkbox"/> Storm drain stenciling <input type="checkbox"/> Stream, beach, roadway cleanup <input type="checkbox"/> Volunteer monitoring <input type="checkbox"/> Wetland plantings <input type="checkbox"/> Others _____
3. Illicit Discharge Detection and Elimination	
<i>Detection and Elimination Activities</i>	<i>Types of Discharges to Target</i>
<input checked="" type="checkbox"/> Outfall mapping (required) <input checked="" type="checkbox"/> Illicit discharges prohibited (required) <input checked="" type="checkbox"/> Public, employees, business informed of hazards from illicit discharge (required) <input checked="" type="checkbox"/> Illicit discharges identified (required) <input checked="" type="checkbox"/> System mapping <input type="checkbox"/> Dye testing <input type="checkbox"/> Shoreline surveys <input type="checkbox"/> System inspections <input type="checkbox"/> Other _____	<input type="checkbox"/> Failing septic systems <input checked="" type="checkbox"/> Illegal dumping <input checked="" type="checkbox"/> Industrial/business connections <input type="checkbox"/> Recreational sewage <input type="checkbox"/> Sanitary sewer overflows <input type="checkbox"/> Wastewater connections to the storm drain system <input type="checkbox"/> Others _____
4. Construction Site Storm Water Runoff Control	
<i>Construction Program Requirements (at a minimum Equivalent to GP-02-01)</i>	<i>Program Criteria</i>
<input checked="" type="checkbox"/> Require erosion and sedimentation controls through an ordinance or other regulatory mechanism (required) <input checked="" type="checkbox"/> Provide opportunity for public comment on construction plans (required) <input checked="" type="checkbox"/> Require construction site plan review (required) <input checked="" type="checkbox"/> Require overall construction site waste management (required) <input checked="" type="checkbox"/> Site inspections and enforcement (required) <input checked="" type="checkbox"/> Education and training of construction site operators (required) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> New York State Standards and Specifications for Erosion and Sediment Control <input checked="" type="checkbox"/> New York State Stormwater Management Design Manual

Section C. Initial Identification of Management Practices (continued)

Post-Construction Stormwater Management Program Requirements	Program Criteria
<input checked="" type="checkbox"/> Assess existing conditions throughout the MS4 and identify appropriate management practices to reduce pollutant discharge to the maximum extent practicable. (required) <input checked="" type="checkbox"/> Regulate post-construction runoff from development through an ordinance or other regulatory mechanism (required) <input checked="" type="checkbox"/> Develop management practice inspection and maintenance program. (required) <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> New York State Stormwater Management Design Manual
Pollution Prevention/Good Housekeeping for Municipal Operations Program Requirements	Management Practices
<input checked="" type="checkbox"/> Prevent discharge of pollutants from municipal operations (required) <input checked="" type="checkbox"/> Follow DEC NPS Management Practices Catalog, or equivalent (required) <input checked="" type="checkbox"/> Conduct employee pollution prevention training (required)	<input checked="" type="checkbox"/> Street cleaning <input checked="" type="checkbox"/> Catch basin and storm drain system cleaning <input type="checkbox"/> Alternative discharge options for chlorinated water <input type="checkbox"/> Vehicle maintenance and washing <input checked="" type="checkbox"/> Hazardous and waste materials management <input type="checkbox"/> Landscaping and lawn care <input type="checkbox"/> Integrated Pest Management (IPM) <input type="checkbox"/> Marina Management <input checked="" type="checkbox"/> Road salt storage <input type="checkbox"/> Roadway and bridge maintenance <input type="checkbox"/> Municipally-owned septic system management <input type="checkbox"/> Spill response and prevention <input type="checkbox"/> Others: _____

Section D. Initial Identification of Measurable Goals (attach additional sheets as necessary)

Person(s) responsible for implementing or coordinating the storm water management program:

Mr. Bernard English

Phone: 315-451-0492

<p>1. Public Education and Outreach on Storm Water Impacts Measurable goals (with start and end dates): _____ _____ (See Attachment) _____ _____ _____</p>	<p>4. Construction Site Storm Water Runoff Control Measurable goals (with start and end dates): _____ _____ (See Attachment) _____ _____ _____</p>
<p>2. Public Involvement/Participation Measurable goals (with start and end dates): _____ _____ (See Attachment) _____ _____ _____</p>	<p>5. Post-Construction Storm Water Management in New Development and Redevelopment Measurable goals (with start and end dates): _____ _____ (See Attachment) _____ _____ _____</p>

Section D. (continued)

3. Illicit Discharge Detection and Elimination
Measurable goals (with start and end dates): _____

(See Attachment)

6. Pollution Prevention/Good Housekeeping for Municipal Operations

Measurable goals (with start and end dates): _____

(See Attachment)

Section E. Cooperating MS4s

Identify any MS4 partners that will be assisting you in carrying out your Stormwater Management Program: (Attach a description of what portions of which management practices that the other MS4s will be doing for you, and similarly what practices that you are assisting them with.)

Name of Cooperating MS4	Address	Contact Person	Telephone number	Email
<u>CNYRPDB</u>	<u>126 N. Salina Street</u>	<u>Kathleen Bertuch</u>	<u>(315) 422-8276</u>	<u>Kbertuch@CN YRPDB.ORG</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section F. Certification

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 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, I certify that 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.

Print Name: Mary Ann Schacht (SUPERVISOR - TOWN OF SALINA)
 Signature: *Mary Ann Schacht* Date: 2/28/03

Instructions for Completing the Notice of Intent for Coverage Under an SPDES General Permit for Storm Water Discharges From SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS

Who Must File a Notice of Intent?

Under the provisions of § 402(p) of the Clean Water Act (CWA) and regulations at 40 CFR Part 122, Federal law prohibits "point source" discharges of storm water from municipal separate storm sewer systems (MS4s) to waters of the U.S. without a State Pollutant Discharge Elimination System (SPDES) permit. If you are an operator of a regulated small MS4 designated under §122.32(a)(1) or §122.32(a)(2), you must apply for coverage under a SPDES permit, or apply for a modification of an existing SPDES permit. If you have questions about whether you need a permit under the SPDES Storm Water Program, contact DEC. Finally, the NOI must be submitted in accordance with the deadlines established in Part 2.A. of the MS4 General Permit

When to File the NOI Form

DO NOT FILE THE NOI UNTIL YOU HAVE READ A COPY OF THE SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM GENERAL PERMIT. You will need to determine your eligibility, prepare your initial storm water management program, and correctly answer all questions on the NOI form, all of which must be done before you can sign the certification statement on the NOI in good faith (and without risk of committing perjury).

Where to File the NOI Form

NOIs must be sent to the following address:

Storm Water Notice of Intent
NYSDEC
625 Broadway
Albany NY 12233

Completing the NOI Form

To complete this form, type or print, using uppercase letters, in the appropriate areas only. Please make sure you have completely filled out every section of this form and have made a photocopy for your records before sending the completed form to the address above.

Section A MS4 Owner/Operator Information

1. Provide the legal name of the governmental entity, or other legal entity that operates the MS4 described in this application. The responsible party is the legal entity that controls the MS4's operation.
2. Provide the telephone number of the MS4 operator.
3. Provide the mailing address of the MS4 operator. Include the street address or P.O. box, city, state, and zip code. All correspondence regarding the permit will be sent to this address, not the MS4 address in Section B.

Section B. MS4 Location Information

1. Enter the official or legal name of the MS4.
Enter the city or cities, county or counties, and state in which the MS4 is located.
2. Indicate the legal status of the MS4 operator as a Federal, State, County, City, Town, Village, or other public entity.
3. Indicate whether the MS4 discharges storm water into one or more receiving waters) that appear on the 303(d) list or for which a Total Maximum Daily Load (TMDL) has been established.

Section C. Identification of Initial Management Practices

Check the management practices that you have selected to meet each of the minimum measures. Management practices listed in **BOLD** type are required by the permit and **MUST** be checked. If a selected practice is not on the list, check "Other" and write the name of the practice in the space provided. Attach additional pages as necessary.

Section D. Identification of Initial Measurable Goals

List the persons) responsible for implementing or coordinating the storm water management program. Provide a narrative description of the measurable goals that will be used for each of the storm water minimum control measures. Indicate the month and year in which you will start and fully implement each of the minimum control measures, or indicate the frequency of the action in the description. Attach additional pages as necessary.

Section E. Identification of Cooperating MS4s

List other MS4s that you are cooperating with to implement your SWMP. Also list any MS4s for which you are providing assistance.

Section F. Certification

Certification statement and signature. (CAUTION: An unsigned or undated NOI form will prevent the granting of permit coverage.) Federal statutes provide for severe penalties for submitting false information on this application form. Federal regulations require this application to be signed by either a principal executive or ranking elected official as described in Part VI.G. of the Small MS4 General Permit.