



# Application for MS4 Phase II General Permit Coverage

National Pollutant Discharge Elimination System  
Municipal Separate Storm Sewer System Permit

Submission of this application constitutes notice that the entity in Section A/B has read, understands and meets the eligibility conditions, agrees to comply with all applicable terms and conditions, and understands that continued authorization to discharge pollutants to surface waters of the state under the MS4 General Permit is contingent on maintaining eligibility for coverage.

DEQ USE ONLY				
Date Received:	File # :	Application # :		
Amount: \$	Check # :	Name:	Receipt # :	Deposit # :
Notes:				

## A. Application Information

1. Name of Permit Applicant:		
2. Applicant Type: <input type="checkbox"/> City / <input type="checkbox"/> County / <input type="checkbox"/> Special District / <input type="checkbox"/> Other:		
3. Physical Address of Applicant:		
City:	State:	Zip:
4. Latitude:	Longitude:	<i>(using the approximate center of the coverage area)</i>
5. Name of Legally Authorized Representative:		
Title:	Email:	Phone:
6. Mailing Address:		
City:	State:	Zip:

## B. Co-Application Information *(attach additional information as needed)*

1. Names of Co-Applicants:		
2. Applicant Types: <input type="checkbox"/> City / <input type="checkbox"/> County / <input type="checkbox"/> Special District / <input type="checkbox"/> Other:		
3. Physical Address of Applicant1:		
City:	State:	Zip:
Name of Legally Authorized Representative:		
4. Physical Address of Applicant2:		
City:	State:	Zip:
Name of Legally Authorized Representative:		
5. Physical Address of Applicant3:		
City:	State:	Zip:
Name of Legally Authorized Representative:		

## C. Billing Information

1. Invoice Contact:		
2. Mailing Address:		
City:	State:	Zip:
Title:	Email:	Phone:

**D. Contact Information**

1. Primary Contact:

Title:	Email:	Phone:
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Mailing Address:

City:	State:	Zip:
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2. Additional Contact:

Title:	Email:	Phone:
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3. Additional Contact:

Title:	Email:	Phone:
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**E. Municipal Separate Storm Sewer System (MS4) Information**

1. Estimate of the square mileage served by the MS4:

2. Estimate the population served by the MS4:

3. Do you have a current Stormwater Management Plan Document: Yes  No   
 If yes, attached: Yes  No  or web address of SWMP Document:

4. Do you have a current MS4 Map: Yes  No ; If yes, attached: Yes  No   
 If in GIS format, are shapefiles available for submittal to DEQ: Yes  No  Other Format

5. Total number of known outfalls:

6. Do you have a digital inventory of your known outfalls: Yes  No   
 If yes, is the digital inventory available if requested by DEQ: Yes  No

**F. Stormwater Discharge and Impaired Waters Information**

*(Identify the names of all know waters that receive a discharge from your MS4. Attach additional waterbodies as needed)*

Receiving Waterbody	# of Outfalls	Impaired		Impairment(s)
		303d listed	TMDL	
1.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

### G. Co-Applicant Information

Complete this part only if you are co-applying with another entity to meet a requirement of the permit. Include, as an attachment, a summary of the permit obligations that will be carried out jointly among co-applicants. The summary must identify the co-applicant(s) and must be signed by all co-applicant(s).

Are you co-applying with another entity or entities: Yes  No

Required:

Summary of joint permit obligations is attached: Yes  No

Summary is signed by all co-applicants: Yes  No

### H. Coordination Among Registrants and Joint Agreements

Complete this part only if you are relying on another entity to satisfy one or more of the requirements of the permit. Include as an attachment a summary of the permit obligations that will be carried out by another entity. The summary must identify the other entity or entities and must be signed by the other entity or entities.

Are you relying on another entity or entities to satisfy one or more of the permit obligations: Yes  No

Required:

Summary of joint permit obligations is attached: Yes  No

Summary is signed by all registrants/entities: Yes  No

### I. Certification

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

\_\_\_\_\_  
Name of Legally Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Legally Authorized Representative

\_\_\_\_\_  
Date

### J. Fee and Application Submittal

The application fee for a general NPDES MS4 permit is \$1,050. The annual fee is based on population (see MS4 Fee Rulemaking). Both the application and first annual fee must be included with the application materials. The applicant must submit a hard copy and electronic copy of the complete application, along with the appropriate fees to DEQ at the following address:

Oregon Department of Environmental Quality  
MS4 Stormwater Program, Attention: 7th Floor  
700 NE Multnomah St., Suite 600  
Portland, OR 97232

[MS4Stormwater@deq.state.or.us](mailto:MS4Stormwater@deq.state.or.us) (this email address can be used for electronic submittals)

ftp site: login and password available upon request, contact [MS4Stormwater@deq.state.or.us](mailto:MS4Stormwater@deq.state.or.us)