



State of Oregon
Department of
Environmental
Quality

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. Land Use Compatibility Statement (LUCS) Attached: <input type="checkbox"/> Yes / <input type="checkbox"/> No <i>(LUCS not required for renewals)</i> | | |
| 4. Physical Address of Applicant: | | |
| City: | State: | Zip: |
| 5. Latitude: | Longitude: <i>(using the approximate center of the coverage area)</i> | |
| 6. Name of Legally Authorized Representative: | | |
| Title: | Email: | Phone: |
| 7. 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: |
| Mailing Address: | | |
| City: | State: | Zip: |

2. Additional Contact:

| | | |
|--------|--------|--------|
| Title: | Email: | Phone: |
|--------|--------|--------|

3. Additional Contact:

| | | |
|--------|--------|--------|
| Title: | Email: | Phone: |
|--------|--------|--------|

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. Provide a copy of your current Stormwater Management Plan Document:
Attached: Yes No or web address of SWMP Document:

4. Provide a copy of your current MS4 Map
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. Provide your digital inventory of your known outfalls: Yes No
Attached: Yes No

F. Stormwater Discharge and Impaired Waters Information

(Identify the names of all known 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"/> | |

G. Minimum Control Measure Implementation

1. Education and Outreach

1.1 Describe your current Education and Outreach Program:

2. Public Involvement and Participation

2.1 Provide your current SWMP Website:

2.2 Describe your current Public Involvement and Participation approach:

3. Illicit Discharge Detection and Elimination

3.1 Do you have ordinances or other regulatory mechanisms in place to prohibit illicit discharges into your MS4 system?

Yes No

3.2 Indicate which of the following have an ordinance or other regulatory mechanism to prohibit discharge to the MS4:

- Septic, sewage, and dumping or disposal of liquids or materials other than stormwater into the MS4
- Discharges of washwater resulting from the hosing or cleaning of gas stations, auto repair garages, or other types of automotive services facilities
- Discharges resulting from the cleaning, repair, or maintenance of any type of equipment, machinery, or facility, including motor vehicles, cement-related equipment, and port-a-potty servicing, etc.
- Discharges of washwater from mobile operations, such as mobile automobile or truck washing, steam cleaning, power washing, and carpet cleaning, etc.
- Discharges of washwater from the cleaning or hosing of impervious surfaces in municipal, industrial, commercial, or residential areas (including parking lots, streets, sidewalks, driveways, patios, plazas, work yards and outdoor eating or drinking areas, etc.) where detergents are used and spills or leaks of toxic or hazardous materials have occurred (unless all spilled material has been removed)
- Discharges of runoff from material storage areas, which contain chemicals, fuels, grease, oil, or other hazardous materials from material storage areas
- Discharges of pool or fountain water containing chlorine, biocides, or other chemicals; discharges of pool or fountain filter backwash water
- Discharges of sediment, unhardened concrete, pet waste, vegetation clippings, or other landscape or construction-related wastes
- Discharges of trash, paints, stains, resins, or other household hazardous wastes
- Discharges of food-related wastes (grease, restaurant kitchen mat and trash bin washwater, etc.)

3.3 Do you have a written escalating enforcement procedure to ensure compliance with the ordinances or other regulatory mechanisms?

Yes No

3.4 Describe your current program to detect and eliminate illicit discharges including reporting, tracking, investigation and screening:

4. Construction Site Runoff

- 4.1 Describe the ordinances or other regulatory mechanisms in place to minimize the discharge of pollutants related to construction sites:
- 4.2 For construction related land disturbance of 7,000 square feet or greater (10,890 square feet for counties and small communities), do you have ordinances or other regulatory mechanisms in place to require erosion controls, sediment controls, and materials management techniques to be employed and maintained at construction projects from initial clearing through final stabilization?
 Yes No
- 4.3 Do you have a written escalating enforcement procedure to ensure compliance with the ordinances or other regulatory mechanisms?
 Yes No
- 4.4 Describe your current construction site runoff program:

5. Post-Construction Site Runoff

- 5.1 Describe the ordinances or other regulatory mechanisms in place to minimize the discharge of pollutants from new development and redevelopment project sites:
- 5.2 Do you have ordinances or other regulatory mechanisms in place to require the installation and long-term maintenance of permanent nonstructural and structural stormwater controls at new development and redevelopment project sites discharging stormwater to the MS4 creating 5,000 square feet (10,890 square feet for counties) or more of new impervious surface area?
 Yes No
- 5.3 Do you have LID code-related requirements? Yes No
- 5.4 Describe your current post-construction stormwater management requirements:

6. Pollution Prevention and Good Housekeeping for Municipal Operations

6.1 Describe your current pollution prevention and good housekeeping program:

H. 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

I. 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

J. 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

K. Fee and Application Submittal

There is no fee associated with a permit renewal. Current registrants will continue to be invoiced annually. For additional information on MS4 fees please see [MS4 Fee Rulemaking](#).

The applicant must submit a hard copy and electronic copy of the complete application 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 (this email address can be used for electronic submittals)