

APPENDIX C

City of Redding Separate Storm Sewer System (MS4) National Pollutant
Discharge System (NPDES) Storm Water Discharge Permit Notice of Intent

(When Completed and Available)

CITY OF REDDING



ENGINEERING DIVISION

777 Cypress Avenue, Redding, CA 96001-2718

P.O. Box 496071, Redding, CA 96049-6071

530.225.4170 FAX 530.245.7024

March 10, 2003

California Regional Water Quality Control Board
Attn: Carole Crowe
Central Valley Region
415 Knollcrest Drive, Suite 100
Redding, CA 96001

Subject: City of Redding NPDES General Small MS4 discharge permit

Dear Ms. Crowe:

Please find transmitted herein the Draft City of Redding Storm Water Quality Improvement Plan (Storm Water Management Plan for Water Quality), Notice of Intent to participate in the California General Municipal MS4 NPDES Phase II stormwater discharge permit, and a check for \$5,000 to cover the first six months of permit coverage.

Please call me if you have any questions or require additional information associated with this permit process.

Sincerely,

David Braithwaite, P.E.
Associate Civil Engineer

State Water Resources Control Board
 NOTICE OF INTENT
 TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT FOR
 STORM WATER DISCHARGES FROM
 SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS

I. NOI Status

Mark Only One Item	1. <input checked="" type="checkbox"/> New Permittee	2. <input type="checkbox"/> Change of Information WDID #: _____
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II. Agency Information

A. Agency <u>City of Redding</u>			
B. Contact Person <u>David Braithwaite</u>		C. Title <u>Associate Civil Engineer</u>	
D. Mailing Address <u>777 Cypress Ave</u>		E. Address (Line 2)	
F. City <u>Redding</u>	State <u>CA</u>	G. Zip <u>96001</u>	H. County <u>Shasta</u>
I. Phone <u>530-225-4473</u>	J. FAX <u>530-225-7024</u>	K. Email Address <u>dbraithwaite@ci.redding.ca.us</u>	
L. Operator Type (check one)			
1. <input checked="" type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			

III. Permit Area

Limits of City of Redding

IV. Boundaries of Coverage (include a site map with the submittal)

See Attached

V. Billing Information

A. Agency <u>City of Redding</u>			
B. Contact Person <u>David Braithwaite</u>		C. Title <u>Associate Civil Engineer</u>	
D. Mailing Address <u>777 Cypress Ave</u>		E. Address (Line 2)	
F. City <u>Redding</u>	State <u>CA</u>	G. Zip <u>96001</u>	H. County <u>Shasta</u>
I. Phone <u>530-225-4473</u>	J. FAX <u>530-225-7024</u>	K. Email Address <u>dbraithwaite@ci.redding.ca.us</u>	
L. Population <u>83,000</u>			
Please check the appropriate box on the right and submit the corresponding fee. Check(s) should be made payable to the SWRCB.			
SWRCB Tax ID is: 68-0281986			
		<input type="checkbox"/> Population greater than 250,000..... \$20,000 <input type="checkbox"/> Population between 200,000 and 249,999..... \$17,500 <input type="checkbox"/> Population between 150,000 and 199,999..... \$15,000 <input type="checkbox"/> Population between 100,000 and 149,999..... \$12,500 <input checked="" type="checkbox"/> Population between 75,000 and 99,999..... \$10,000 <input type="checkbox"/> Population between 50,000 and 74,999..... \$7,500 <input type="checkbox"/> Population between 25,000 and 49,999..... \$5,000 <input type="checkbox"/> Population between 10,000 and 24,999..... \$3,000 <input type="checkbox"/> Population between 1,000 and 9,999..... \$2,000 <input type="checkbox"/> Population between 0 and 1,000 \$1,000 <input type="checkbox"/> K - 12 School District Exempt	

VI. Discharger Information (check applicable box(es) and complete corresponding information)

1. Applying for Individual General Permit Coverage

2. Applying for a permit with one or more co-permittees

The undersigned agree to work as co-permittees in implementing a complete small MS4 storm water program. The program must comply with the requirements found in Title 40 of the Code of Federal Regulations, parts 122.32. Attach additional sheets if necessary. Each co-permittee must complete an NOI.

Lead Agency	Signature
Agency	Signature
Agency	Signature
Agency	Signature

3. Separate Implementing Entity (SIE)

A. Agency			
B. Contact Person		C. Title	
D. Mailing Address		E. Address (Line 2)	
F. City	State CA	G. Zip	H. County
I. Phone	J. FAX	K. Email Address	
H. Operator Type (check one) 1. <input type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			
Minimum Control Measures being implemented by the SIE (check all that apply) <input type="checkbox"/> Public Education <input type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge/Elimination <input type="checkbox"/> Construction <input type="checkbox"/> Post Construction <input type="checkbox"/> Good Housekeeping			
"I agree to coordinate with the agency identified in Section II of this form and comply with its qualifying storm water program. I certify under penalty of law that this document and all attachments were prepared under my direction and 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, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Additionally, I certify that the provisions of the permit, including the development and implementation of a Storm Water Management Program, will be complied with."			
N. Signature of Official		Date	

VII. Storm Water Management Plan (check box)

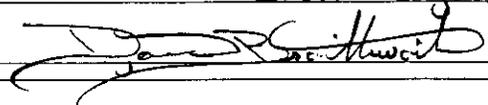
The SWMP is attached.

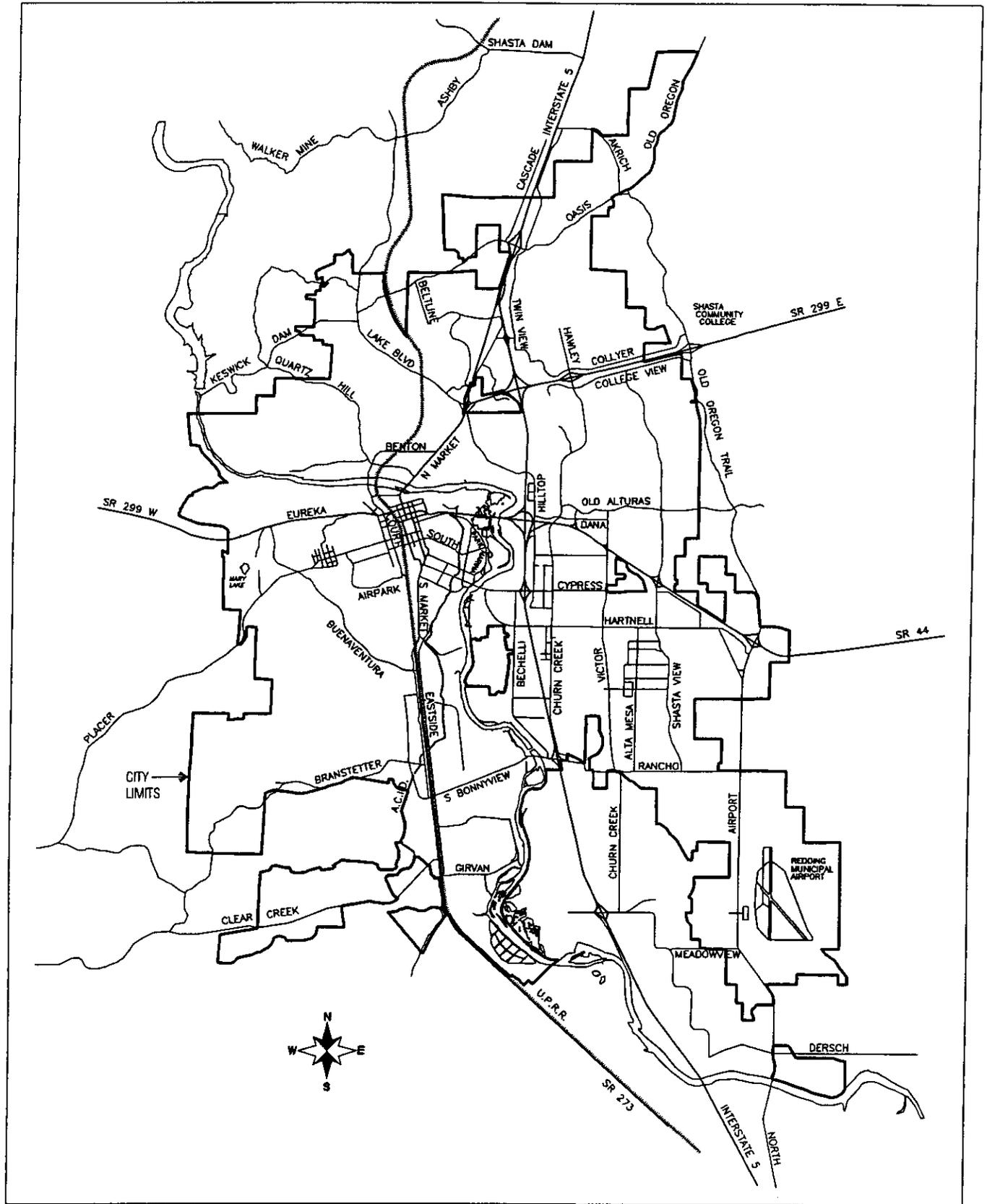
VIII. Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction and 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, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Additionally, I certify that the provisions of the permit, including the development and implementation of a Storm Water Management Program, will be complied with."

A. Printed Name: David Braithwaite

B. Title: Associate Civil Engineer

C. Signature:  D. Date: 3-7-03



City of Redding