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
(WATER QUALITY ORDER NO. 2003 – 0005 - DWQ)

I. NOI Status

Mark Only One Item  1. [ ] New Permittee  2. [ ] Change of Information

WDID #: ____________________________

II. Agency Information

<table>
<thead>
<tr>
<th>Agency</th>
<th>C. Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Contact Person</td>
<td>E. Address (Line 2)</td>
</tr>
<tr>
<td>D. Mailing Address</td>
<td>G. Zip</td>
</tr>
<tr>
<td>F. City</td>
<td>H. County</td>
</tr>
</tbody>
</table>

CA

J. FAX

K. Email Address

L. Operator Type (check one)

1. [ ] City  2. [ ] County  3. [ ] State  4. [ ] Federal  5. [ ] Special District  6. [ ] Government Combination

III. Permit Area

_________________________________________________________________

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

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

V. Billing Information

<table>
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J. FAX

K. Email Address

Fees are based on the daily population served by the Small MS4. To determine your fee, consult the current fee schedule (California Code of Regulations, Title 23, Division 3, Chapter 9 Article 1), which can be viewed at www.swrcb.ca.gov/stormwtr/municipal.html.

L. Population ____________________________

Fee __________________________

Check(s) should be made payable to the SWRCB and submitted to the appropriate RWQCB.

SWRCB Tax ID is: 68-0281986
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.

<table>
<thead>
<tr>
<th>Lead Agency</th>
<th>Signature</th>
</tr>
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<tbody>
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</tr>
</tbody>
</table>

3. [ ] Separate Implementing Entity (SIE)

A. Agency

B. Contact Person

C. Title

D. Mailing Address

E. Address (Line 2)

F. City  State  G. Zip  H. County

I. Phone  J. FAX  K. Email Address

H. Operator Type (check one)
1. [ ] City  2. [ ] County  3. [ ] State  4. [ ] Federal  5. [ ] Special District  6. [ ] Government Combination

Minimum Control Measures being implemented by the SIE (check all that apply)
[ ] Public Education  [ ] Public Involvement  [ ] Illicit Discharge/Elimination
[ ] Construction  [ ] Post Construction  [ ] Good Housekeeping

“I agree to coordinate with the agency identified in Section III 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)
[ ] As per section A.2. of this General Permit, 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: _____________________________________________

B. Title: _____________________________________________

C. Signature: _____________________________________________  D. Date: ____________________