

		Agency Use
		Permit No.: MTR04
		Date Rec'd
		Amount Rec'd
		Check No.
		Rec'd By
FORM NOI-04	<b>Notice of Intent (NOI)</b> <b>Storm Water Discharges Associated with MS4s</b> <b>MTR040000</b>	
<p>The NOI-04 form must be completed by the owner or operator of a permitted Small Municipal Separate Storm Sewer System (MS4) eligible for coverage under the Montana Department of Environmental Quality's (DEQ) General Permit for Storm Water Discharges Associated with Small MS4s. <b>Please read the attached instructions before completing this form.</b> You must print or type legibly; forms that are not legible, not complete, or unsigned will be returned. You must maintain a copy of the completed NOI-04 form for your records.</p>		
<b>Section A – NOI-04 Status</b> <i>(If no prior NOI-04 was submitted, DEQ will assign a permit number)</i>		
Permit Number: <u>M T R 0 4 0 0 0 2</u> <input type="checkbox"/> New <input type="checkbox"/> Resubmitted <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification		
<b>Section B – Applicant Information</b>		
Small MS4 Name	City of Bozeman	
Contact Person, <i>(name, title)</i>	Adam Oliver	
Mailing Address	PO Box 1230	
City, State, and Zip Code	Bozeman, MT 59715 _____	
Phone Number, Email Address	406-582-2916 _____	
Applying as a Co-permittee?	<input checked="" type="checkbox"/> Yes: _____ <input type="checkbox"/> No	
<i>(If, yes provide Co-permittee MS4 name in the blank provided. Each co-permittee must submit a separate complete NOI.)</i>		
<b>Section C – Small MS4 Information</b>		
MS4 Boundary Description	The area encompassed within City Limits (See attached MS4 Boundary Map) _____	
Residential Population	53,293 _____	
Approximate Square Miles	21 sq mi _____	
Link to storm water website and current version of the Storm Water Management Program (SWMP) describing implemented Best Management Practices (BMPs)	<a href="https://www.bozeman.net/departments/utilities/stormwater">https://www.bozeman.net/departments/utilities/stormwater</a> _____	
<i>(New applicants may skip this requirement if a SWMP or website has not been established)</i>		
Attach an organizational chart identifying the primary SWMP coordinator and positions responsible for implementing requirements of the permit.	<input checked="" type="checkbox"/> Attached <input type="checkbox"/> Not Attached <b>See SWMP Section 1.5</b>	
MAP: Include reference to a topographic map extending at least one mile beyond MS4 boundaries that identifies applicable boundaries, drainage patterns, receiving surface water bodies, and all outfalls or point source discharges.		
<input type="checkbox"/> Electronic GIS Shapefiles emailed to:	<input type="checkbox"/> Hard copy PDFs attached herein	<input checked="" type="checkbox"/> Link to online maps: <a href="https://gisweb.bozeman.net/Html5Viewer/?viewer=infrastructure">https://gisweb.bozeman.net/Html5Viewer/?viewer=infrastructure</a>
<a href="mailto:DEQMPDESDataManagement@mt.gov">DEQMPDESDataManagement@mt.gov</a>		

**Section D – Outfall Descriptions and Locations for Monitoring**Identify current monitoring locations and receiving waters: *(If applying as a new MS4 without established monitoring, skip this section)*

Outfall Name	Latitude	Longitude	Monitoring Purpose (select all that apply)	Name of Receiving Water
	See SWMP Section 8		<input checked="" type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	
	See SWMP Sections 2 and 8		<input type="checkbox"/> Storm Event <input checked="" type="checkbox"/> TMDL-Related	
			<input type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	
			<input type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	
			<input type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	
			<input type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	
			<input type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	
			<input type="checkbox"/> Storm Event <input type="checkbox"/> TMDL-Related	

**Section E – Additional Information**Is the MS4 sharing responsibility? If yes, attach written acceptance and explanation of shared obligation(s).  Yes  NoDoes the MS4 maintain a list of permits/approvals received or applied for from state or federal agencies?  Yes  No I certify that all point source discharges of storm water have been tested or evaluated for the presence of non-storm water discharges that are not covered by an MPDES permit. *(Attach a description of any analytical testing or sampling based on the NOI-04 instructions.)***Section F – Certification****All Applicants Must Complete the Following 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, 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. [75-5-633, MCA].

Name (Type or Print)

Jeff Mihelich

DocuSigned by:

Title (Type or Print)

City Manager



Phone Number

406-582-2300

Signature

DocuSigned by:

Jeff Mihelich

Date Signed

4/20/2022