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DEQ FORM  
605-R04

April 30, 2021



Oklahoma Department of Environmental Quality  
**Notice of Intent (NOI)**  
for Stormwater Discharges from Small Municipal Separate  
Storm Sewer Systems (MS4s) under the OPDES General  
Permit OKR04

Submission of this NOI constitutes notice that the parties identified in Sections I and II of this form intend to be authorized by DEQ for stormwater discharges associated with MS4s. Becoming a permittee obligates such dischargers to comply with the terms and conditions of the OKR04 permit. To obtain an authorization from DEQ, this form must be complete with all the pertinent information.

**All necessary information must be provided on this form. See instructions for completing the NOI on page 3 of this form. All associated fees must be submitted with this NOI.**

-NEW APPLICATION -MODIFICATION or -RENEWAL of current permit, authorization number: OKR04 0015

**I. MS4 Information** Your MS4 jurisdiction shall cover the entire area within the corporate boundaries of the municipality if your city is not located entirely within an Urbanized Area.

Name of MS4: City of Norman Legal status of the operator of MS4:  
-Federal -State -Private  
Address: P.O. Box 370 -Municipal (public other than federal or state)  
City: Norman State: OK Zip Code: 73070 County: Cleveland  
Latitude: 35.22545 Longitude: 97.34398 Approximate area (sq. miles) of MS4: 190

**II. MS4 Contact Information**

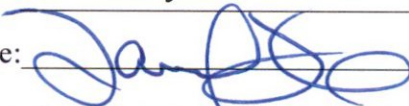
Responsible Party: Darrel Pyle Phone: (405) 366-5402  
Title: City Manager Email: darrel.pyle@normanok.gov  
Address: P.O. Box 370 City: Norman State: OK Zip Code: 73070

Stormwater Program Manager: Carrie Evenson Phone: (405) 329-2524  
Title: Stormwater Program Manager Email: carrie.evenson@normanok.gov  
Address: 201 W. Gray St City: Norman State: OK Zip Code: 73069

Permit Fee Billing Contact: Amy Shepard Phone: (405) 329-2524  
Title: Administrative Technician III Email: pwstormwater@normanok.gov  
Address: P.O. Box 370 City: Norman State: OK Zip Code: 73070

**III. Co-Permittee Information**

Are you co-permitting with another entity? -No -Yes, complete the following:  
Co-Permittee: \_\_\_\_\_ Legal status of the operator of co-permittee:  
-Federal -State -Private  
Mailing Address: \_\_\_\_\_ -Municipal (public other than federal or state)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ **Certification by the co-permittee is required in Section IX.**  
Stormwater Program Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_

IV. Receiving Water Information		
Use additional sheets of paper as needed		
Name of Receiving Waterbody	Is this waterbody impaired? If so, what are its impairments?	Is there a TMDL for that impairment?
See attached list	<input type="checkbox"/> -Yes <input type="checkbox"/> -No	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
	<input type="checkbox"/> -Yes <input type="checkbox"/> -No	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
	<input type="checkbox"/> -Yes <input type="checkbox"/> -No	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
	<input type="checkbox"/> -Yes <input type="checkbox"/> -No	<input type="checkbox"/> -Yes <input type="checkbox"/> -No
Do you discharge into an Outstanding Resource Water? <input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No		
V. Endangered Species Eligibility		
<p>a. <input type="checkbox"/>-My MS4 is not located within any of the corridors of federal- and state-identified Aquatic Resources of Concern (ARC).</p> <p>b. <input type="checkbox"/>- Informal consultation with the USFWS, or a separate federal action, has addressed the effects of stormwater discharges from my MS4, or has resulted in a "no jeopardy" opinion or written concurrence that discharges are not likely to adversely affect any listed species or critical habitat.</p> <p>c. <input type="checkbox"/>-My MS4 is authorized under section 10 of the Endangered Species Act (ESA) and a copy of the authorization is attached.</p> <p>d. <input checked="" type="checkbox"/>-The discharges from my MS4 are not likely to adversely affect any listed species or critical habitat.</p> <p>e. <input type="checkbox"/>-My MS4 is relying on another permittee's certification of eligibility and agrees to comply with the conditions of that certification.</p>		
VI. Optional Minimum Control Measure (MCM) 7		
Will your MS4 utilize MCM 7 for municipal construction activities? <input checked="" type="checkbox"/> -No <input type="checkbox"/> -Yes		
VII. Required Attachments		
<input checked="" type="checkbox"/> - An updated map showing your MS4 boundaries <input type="checkbox"/> -Authorization under section 10 of the ESA or <input checked="" type="checkbox"/> -NA <input type="checkbox"/> -Application and permit fee or <input checked="" type="checkbox"/> -Invoice is needed for application and permit fee		
VIII. Reporting Period for Annual Report		
Will your MS4 report based on: <input type="checkbox"/> -Calendar year (January-December) or <input checked="" type="checkbox"/> -Fiscal year (July-June)		
IX. Certification		
<p><i>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 gathered and evaluated 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.</i></p>		
Print Name: Darrel Pyle	Date: 8-10-21	
Signature: 	Title: City Manager	
Certification of Co-Permittee (if applicable)		
Print Name: _____	Date: _____	
Signature: _____	Title: _____	

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WATER QUALITY DIVISION

DEQ FORM  
605-R04

April 30, 2021



**Instructions for Completing  
Notice of Intent (NOI)  
for Stormwater Discharges from Small Municipal Separate  
Storm Sewer Systems (MS4s) under the OPDES General  
Permit OKR04**

**Completing the NOI Form**

To complete an NOI form, type or print in all of the appropriate places of the form. Check the appropriate box whether you are filing for a new application, a modification, or a renewal of your current permit. Enter your current authorization number if you are applying for permit modification or renewal.

**I. MS4 Information**

Provide the MS4 name, legal status, street address, latitude/longitude of the City Hall or approximate center of the MS4, and the approximate area, in square miles, of the MS4.

**II. MS4 Contact Information**

Provide the legal name, title, mailing address, phone number, and email for the following:

- 1) Responsible Party: the person meeting the definition as described in IX. Certification.
- 2) Stormwater Program Manager: the person primarily responsible for implementing the Stormwater Management Plan (SWMP) and ensuring compliance with the OKR04 general permit.
- 3) Permit Fee Billing Contact: the person primarily responsible for receiving invoices and/or submitting annual permit fees and/or permit application fees.

**III. Co-Permittee Information**

You may partner with other MS4s to develop and implement your SWMP. For each co-permittee, provide the name of the entity, legal status, street address, and latitude/longitude. In addition, include the legal name, mailing address, phone number, and email for the co-permittee's stormwater program manager.

**IV. Receiving Water Information**

Identify all of the waterbodies that receive stormwater discharges from your MS4. Check the appropriate box(es) if the receiving waterbody is listed in the DEQ Integrated Report for 303(d) impaired waterbodies or drains to a watershed with an approved Total Maximum Daily Load (TMDL) report. Identify the pollutant(s) for which the waterbody is impaired.

**V. Endangered Species Eligibility**

Complete this section by checking the box which applies to your MS4.

**VI. Optional Minimum Control Measure (MCM) 7**

Indicate if you will be implementing MCM 7 optional permit requirements for municipal construction activities.

**VII. Required Attachments**

Submit a copy of the following with your NOI:

- an updated map showing your MS4 boundaries
- a copy of your authorization under section 10 of ESA (if applicable) - application and permit fee or indicate if an invoice is needed

**VIII. Reporting Period for Annual Report**

Indicate which reporting period your MS4 will be using for the annual report.

**IX. Certification**

The NOI must be signed by the responsible party as described below:

For a corporation: by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; for limited liability companies (LLC), by an owner/managing member/partner;

For a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

**Where to File the NOI form:**

Completed NOIs must be submitted to the following address:

Water Quality Division  
Municipal Discharge & Stormwater Permitting Section  
Oklahoma DEQ  
P.O. Box 1677  
Oklahoma City, Oklahoma 73101-1677

Or fax it to: (405) 702-8101

Or email to: [ms4permitting@deq.ok.gov](mailto:ms4permitting@deq.ok.gov)

**An NOI that is unsigned, incomplete, or does not have the required attachments will not be processed for permit coverage.**

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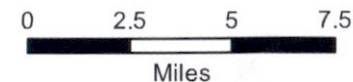
# Oklahoma Department of Environmental Quality

## Legend

2020  
Completed  
TMDLs

## 2020 303d Waterbodies

4a  
5



Date: 8/3/2021

We make every effort to provide and maintain accurate, complete, usable, and timely information. However, some data and information on this map may be preliminary or out of date and is provided with the understanding that it is not guaranteed to be correct or complete. Conclusions drawn from, or actions undertaken on the basis of, such data and information are the sole responsibility of the user.



U.S. Census Bureau, National Geographic, Esri, Garmin, HERE, UNEP-WCMC, USGS, NASA, ESA, METI, NRCAN, GEBCO, NOAA, increment P Corp.

## City of Norman Major MS4 Receiving Waters

Name of Receiving Waterbody	Is the waterbody impaired?	Impairments	Is there a TMDL for that impairment?
Lake Thunderbird	Yes	Chl_a, DO, Turbidity	Yes
Canadian River	Yes	Enterococcus	Yes
Bishop Creek	Yes	Fish_Bio	No
Brookhaven Creek	Yes	Benthic Macroinvertebrates	No
Dave Blue Creek	No	N/A	N/A
Imhoff Creek	No	N/A	N/A
Little River	Yes	DO, Enterococcus, Selenium, TDS	No
Merkle Creek	Yes	Benthic Macroinvertebrates	No
Prairie Creek	No	N/A	N/A
Rock Creek	Yes	Enterococcus, E. coli	No
Ten Mile Flat Creek	No	N/A	N/A
Woodcrest Creek	No	N/A	N/A

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