



Co-Permittee Notice of Intent for Coverage Under Ohio EPA Small MS4 General Permit

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized by Ohio EPA's NPDES Small MS4 general permit. Becoming a permittee obligates a discharger to comply with the terms and conditions of the permit. NOTE: All necessary information must be provided on this form. Read the accompanying instructions carefully before completing the form. Do not use correction fluid on this form. Forms transmitted by fax will not be accepted. There is no fee associated with submitting this form.

I. Applicant Information/Mailing Address

MS4 (Applicant) Name: _____

MS4 Contact Person: _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: Ohio Zip Code: _____

Contact E-Mail Address: _____

General Permit Number: OHQ000002 Initial Coverage: _____ Renewal Coverage: _____

Existing Ohio EPA Facility Permit Number Requesting Coverage Under: GQ * G

II. Initial MS4 Co-Permittee Information

Initial MS4 Co-Permittee Name: _____

MS4 Contact Person: _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: Ohio Zip Code: _____

Contact E-Mail Address: _____

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.

Applicant Name (typed): _____ Title: _____

Signature: _____ Date: _____