



**Phase I Large Municipal Separate Storm Sewer System (MS4)**  
**NPDES Permit Reapplication Form**

**Part I. General Information**

A. Name of Permittee: \_\_\_\_\_

B. Mailing Address (if providing a post office box, also provide a street address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Name of responsible official: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

D. Designated stormwater management program contact:  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

E. NPDES Phase I MS4 Permit Number: \_\_\_\_\_

F. Provide the river basin(s) to which your MS4 discharges: \_\_\_\_\_  
\_\_\_\_\_

G. Provide the latitude and longitude of the MS4 center (e.g. City Hall, County offices, MS4 mailing address) using Global Positioning System (GPS) - WGS 84:  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**Part II. Storm Water Management Program (SWMP) Changes**

A. Are you proposing any significant changes to your SWMP? Yes \_\_\_\_ No \_\_\_\_  
If no, skip to Part III.

B. Please describe any proposed changes to your municipality's SWMP:

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**Part III. Sharing Responsibility**

A. Has another entity agreed to implement a SWMP activity on your behalf?

Yes \_\_\_\_ No \_\_\_\_ (If No, skip to Part IV)

B. Describe any activities being performed by another entity on your behalf, including the activity and the name of the entity. Attach additional pages if necessary to list activities. **It is mandatory that you attach a copy of a written agreement (e.g. Memorandum of Understanding) between your MS4 and the other entity demonstrating acceptance of responsibility.** \_\_\_\_\_

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**Part IV. Certification Statement**

I certify under penalty of law that this document and all attachments were prepared with 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.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_