

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 0036

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 Okmulgee Legal status of the operator of MS4:
-Federal -State -Private
Address: 111 E 4th Street -Municipal (public other than federal or state)
City: Okmulgee State: OK Zip Code: 74447 County: Okmulgee
Latitude: 35.62499 Longitude: -95.97145 Approximate area (sq. miles) of MS4: 20.0

II. MS4 Contact Information

Responsible Party: Tom Giulioli Phone: 918-756-4060
Title: City Manager Email: cmgr@okmcity.net
Address: 111 E 4th Street City: Okmulgee State: OK Zip Code: 74447
Stormwater Program Manager: Rickey Pearson Phone: 918-756-4159
Title: Public Works Director Email: rpearson@okmcity.net
Address: 1309 N Okmulgee Ave City: Okmulgee State: OK Zip Code: 74447
Permit Fee Billing Contact: Deana Peavler Phone: 918-756-4060
Title: Accounts Payable Email: dpeavler@okmcity.net
Address: 111 E 4th Street City: Okmulgee State: OK Zip Code: 74447

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?
Canadian River, Deep Fork OK520700020010_10	<input checked="" type="checkbox"/> -Yes <input type="checkbox"/> -No	<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No
	Enterococcus, Turbidity, Sediment, Siltation, Turbidity	
Canadian River, Deep Fork OK520700010120_00	<input checked="" type="checkbox"/> -Yes <input type="checkbox"/> -No	<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No
	Fish Biology	
Okmulgee Lake OK520700020040_00	<input checked="" type="checkbox"/> -Yes <input type="checkbox"/> -No	<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No
	Dissolved Oxygen	
Do you discharge into an Outstanding Resource Water? <input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No		
V. Endangered Species Eligibility		
<p>a. <input checked="" 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 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 type="checkbox"/> -No <input checked="" type="checkbox"/> -Yes		
VII. Required Attachments		
<input 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 checked="" type="checkbox"/> -Calendar year (January-December) or <input type="checkbox"/> -Fiscal year (July-June)		
IX. Certification		
<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>		
Print Name: <u>Tom Giulioli</u>	Date: <u>5-14-21</u>	
Signature: <u></u>	Title: <u>City Manager</u>	
Certification of Co-Permittee (if applicable)		
Print Name: _____	Date: _____	
Signature: _____	Title: _____	

ADDITIONAL RECEIVING WATER INFORMATION ONLY

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?
Okmulgee Creek OK520700010290_00	<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No	<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No
Cussetah Creek OK520700010310_00	<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No	<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No
Dripping Springs Lake OK520700020060_00	<input checked="" type="checkbox"/> -Yes <input type="checkbox"/> -No Lead, Mercury	<input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No
Do you discharge into an Outstanding Resource Water? <input type="checkbox"/> -Yes <input type="checkbox"/> -No		
V. Endangered Species Eligibility		
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