Notice of Intent (NOI) for Small Municipal Separate Storm Sewer Systems (MS4) authorized under TPDES Phase II MS4 General Permit TXR040000

IMPORTANT:

Use the INSTRUCTIONS to fill out each question in this form.

Once approved, your permit authorization can be viewed at: http://www.tceq.texas.gov/goto/wq-dpa

APPLICATION FEE:

You must pay the **$400** Application Fee to TCEQ for the application to be complete.

Payment and NOI must be mailed to separate addresses.

You can pay online at: http://www.tceq.texas.gov/goto/epay

Select Fee Type: GENERAL PERMIT MS4 PHASE II STORMWATER DISCHARGE NOI APPLICATION

Provide your payment information below, for verification of payment:

Mailed — Check/Money Order Number:

Check/Money Order Amount:

Name Printed on Check:

EPAY — Voucher Number: ACH Payment Reciept Attached

Is a copy of the Payment Voucher enclosed? ☒ Yes

One (1) copy of the NOI, Stormwater Management Program (SWMP) cover sheet, and SWMP MUST be submitted with the original NOI, SWMP cover sheet, and SWMP.

Is the copy attached? ☒ Yes

REASON FOR APPLICATION:

Select the reason you are submitting this application:

☐ New authorization

☒ Renewal of authorization number: TXR040327

Note: An authorization cannot be renewed after July 23, 2019

Section 1. OPERATOR (Applicant)

a) If the applicant is currently a customer with TCEQ, what is the Customer Number (CN) issued to this entity? CN 602875510

b) What is the exact Legal Name of the entity (applicant) applying for this permit?

Travis County TNR – Travis County Transportation and Natural Resources (TNR)

c) Complete and attach a Core Data Form (TCEQ-10400) for this customer.

Section 2. ANNUAL BILLING CONTACT

The operator is responsible for paying the annual water quality fee. The annual fee will be assessed to permits active on September 1 of each year. TCEQ will send a bill to the address provided in this section. The operator is responsible for terminating the permit when it is no longer needed.

Provide the name and contact information of the billing contact.

Prefix (Mr. or Ms.): Mr.

First and Last Name: David Peyton II

Title: Environmental Project Manager

Organization Name: Travis County TNR

Phone Number: (512) 854-7686

Fax Number:

Email: david.peyton@traviscountytx.gov

Mailing Address: 700 Lavaca

City, State, and Zip Code: Austin, TX, 78701

Section 3. APPLICATION CONTACT

This is the person TCEQ will contact if additional information is needed about this application.

Provide the name and contact information of the application contact.

Prefix (Mr. or Ms.): Mr.

First and Last Name: David Peyton II

Title: Environmental Project Manager

Organization Name: Travis County TNR

Phone Number: (512) 854-7686

Fax Number:

Email: david.peyton@traviscountytx.gov

Mailing Address: 700 Lavaca

City, State, and Zip Code: Austin, TX 78701

Section 4. REGULATED ENTITY (RE) INFORMATION FOR SITE

a) If this is an existing permitted site, what is the Regulated Entity Number (RN) issued to this site? RN RN105592208

b) Name of site as known by the local community:

Travis County MS4

c) Name of the urbanized area(s) the Phase II MS4 is located within:

Austin UA, Lago Vista UC, Manor, UC, Elgin UC and Elroy UC

d) Provide a brief description of the regulated MS4 boundaries: *Example: Area within the City of XXXX limits that is located within the xxx urbanized area*:

All unincorporated areas within Travis County (i.e., all areas outside any full-purpose annexed city limits within Travis County)

Section 5. GENERAL CHARACTERISTICS

a) Is this site located on Indian Country Lands?

☐ Yes, do not submit this form. You must obtain authorization through U.S. EPA Region 6.

☒ No, continue to item b

b) Has TCEQ formally "designated" the small MS4 as needing coverage under this general permit?

☐ Yes. Attach a copy of the documentation sent to the MS4 by TCEQ.

☒ No

c) Select the MS4 level, which is based on the population served within the urbanized area (UA) **based on the most recent Decennial Census at the time of issuance of the general permit.**

☐ **Level 1:** Traditional small MS4s with a population of less than 10,000.

☒ **Level 2:** Traditional small MS4s with a population of at least 10,000 but less than 40,000.

Non-traditional MS4s: This level also includes all non-traditional small MS4s regardless of population unless the non-traditional MS4 can demonstrate that it meets the criteria for a waiver from permit coverage. *Examples of non-traditional small MS4s include counties, drainage districts, transportation entities, military bases, universities, colleges, correctional institutions, municipal utility districts, and other special districts.*

☐ **Level 3:** Traditional small MS4s with a population of at least 40,000 but less than 100,000.

☐ **Level 4:** Traditional small MS4s with a population of 100,000 or more.

d) What is the estimated current population served by your MS4 (regulated area?)

200,000 People

e) Is the MS4 part of a coalition?

☐ Yes

☒ No

f) If yes, list the entity names of the coalition members responsible for implementation of the SWMP *and* their unique TXR04#### number.

1. _____ TXR04 _____
2. _____ TXR04 _____
3. _____ TXR04 _____
4. _____ TXR04 _____
5. _____ TXR04 _____
6. _____ TXR04 _____

If needed, add a copy of this page to add more entities.

g) What is your annual reporting year?

☒ Calendar year

☐ Small MS4 General Permit year

☐ MS4 Fiscal year – What is the last month and day of the fiscal year? _____

h) Stormwater Management Program (SWMP)

1. I certify that the SWMP submitted with this NOI has been developed according to the provisions of the Small MS4 General Permit TXR040000. ☒ Yes
2. I certify that the SWMP Cover Sheet is completed and attached to the front of the SWMP. ☒ Yes
3. Have the program elements in the previous SWMP been re-assessed and modified and new program elements been developed and implemented, as necessary?

   ☒ Yes

   ☐ No. This facility did not have a previous authorization.
4. Is the optional 7th Minimum Control Measure (MCM) for Municipal Construction Activities selected and included with the attached SWMP?

   ☐ No. Continue to Question 5.

   ☒ Yes.

   If yes, is MCM 7 limited to the regulated area within the urbanized area?

   ☐ Yes. Continue to Question 5.

   ☒ No

   If No, then MCM 7 is included in the geographic area or boundary outside of the urbanized area. Note: *In this case, you must incorporate the entire area*

(urbanized and non-urbanized areas) in the SWMP and implement all MCMs 1-7 in the urbanized and non-urbanized areas.

5. Provide the name and contact information of the person responsible for implementing or coordinating implementation of the SWMP.

   Prefix (Mr. or Ms.): Mr.

   First and Last Name: David Peyton II

   Title: Environmental Project Manager

   Organization Name: Travis County TNR

   Phone Number: (512) 854-7686

   Fax Number:

   Email: david.peyton@traviscountytx.gov

   Mailing Address: 700 Lavaca

   City, State, and Zip Code: Austin, TX, 78701

i) Discharge Information

1. What is the name of the waterbody(ies) receiving stormwater discharges from the MS4? Colorado River; see also SWMP Table A – List of Primary Receiving Waters
2. What is the classified segment number(s) that the discharges will eventually reach? 1428; see also SWMP – Table A – List of Primary Receiving Waters

   Does the small MS4 discharge directly or indirectly into the classified segment(s)?

   ☒ Directly

   ☐ Indirectly

3. Are any of the waterbody(ies) receiving discharges from the small MS4 identified as impaired waters (Category 4 or 5) in the *Texas Integrated Report of Surface Water Quality*?

   ☒ Yes

   What is the name of the impaired waterbody(ies) receiving the discharge from the small MS4? 1. Gilleland Creek, 2. Walnut Creek, 3. Lake Austin, 4. Bull Creek and 5. Slaughter Creek

   What is/are the pollutants(s) of concern?#'s 1 & 2 – bacteria; _____ #'s 3 & 4 – dissolved oxygen; # 5 – impaired microbenthic community

   ☐ No

4. Does the impaired water body(ies) have a TMDL (Category 4 waterbody)?

   ☒ Yes

   What is/are the pollutants with a TMDL? Gilleland - Bacteria

   ☐ No

5. Does your MS4 discharge into any other MS4 entity's jurisdiction prior to discharge into water in the state?

   ☒ Yes

   What is the name of the MS4 operator? Austin, Manor, Pflugerville, Bee Cave, Cedar Park, Leander and Sunset Valley

   ☐ No

6. Edwards Aquifer Rule

   Is the discharge or potential discharge within the Recharge Zone, Contributing Zone, within the Contributing Zone within the Transition Zone, or zero to ten (0 to 10) miles upstream of the Recharge Zone of the Edwards Aquifer?

   ☒ Yes - **NOTE: A copy of the agency approved Water Pollution Abatement Plan (WPAP) required by the Edwards Aquifer Rule (30 TAC Chapter 213) must be either included or referenced in the SWMP.**

   ☐ No

j) Public Participation Process

1. Provide the name and contact information of the person responsible for publishing notice of the executive director's preliminary determination on the MS4's NOI and SWMP?

   Prefix (Mr. or Ms.): Ms.

   First and Last Name: Cynthia C. McDonald

   Title: County Executive

   Company: Travis County TNR

   Phone Number: (512) 854-9418

   Fax Number:

   Email: cynthia.mcdonald@traviscountytx.gov

   Mailing Address: 700 Lavaca

   Internal Routing (Mail Code, Etc.):

   City, State, and Zip Code: Austin, TX 78701

2. Provide the name and location of the public place where copies of the NOI, SWMP, Small MS4 General Permit TXR040000, and general permit fact sheet may be viewed and copied by the public?

   Name of Public Place: Travis County TNR Offices

   Address of Public Place: 700 Lavaca Austin, TX 78701

   County of Public Place: Travis

3. Provide the address for the website where the MS4's SWMP and annual report will be posted. https://www.traviscountytx.gov/tnr/environmental-quality/stormwater/resources

   ☐ Do not have a website.

Section 6. CERTIFICATION

I certify that I have obtained a copy and understand the terms and conditions of the Phase II (Small) MS4 General Permit TXR040000 issued January 24, 2019.

☒ Yes

I certify that the small MS4 qualifies for coverage under the Phase II (Small) MS4 General Permit TXR040000.

☒ Yes

I understand that a Notice of Termination (NOT) must be submitted when this authorization is no longer needed.

☒ Yes

I understand that authorizations active on September 1st of each year will be assessed an Annual Water Quality Fee.

☒ Yes

Operator Certification

Operator Signatory Name: Cynthia C. McDonald

Operator Signatory Title: County Executive, Transportation and Natural Resources

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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code §305.44 to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signature (use blue ink): Cynthia C. McDonald Date: 07/08/19