



New York State Department of Environmental Conservation  
625 Broadway  
Albany NY 12233-3505

**Notice of Intent for Coverage Under an SPDES General Permit for  
Storm Water Discharges From SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS**

Submission of this Notice of Intent (NOI) constitutes notice that the entity identified in Section A of this form intends to be authorized by DEC's Small MS4 SPDES General Permit issued for storm water discharges from the small municipal separate storm sewer system (MS4) in New York State. Submission of the NOI also constitutes notice that the party identified in Section A of this form has read, understands, and meets the eligibility conditions of Part I.B. of the Small MS4 General Permit; agrees to comply with all applicable terms and conditions of the Small MS4 General Permit; understands that continued authorization under the Small MS4 General Permit is contingent on maintaining eligibility for coverage, and that implementation of the permittee's storm water management program is required to begin within five(5) calendar days after a completed NOI is received by DEC. In order to be granted coverage, all information required on this form must be completed. Please read and make sure you comply with all permit requirements, including the requirement to prepare and implement a storm water management program.

**Section A. Small MS4 Owner/Operator Information**

1. Name: Buffalo and Fort Erie Public Bridge Authority 2. Phone: (716) 884 – 6744  
3. a. Mailing Address: a. Street or P.O. Box: Peace Bridge Plaza  
b. City: Buffalo c. State: NY d. Zip Code: 14213 – 2494

**Section B. Small MS4 Location Information**

1. MS4 Name: Peace Bridge  
2. a. City/Town/Village: City of Buffalo  
b. County(ies): Erie  
3. a. Permit Applicant:  Federal  State  County  City  Town  Village  
 School District  Fire District  Other public entity  
4. Does the MS4 discharge to receiving waters or a watershed which is/are impaired (appears on DEC's 303(d) list or for which a Total Maximum Daily Load (TMDL) has been determined)?  Yes  No

**Section C. Initial Identification of Management Practices (attach additional sheets as necessary)**

<p><b>1. Public Education and Outreach on Storm Water Impacts</b></p> <p><i>Outreach Techniques</i> <span style="float: right;"><i>Management Practices to Encourage</i></span></p>	
<p><input checked="" type="checkbox"/> <b>Plan and conduct an ongoing public education and outreach program (required)</b></p> <p><input type="checkbox"/> Classroom education/school programs</p> <p><input type="checkbox"/> Outreach to commercial entities</p> <p><input checked="" type="checkbox"/> Webpage</p> <p><input checked="" type="checkbox"/> Printed material</p> <p><input type="checkbox"/> Media campaign</p> <p><input type="checkbox"/> Library of educational materials</p> <p><input checked="" type="checkbox"/> Events and Programs</p> <p><input checked="" type="checkbox"/> Displays</p> <p><input type="checkbox"/> Posters and signs of varying sizes (magnet to billboards)</p> <p><input type="checkbox"/> Speakers to community groups</p> <p><input type="checkbox"/> Economic incentives</p> <p><input type="checkbox"/> Promotional giveaways</p> <p><input type="checkbox"/> Other</p> <p>.....</p>	<p><input type="checkbox"/> Proper lawn and garden care (fertilizer and pesticide use, sweeping, etc.)</p> <p><input type="checkbox"/> Low impact development</p> <p><input type="checkbox"/> Pet waste management</p> <p><input type="checkbox"/> Pollution prevention for businesses</p> <p><input type="checkbox"/> Proper disposal of household hazardous wastes</p> <p><input type="checkbox"/> Trash management</p> <p><input type="checkbox"/> Water conservation practices</p> <p><input type="checkbox"/> Others: .....</p>
<p><b>2. Public Involvement/Participation</b></p> <p><i>Involvement Techniques</i> <span style="float: right;"><i>Participation Activities</i></span></p>	
<p><input checked="" type="checkbox"/> <b>Public notice and access to documents and information (required)</b></p> <p><input checked="" type="checkbox"/> <b>Public presentation and comments received SWMP and on annual reports (required)</b></p> <p><input checked="" type="checkbox"/> <b>Public involvement/participation program (required)</b></p> <p><input checked="" type="checkbox"/> <b>Contact person identified (required)</b></p> <p><input type="checkbox"/> Advisory/partner committees</p> <p><input type="checkbox"/> Watershed organizations</p> <p><input type="checkbox"/> Attitude surveys</p> <p><input type="checkbox"/> Community hot lines</p> <p><input type="checkbox"/> Stakeholder meetings</p> <p><input type="checkbox"/> Mailing list development and use</p> <p><input type="checkbox"/> Other .....</p>	<p><input type="checkbox"/> Adopt-a-stream</p> <p><input type="checkbox"/> Reforestation program</p> <p><input type="checkbox"/> Storm drain stenciling</p> <p><input type="checkbox"/> Stream, beach, roadway cleanup</p> <p><input type="checkbox"/> Volunteer monitoring</p> <p><input type="checkbox"/> Wetland plantings</p> <p><input type="checkbox"/> Others .....</p>
<p><b>3. Illicit Discharge Detection and Elimination</b></p> <p><i>Detection and Elimination Activities</i> <span style="float: right;"><i>Type of Discharges to Target</i></span></p>	
<p><input checked="" type="checkbox"/> <b>Outfall mapping (required)</b></p> <p><input checked="" type="checkbox"/> <b>Illicit discharges prohibited (required)</b></p> <p><input checked="" type="checkbox"/> <b>Public, employees, businesses informed of hazards from illicit discharges (required)</b></p> <p><input checked="" type="checkbox"/> <b>Illicit discharges identified (required)</b></p> <p><input checked="" type="checkbox"/> System mapping</p> <p><input checked="" type="checkbox"/> Dye testing</p> <p><input type="checkbox"/> Shoreline surveys</p> <p><input type="checkbox"/> System inspections</p> <p><input type="checkbox"/> Other</p> <p>.....</p>	<p><input type="checkbox"/> Failing septic systems</p> <p><input type="checkbox"/> Illegal dumping</p> <p><input type="checkbox"/> Industrial/business connections</p> <p><input type="checkbox"/> Recreational sewage</p> <p><input type="checkbox"/> Sanitary sewer overflows</p> <p><input checked="" type="checkbox"/> Wastewater connections to the storm drain system</p> <p><input type="checkbox"/> Others .....</p>
<p><b>4. Construction Site Storm Water Runoff Control</b></p> <p><i>Construction Program Requirements (at a minimum equivalent to GP-02-01)</i> <span style="float: right;"><i>Program Criteria</i></span></p>	
<p><input checked="" type="checkbox"/> <b>Require erosion and sedimentation controls through an ordinance or other regulatory mechanism (required)</b></p> <p><input checked="" type="checkbox"/> <b>Provide opportunity for public comment on construction plans (required)</b></p> <p><input checked="" type="checkbox"/> <b>Require construction site plan review (required)</b></p> <p><input checked="" type="checkbox"/> <b>Require overall construction site waste management (required)</b></p> <p><input checked="" type="checkbox"/> <b>Site inspections and enforcement (required)</b></p> <p><input checked="" type="checkbox"/> <b>Education and training of construction site operators (required)</b></p> <p><input type="checkbox"/> Other</p> <p>.....</p>	<p><input checked="" type="checkbox"/> New York State Standards and Specifications for Erosion and Sediment Control</p> <p><input type="checkbox"/> New York State Stormwater Management Design Manual</p>

**Section C. Initial Identification of Management Practices (continued)**

<b>5. Post-Construction Stormwater Management</b> <i>Post-Construction Program Requirements</i>		<i>Program Criteria</i>
<input checked="" type="checkbox"/> Assess existing conditions throughout the MS4 and identify appropriate management practices to reduce pollutant discharge to the maximum extent practicable. (required) <input checked="" type="checkbox"/> Regulate post-construction runoff from development through an ordinance or other regulatory mechanism (required) <input checked="" type="checkbox"/> Develop management practice inspection and maintenance program. (required) <input type="checkbox"/> Other .....	<input type="checkbox"/> New York State Stormwater Management Design Manual	
<b>6. Pollution Prevention/Good Housekeeping for Municipal Operations</b> <i>Program Requirements</i>		<i>Management Practices</i>
<input checked="" type="checkbox"/> Prevent discharge of pollutants from municipal operations (required) <input checked="" type="checkbox"/> Follow DEC NPS Management Practices Catalog, or equivalent (required) <input checked="" type="checkbox"/> Conduct employee pollution prevention training (required)	<input checked="" type="checkbox"/> Street cleaning <input checked="" type="checkbox"/> Catch basin and storm drain system cleaning <input type="checkbox"/> Alternative discharge options for chlorinated water <input checked="" type="checkbox"/> Vehicle maintenance and washing <input type="checkbox"/> Hazardous and waste materials management <input type="checkbox"/> Landscaping and lawn care <input type="checkbox"/> Integrated Pest Management (IPM) <input type="checkbox"/> Marina Management <input checked="" type="checkbox"/> Road salt storage <input checked="" type="checkbox"/> Roadway and bridge maintenance <input type="checkbox"/> Municipally-owned septic system management <input checked="" type="checkbox"/> Spill response and prevention <input type="checkbox"/> Others: .....	

**Section D. Initial Identification of Measurable Goals (attach additional sheets as necessary)**

Person(s) responsible for implementing or coordinating the storm water management program:  
Ron Rienas Phone: (716) 884 – 6752 ext. 223

<b>1. Public Education and Outreach on Storm Water Impacts</b> Measurable goals (with start and end dates): ..... <b>See Attached</b> ..... ..... ..... ..... ..... ..... .....	<b>4. Construction Site Storm Water Runoff Control</b> Measurable goals (with start and end dates): ..... ..... ..... ..... ..... ..... .....
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<p><b>2. Public Involvement/Participation</b></p> <p>Measurable goals (with start and end dates): .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><b>5. Post-Construction Storm Water Management in New Development and Redevelopment</b></p> <p>Measurable goals (with start and end dates): .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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**Section D. (continued)**

<p><b>3. Illicit Discharge Detection and Elimination</b></p> <p>Measurable goals (with start and end dates): .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><b>6. Pollution Prevention/Good Housekeeping for Municipal Operations</b></p> <p>Measurable goals (with start and end dates): .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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**Section E. Cooperating MS4s**

Identify any MS4 partners that will be assisting you in carrying out your Stormwater Management Program: (Attach a description of what portions of which management practices that the other MS4s will be doing for you, and similarly what practices that you are assisting them with.)

Name of Cooperating MS4	Address	Contact Person	Telephone number	Email
Participating in Erie County Regional Stormwater Coalition				
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**Section F. Certification**

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, I certify that 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.

Print Name: Stephen F. Mayer, P.E.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

## Instructions for Completing the Notice of Intent for Coverage Under an SPDES General Permit for Storm Water Discharges From SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS

### Who Must File a Notice of Intent?

Under the provisions of § 402(p) of the Clean Water Act (CWA) and regulations at 40 CFR Part 122, Federal law prohibits "point source" discharges of storm water from municipal separate storm sewer systems (MS4s) to waters of the U.S. without a State Pollutant Discharge Elimination System (SPDES) permit. If you are an operator of a regulated small MS4 designated under §122.32(a)(1) or §122.32(a)(2), you must apply for coverage under a SPDES permit, or apply for a modification of an existing SPDES permit. If you have questions about whether you need a permit under the SPDES Storm Water Program, contact DEC. Finally, the NOI must be submitted in accordance with the deadlines established in Part 2.A. of the MS4 General Permit.

### When to File the NOI Form

DO NOT FILE THE NOI UNTIL YOU HAVE READ A COPY OF THE SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEM GENERAL PERMIT. You will need to determine your eligibility, prepare your initial storm water management program, and correctly answer all questions on the NOI form, all of which must be done before you can sign the certification statement on the NOI in good faith (and without risk of committing perjury).

### Where to File the NOI Form

NOIs must be sent to the following address:

Storm Water Notice of Intent  
NYSDEC  
625 Broadway  
Albany NY 12233

### Completing the NOI Form

To complete this form, type or print, using uppercase letters, in the appropriate areas only. Please make sure you have completely filled out every section of this form and have made a photocopy for your records before sending the completed form to the address above.

### Section A. MS4 Owner/Operator Information

1. Provide the legal name of the governmental entity, or other legal entity that operates the MS4 described in this application. The responsible party is the legal entity that controls the MS4's operation.
2. Provide the telephone number of the MS4 operator.
3. Provide the mailing address of the MS4 operator. Include the street address or P.O. box, city, state, and zip code. All correspondence regarding the permit will be sent to this address, not the MS4 address in Section B.

### Section B. MS4 Location Information

1. Enter the official or legal name of the MS4. Enter the city or cities, county or counties, and state in which the MS4 is located.
2. Indicate the legal status of the MS4 operator as a Federal, State, County, City, Town, Village, or other public entity.
3. Indicate whether the MS4 discharges storm water into one or more receiving water(s) that appear on the 303(d) list or for which a Total Maximum Daily Load (TMDL) has been established.

### Section C. Identification of Initial Management Practices

Check the management practices that you have selected to meet each of the minimum measures. Management practices listed in **BOLD** type are required by the permit and **MUST** be checked. If a selected practice is not on the list, check "Other" and write the name of the practice in the space provided. Attach additional pages as necessary.

### Section D. Identification of Initial Measurable Goals

List the person(s) responsible for implementing or coordinating the storm water management program. Provide a narrative description of the measurable goals that will be used for each of the storm water minimum control measures. Indicate the month and year in which you will start and fully implement each of the minimum control measures, or indicate the frequency of the action in the description. Attach additional pages as necessary.

### Section E. Identification of Cooperating MS4s

List other MS4s that you are cooperating with to implement your SWMP. Also list any MS4s for which you are providing assistance.

### Section F. Certification

Certification statement and signature. (CAUTION: An unsigned or undated NOI form will prevent the granting of permit coverage.) Federal statutes provide for severe penalties for submitting false information on this application form. Federal regulations require this application to be signed by either a principal executive or ranking elected official as described in Part VI.G. of the Small MS4 General Permit.