

STATE OF VERMONT
AGENCY OF NATURAL RESOURCES
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

NOTICE OF INTENT

General Permit 3-9014
National Pollutant Discharge Elimination System (NPDES) Number: VTR040000
For Stormwater Discharges From Small Municipal Separate Storm Sewer Systems

Please provide the following information in support of your application for coverage under the General Permit.

1. Name of MS4 applying for coverage under General Permit 3-9014, NPDES Number VTR040000: Village of Essex Junction, VT

Mailing Address: 2 Lincoln Street
Essex Junction, VT 05452-3685

Phone Number: 802-878-6944

Fax Number: 802-878-6946

E-Mail Address: admin@essexjunction.org
2. Name and Title of person responsible for overall coordination of the storm water management program: James L. Jutras, Water Quality Superintendent

Mailing address: 2 Lincoln Street
Essex Junction, VT 05654-3685

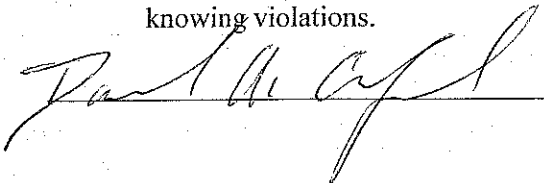
Phone number: 802-878-6943 ext 201

Fax number: 802-878-6948

E-mail Address: ww@essexjunction.org
3. An estimate of the square mileage served by your small MS4: 4.6 square miles
4. Identify the names of all known waters that receive a discharge from the MS4. If known, indicate the number of outfalls to each water: Indian Brook-47, Sunderland Brook-10, Winooski River-40, Unnamed-15 (more or less)
5. You may partner with other MS4s to develop and implement your storm water management program. Each MS4 must fill out an NOI form. (You may also jointly submit the same NOI with one or more MS4s.) If you elect to partner with another MS4, the description of your storm water management program must clearly describe which permittees are responsible for implementing each of the control measures.

6. If you are relying on another governmental entity regulated under the storm water regulations (40 CFR 122.26 & 122.32) to satisfy one or more of your permit obligations (see Part 4.4), identify the entity(ies) and the element(s) they will be implementing. You do not need to identify the Agency of Natural Resources with respect to minimum measures 4 and 5. If you are participating in the regional MOU to implement minimum measure 1 check here ☒.
7. For each of your chosen best management practices (BMPs) and the measurable goals related to the storm water minimum control measures in Part 4.2 of the General Permit provide the following information:
- Your timeframe for implementing the BMP (you must develop and fully implement your program by the expiration date of this permit): See Section 4 for a schedule of all BMP's
 - The person or persons responsible for implementing or coordinating the BMPs for your storm water management program: James L. Jutras, Water Quality Superintendent
 - A description of the best management practices (BMPs) that you or another entity will implement: See Section 4 for a schedule of all BMP's and related descriptions
 - The measurable goals for each of the BMPs including, as appropriate, the months and years in which you will undertake required actions, including interim milestones and the frequency of the action. When possible, your measurable goal should include outcome measures related to the BMPs impact on water quality, stream channel stability, ground water recharge, and flood protection (EPA has provided guidance on developing measurable goals at: www.epa.gov/npdes/stormwater/measurablegoals/index.htm).
 - When requested in 4.2 of the General Permit, provide a rationale for how and why you selected the BMPs and measurable goals for your storm water management program.
8. Submit your NOI together with the correct fees at the following address:
- Vermont Agency of Natural Resources
Department of Environmental Conservation
Water Quality Division, Stormwater Management Program
103 South Main Street, Building 10 North
Waterbury, Vermont 05671-0408
9. This NOI must be signed by a principal executive officer, ranking elected official or other duly authorized employee and certified as follows:

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 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

Date

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