

State Water Resources Control Board
 NOTICE OF INTENT
 TO COMPLY WITH THE TERMS OF THE GENERAL PERMIT FOR
 STORM WATER DISCHARGES FROM
 SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS
 (WQ ORDER No. 2003-0005-DWQ)

I. NOI Status

Mark Only One Item 1. New Permittee 2. Change of Information WDID # 42MS03024
 # _____

II. Agency Information

A. Agency County of Santa Barbara			
B. Contact Person Joy Hufschmid		C. Title Project Clean Water Manager	
D. Mailing Address 123 E. Anapamu St.		E. Address (Line 2)	
F. City Santa Barbara	State CA	G. Zip 93101	H. County Santa Barbara
I. Phone (805) 568-3373	J. FAX (805) 568-3434	K. Email Address jhufsch@co.santa-barbara.ca.us	
L. Operator Type (check one) 1. <input type="checkbox"/> City 2. <input checked="" type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			

III. Permit Area

Santa Barbara County South Coast and Other Unincorporated Urban Areas

IV. Boundaries of Coverage (include a site map with the submittal) *Site Map attached.*

Urbanized unincorporated areas along south coast from approximately Ventura-Santa Barbara county line to the east, Pacific Ocean to the south, foothills of Santa Ynez mountains to the north, western edge of City of Goleta to the west. Does not include Cities of Carpinteria, Santa Barbara or Goleta. Unincorporated urban areas of north County including Santa Ynez, Los Olivos, Vandenberg Village, Mission Hills, and Orcutt. (See also Figure 1 SWMP)

V. Billing Information

A. Agency County of Santa Barbara, Public Works Department			
B. Contact Person Sandy Weiser		C. Title Accountant	
D. Mailing Address 123 E. Anapamu St.		E. Address (Line 2)	
F. City Santa Barbara	State CA	G. Zip 93101	H. County Santa Barbara
I. Phone (805) 568-3438	J. FAX (805) 568-3434	K. Email Address sweiser@co.santa-barbara.ca.us	
Fees are based on the daily population served by the Small MS4. To determine your fee, consult the current fee schedule (California Code of Regulations, Title 23, Division 3, Chapter 9, Article 1)			
L. Population <u>134,708</u>			
Fee <u>\$18,594</u>			

VI. Discharger Information (check applicable box(es) and complete corresponding information)

1. Applying for Individual General Permit Coverage

2. Applying for a permit with one or more co-permittees

The undersigned agree to work as co-permittees in implementing a complete small MS4 storm water program. The program must comply with the requirements found in Title 40 of the Code of Federal Regulations, parts 122.32. Attach additional sheets if necessary. Each co-permittee must complete an NOI.

Lead Agency	Signature
Agency	Signature
Agency	Signature
Agency	Signature

3. Separate Implementing Entity (SIE)

A. Agency			
B. Contact Person		C. Title	
D. Mailing Address		E. Address (Line 2)	
F. City	State	G. Zip	H. County
I. Phone	J. FAX	K. Email Address	
L. Operator Type (check one) 1. <input type="checkbox"/> City 2. <input type="checkbox"/> County 3. <input type="checkbox"/> State 4. <input type="checkbox"/> Federal 5. <input type="checkbox"/> Special District 6. <input type="checkbox"/> Government Combination			
Minimum Control Measures being implemented by the SIE (check all that apply)			
<input type="checkbox"/> Public Education		<input type="checkbox"/> Public Involvement	<input type="checkbox"/> Illicit Discharge/Elimination
<input type="checkbox"/> Construction		<input type="checkbox"/> Post Construction	<input type="checkbox"/> Good Housekeeping
<p>"I agree to coordinate with the agency identified in Section III of this form and comply with its qualifying storm water program. I certify under penalty of law that this document and all attachments were prepared under my direction and 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, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Additionally, I certify that the provisions of the permit, including the development and implementation of a Storm Water Management Program, will be complied with."</p>			
M. Signature of Official		Date	

VII. Storm Water Management Plan (check box)

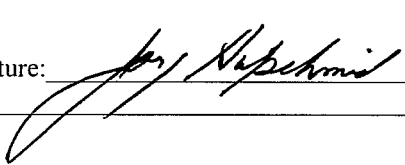
As per section A.2. of this General Permit, the SWMP is attached.

VIII. Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction and 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, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Additionally, I certify that the provisions of the permit, including the development and implementation of a Storm Water Management Program, will be complied with."

A. Printed Name: Joy Hufschmid

B. Title: Project Clean Water Manager

C. Signature:  D. Date: 2-22-10