

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 # _____

II. Agency Information

| | | | |
|--|---------------------------------|---|-----------------------------------|
| A. Agency County of Santa Barbara | | | |
| B. Contact Person Robert Almy | | C. Title Water Agency 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) 568-3542 | J. FAX (805) 568-3434 | K. Email Address ralmy@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 South Coast and Unincorporated Areas

IV. Boundaries of Coverage (include a site map with the submittal)

Area 1: 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. **Area 2:** Communities of Mission Hills and Vandenberg Village. **Area 3:** Community of Orcutt.

V. Billing Information

| | | | |
|--|---------------------------------|---|-----------------------------------|
| A. Agency County of Santa Barbara, Public Works Department | | | |
| B. Contact Person Lynn Hogan | | 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) 568-3128 | J. FAX (805) 568-3019 | K. Email Address shogan@co.santa-barbara.ca.us | |
| L. Population <u>144,000</u> Please check the appropriate box on the right and submit the corresponding fee. Check (s) should be made payable to the SWRCB. | | <input type="checkbox"/> Population greater than 250,000.....\$20,000 <input type="checkbox"/> Population between 200,000 and 249,999.....\$17,500 <input type="checkbox"/> Population between 150,000 and 199,999.....\$15,000 <input checked="" type="checkbox"/> Population between 100,000 and 149,999.....\$12,500 <input type="checkbox"/> Population between 75,000 and 99,999.....\$10,000 <input type="checkbox"/> Population between 50,000 and 74,999.....\$7,500 <input type="checkbox"/> Population between 25,000 and 49,999.....\$5,000 <input type="checkbox"/> Population between 10,000 and 24,999.....\$3,000 <input type="checkbox"/> Population between 1,000 and 9,999.....\$2,000 <input type="checkbox"/> Population between 0 and 1,000.....\$1,000 <input type="checkbox"/> K – 12 School District.....Exempt | |
| SWRCB Tax ID is: 68-0281986 | | | |

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 County of Santa Barbara, Robert Almy | 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

| | |
|---|----------------|
| <p>"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> | |
| A. Printed Name: <u>Robert Almy</u> | |
| B. Title: <u>Water Agency Manager</u> | |
| C. Signature: _____ | D. Date: _____ |