



## Notice of Intent (NOI) for Stormwater Discharges from Small Municipal Separate Storm Sewer Systems (MS4) under the TPDES Phase II MS4 General Permit (TXR040000)

### IMPORTANT:

- Use the [INSTRUCTIONS](#) to fill out each question in this form.
- Use the [CHECKLIST](#) to make certain you filled out all required information. Incomplete applications WILL delay approval or result in automatic denial.
- Once processed your authorization can be viewed at:  
<http://www.tceq.texas.gov/goto/wq-dpa>

### APPLICATION FEE:

- You must pay the **\$100** Application Fee to TCEQ for the paper application to be complete.
- Payment and NOI must be mailed to separate addresses.
- Did you know you can pay on line?
  - Go to <https://www3.tceq.texas.gov/epay/index.cfm>
  - Select Fee Type: GENERAL PERMIT MS4 PHASE II STORM WATER DISCHARGE NOI APPLICATION
- **Provide your payment information below, for verification of payment:**

Mailed	<input checked="" type="checkbox"/>	Check/Money Order No.: <u>064770</u>
		Name Printed on Check: <u>Brushy Creek Municipal Utility District</u>
EPAY	<input type="checkbox"/>	Voucher No.: _____
		Is the Payment Voucher copy attached? <input type="checkbox"/> Yes

**One (1) copy of the NOI and Stormwater Management Program (SWMP) with the completed SWMP Cover Sheet MUST be submitted with the original NOI and SWMP.**

Is the copy attached?  Yes

**RENEWAL: Is this NOI a Renewal of an existing Phase II MS4 General Permit Authorization?**

**(Note: An authorization cannot be renewed after June 11, 2014.)**

- Yes The existing authorization number is: TXR04\_0049  
**(If an authorization number is not provided, a new number will be assigned.)**
- No

**1) OPERATOR (Applicant)**

a) If the applicant is currently a customer with TCEQ, what is the Customer Number (CN) issued to this entity? You may search for your CN at:

<http://www.tceq.texas.gov/goto/cr-customer>

CN 600646574

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

Brushy Creek Municipal Utilities District

(The exact legal name must be provided.)

c) What is the contact information for the Operator (Applicant)? The mailing address must be recognized by the US Postal Service. You may verify the address at:

<https://tools.usps.com/go/ZipLookupAction!input.action>

Prefix (Mr. Ms. Miss): Mr.

First/Last Name: Mike Petter Suffix: \_\_\_\_\_

Title: General Manager Credential: \_\_\_\_\_

Phone Number: (512) 255-7871 Ext: 227 Fax Number: (888) 321-8752

E-mail: m.petter@bcmud.org

Mailing Address: 16318 Great Oaks Drive

Internal Routing (Mail Code, Etc.): \_\_\_\_\_

City: Round Rock State: Texas ZIP Code: 78681

If outside USA: Territory: \_\_\_\_\_ Country Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

d) Indicate the type of Customer (The instructions will help determine your customer type):

- Federal Government     State Government     County Government  
 City Government         Other Government

e) Number of Employees:

- 0-20;     21-100;     101-250;     251-500; or     501 or higher

**2) ANNUAL BILLING CONTACT**

The Operator is responsible for paying the annual fee. The annual fee will be assessed to authorizations 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.

Is the billing contact and contact information the same as the Operator identified in Section 1) above?

Yes, go to Section 3).

No, complete section below

Prefix (Mr. Ms. Miss): \_\_\_\_\_

First/Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Title: \_\_\_\_\_ Credential: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Internal Routing (Mail Code, Etc.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**3) APPLICATION CONTACT**

If TCEQ needs additional information regarding this application, who should be contacted?

Is the application contact and contact information the same as the Operator identified in Section 1) above?

Yes, go to Section 4).

No, complete section below

Prefix (Mr. Ms. Miss): \_\_\_\_\_ Suffix: \_\_\_\_\_  
First/Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Credential: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Internal Routing (Mail Code, Etc.): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Mailing Information if outside USA:  
Territory: \_\_\_\_\_ Country Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**4) REGULATED ENTITY (RE) INFORMATION**

If the site of your business is part of a larger business site or if other businesses were located at this site before yours, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search TCEQ's Central Registry to see if the larger site may already be registered as a regulated site at:

<http://www.tceq.texas.gov/goto/cr-searchrn>

If the site is found, provide the assigned Regulated Entity Reference Number and provide the information for the site to be authorized through this application below. The site information for this authorization may vary from the larger site information.

- a) TCEQ issued RE Reference Number (RN): RN 105482053
- b) Name that is used to identify the small MS4 (Example: City of XXX MS4)  
Brushy Creek Municipal Utilities District MS4
- c) Provide a brief description of the regulated MS4 boundaries: (Example: Area within the City of XXXX limits that is located within the xxx (e.g. Dallas) urbanized area):  

area within the City of Round Rock ETJ between FM1431 to the north, FM 620 to the south and Round rock city limits to the east, within Austin urbanized area
- d) City where the largest residential population exists within the regulated MS4 boundaries:  
Round Rock
- e) ZIP code where the largest residential population exists within the regulated MS4 boundaries:  
78681

f) County where the largest residential population exists within the regulated MS4 boundaries:  
Williamson

Is the MS4 located within additional counties?

Yes – If Yes, what county (or counties)?

No

g) Latitude: 30.49568 Longitude: 97.735189

#### 5) GENERAL CHARACTERISTICS

a) Is the project/site located on Indian Country Lands?

Yes – If Yes, you must obtain authorization through EPA, Region 6.

No

b) What is applicant's Standard Industrial Classification (SIC) code?

SIC Code: 9631

c) What is the category or level of the MS4 based on the population served?

**Level 1:** Operators of traditional small MS4s that serve a population of less than 10,000 within an urbanized area (UA).

**Level 2:** Operators of traditional small MS4s that serve a population of at least 10,000 but less than 40,000 within an UA.

This category also includes all non-traditional small MS4s such as counties, drainage districts, transpiration entities, military bases, universities, colleges, correctional institutions, municipal utility districts and other special districts regardless of population served within the UA, unless the non-traditional MS4 can demonstrate that it meets the criteria for a waiver from permit coverage based on the population served.

**Level 3:** Operators of traditional small MS4s that serve a population of at least 40,000 but less than 100,000 within an UA.

**Level 4:** Operators of traditional small MS4s that serve a population of 100,000 or more within an UA.

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

N/A

Yes

No - If No and no portion of the small MS4 is located within an UA as determined by the 2000 or 2010 Decennial Census by the U.S Bureau of Census requiring a NOI be submitted, the operator is not eligible for coverage under this general permit through the NOI.

e) What is your annual reporting year?

Calendar year

MS4 general permit year

Fiscal year – If Fiscal year, what is the last day of the fiscal year? \_\_\_\_\_

f) Stormwater Management Program (SWMP)

1. I certify that the SWMP submitted with this Notice of Intent has been developed according to the provisions of this general permit TXRO40000.

Yes

No – If No, the application is considered incomplete and may be returned.

2. I certify that the SWMP Cover Sheet is completed and attached to the front of the SWMP.

Yes

No – If No, the application is considered incomplete and may be returned.

3. Who is the person responsible for implementing or coordinating implementation of the SWMP? (Note: All contact information requested below is required.)

First/Last Name: Mike Petter

Title: General Manager

Company: Brushy Creek MUD

Phone Number: (512) 255-7871 Ext: 221 Fax Number: (888) 321-8752

E-mail: m.petter@bcmud.org

Mailing Address: 16318 Great Oaks Drive

Internal Routing (Mail Code, Etc.): \_\_\_\_\_

City: Round Rock State: Texas ZIP Code: 78681

g) 7th Minimum Control Measure (MCM) for Municipal Construction Activities

1. Is the MCM for authorization to discharge stormwater from municipal construction activities included with the attached SWMP?

Yes – If Yes, what are the boundaries within which those activities will occur? (Note: If the boundaries are located outside of the urbanized area, then the entire SWMP must also incorporate the additional areas.)

area within the City of Round Rock ETJ between FM1431 to the north, FM 620 to the south and Round rock city limits to the east, within Austin urbanized area. Only property owned by Brushy Creek

No

2. Is the discharge or potential discharge from regulated construction activities within the Recharge Zone, Contributing Zone, or Contributing Zone within the Transition Zone of the Edwards Aquifer?

Yes – If Yes, please note that a copy of the agency approved Water Pollution Abatement Plan (WPAP) required by the Edward Aquifer Rule (30 TAC Chapter 213) must be either included or referenced in the construction stormwater pollution prevention plan(s).

No

**h) Discharge Information**

1. What is the name of the water body (ies) receiving stormwater from the MS4?  
Brushy Creek

2. What is the classified segment number(s) that receives discharges, directly or indirectly, from the small MS4?  
12

Do you discharge directly or indirectly?  
\_\_\_\_\_

3. Are any of the surface water body (ies) receiving discharges from the small MS4 on the latest EPA-approved Clean Water Act (CWA) §303(d) list of impaired waters or the Texas Integrated Report of Surface Water Quality for CWA Sections 305(b) and 303(d)?

Yes – If Yes:

What is the name of the impaired water body (ies) receiving the discharge from the small MS4?  
Brushy Creek

What is/are the pollutant(s) of concern?

bacteria

No

4. Is the discharge into any other MS4 prior to discharge into surface water in the state?

Yes – If Yes, what is the name of the MS4 Operator?  
\_\_\_\_\_

No

**i) Edwards Aquifer**

Is the discharge or potential discharge from the MS4 within the Recharge Zone, Contributing Zone, or Contributing Zone within the Transition Zone of the Edwards Aquifer?

Yes - If Yes, complete certification below by checking "Yes".

No

I certify that a copy of the TCEQ approved WPAP required by the Edwards Aquifer Rule (30 TAC Chapter 213) is either included or referenced in the SWMP.

Yes

**j) Public Participation Process**

The Office of Chief Clerk will send the operator or person responsible for publishing, the notice of the executive director's preliminary determination of the NOI and SWMP, in a newspaper of general circulation in the county where the small MS4 is located. If multiple counties, notice must be published at least once in the newspaper of general circulation in the county containing the largest resident population.

The applicant must file with the Chief Clerk a copy of an affidavit of the publication within 60 days of receiving the written instructions from the Office of Chief Clerk.

1. I will comply with the Public Participation requirements described in Part II.E.12 of the general permit.

Yes

No – If No, coverage under this general permit is not obtainable.

2. Who is the person responsible for publishing notice of the executive director's preliminary determination on the NOI and SWMP? (Note: All contact information requested below is required.)

First/Last Name: Mike Petter

Title: General Manager

Company: Brushy Creek MUD

Phone Number: (512) 255-7871

Ext: 221

Fax Number: (888) 321-8752

E-mail: m.petter@bcmud.org

Mailing Address: 16318 Great Oaks Drive

Internal Routing (Mail Code, Etc.): \_\_\_\_\_

City: Round Rock

State: Texas

ZIP Code: 78681

3. What is the name and location of the public location where copies of the NOI and SWMP, as well as the executive director's general permit and fact sheet, may be reviewed?

Name of Public Place:

Brushy Creek Community Center

Address of Public Place:

16318 Great Oaks Drive

Round Rock, Texas

County of Public Place:

Williamson

**6) CERTIFICATION**

Check Yes to the certifications below. Failure to indicate Yes to **ALL** items may result in denial of coverage under the general permit.

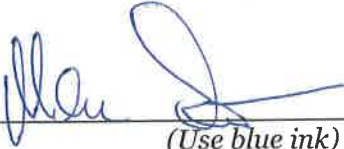
- a) I certify that I have obtained a copy and understand the terms and conditions of the Phase II (Small) MS4 General Permit TXRo40000.  Yes
- b) I certify that the small MS4 qualifies for coverage under the general permit TXRo40000.  Yes
- c) I understand that a Notice of Termination (NOT) must be submitted when this authorization is no longer needed.  Yes
- d) I understand that authorization active on September 1<sup>st</sup> of each year will be accessed an Annual Water Quality Fee.  Yes

**Operator Certification:**

I, Mike Petter General Manager  
*Typed or printed name* *Title*

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:  Date: 6-6-14  
*(Use blue ink)*