



Notice of Intent MS4 Phase II West GP

JAN 16 2024

WATER QUALITY PROGRAM

NOI Version: 1

Application Type: ☐ New ☒ Renewal

Permit Number: WAR045549

Application Id: 43756

I. Contact Information

Legal Responsible Party		
Honorific: The Honorable	First Name: Matt	Last Name: Miller
Organization Name: City of Anacortes		Title: Mayor
Mailing Address: PO Box 547		
City: Anacortes	State: WA	Zip Code: 98221-0547
Email: mattm@cityofanacortes.org		
Primary Phone: 360-299-1950	Secondary Phone: 360-299-1950	
UBI Number:		
Permittee		
Honorific:	First Name:	Last Name:
Organization Name: City of Anacortes		Title:
Mailing Address: PO Box 547		
City: Anacortes	State: WA	Zip Code: 98221
Email:		
Primary Phone:	Secondary Phone:	
UBI Number: 916001227		
Site Contact		
Honorific: Ms.	First Name: Diane	Last Name: Hennebert
Organization Name: City of Anacortes		Title: Stormwater Program Manager
Mailing Address: 904 6th St		
City: Anacortes	State: WA	Zip Code: 98221
Email: dianeh@cityofanacortes.org		
Primary Phone: 360-299-1966	Secondary Phone: 360-661-3747	
UBI Number:		
Site Contact		
Honorific:	First Name: Andrew	Last Name: Rheaume
Organization Name: City of Anacortes		Title: Public Works Director
Mailing Address: 904 6th St		
City: Anacortes	State: WA	Zip Code: 98221-1716
Email: andrewr@cityofanacortes.org		
Primary Phone: 360-299-1954	Secondary Phone:	
UBI Number:		

Are you co-applying with another entity/entities to meet the requirements of the MS4 permit?

☐ Yes ☒ No

Co-Permittees:

None

You must add contact information above for the Co-Permittee.

Permittees that co-apply are responsible for meeting permit conditions related to their discharge(s). **You must include as an attachment to this NOI a summary of the permit obligations that will be carried out jointly among co-applicants. The summary must identify the other co-applicant(s) and must be signed by the other co-applicant(s).**

Are you relying on another entity to satisfy one or more of the requirements of the permit?

☐ Yes ☒ No

Permittees that rely on another entity to satisfy one or more of their permit obligations remain responsible for permit compliance if the other entity fails to implement the permit conditions. Permittees may rely on another entity provided:

1. The other entity agrees to take on responsibility for implementation of the permit requirements, and
2. The other entity implements the permit requirements.

You must include as an attachment a summary of the permit obligations that will be carried out by another entity. The summary must identify the other entity or entities and must be signed by the other entity or entities.

II. Facility/Jurisdiction Information

Facility Name: ANACORTES CITY OF

Street Address: 904 6TH ST

City: Anacortes

County: Skagit

Zip Code: 98221-0547

Latitude: 48.517500

Longitude: -122.600833

Ownership Type: [select one]

☒ City or Town

☐ County

OR

Special Purpose District (secondary permittee, if applicable): [select one]

☐ Diking/drainage district

☐ Flood control district

☐ Public school district

☐ State agency

☐ Port

☐ University

☐ Park District

☐ Other:

III. Site Information

Geographic area where the applicant's MS4s are located (see instructions)

☐ Phase I Municipal Stormwater Permit

☐ Phase II Municipal Stormwater Permit for Eastern Washington

☒ Phase II Municipal Stormwater Permit for Western Washington

Population Served by the MS4

Estimated population (resident and commuter) served by the MS4 within the geographic area(s) covered by the permit:
18,020

Tribal Lands

Is part of the MS4 located on tribal lands (within a reservation or on land held in trust for a tribe)?

*For Puyallup reservation only: check "yes" if MS4 is located on trust lands. Check "no" if any part of the MS4 is located on fee lands.

☐ Yes ☒ No

Maps (special purpose districts only)

You will need to attach a map or maps delineating the geographic area served by the MS4.

IV. Public Notice

Public Notice applies to facilities that began operations on or after August 1st, 2024.

You must publish a public notice at least **once** a week for **two** consecutive weeks with **seven days** between publications, in at least a **single** newspaper of general circulation in the county in which the facility is located. Ecology cannot grant permit coverage sooner than the end of the 30-day public comment period, which begins on the date of the **second** public notice.

Newspaper Name	First Public Notice Date	Second Public Notice Date

V. Certification of Permittees

"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 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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."



Permittee Signature

10 JAN 2024

Date

JAN 16 2024

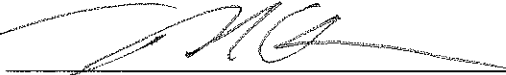
Application Id: 43756**Certification Received:** WATER QUALITY PROGRAM
(Ecology use)**Facility/Site Name:** ANACORTES CITY OF**Permit Number:** WAR045549
(Ecology use)**Facility Address:** 904 6TH ST
Anacortes, WA 98221-0547**Facility County:** Skagit**Company Name:** City of Anacortes**Permittee Address:** PO Box 547
Anacortes, WA 98221**Certification of Permittee**

"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 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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

MATT MILLER / CITY OF ANACORTESMAYOR

Printed Name / Company

Title

10 JAN 2024

Signature of Permittee *

Date

* Federal regulations require this application is signed by one of the following:

- A. For a corporation: By a responsible corporate officer, of at least the level of vice president.
- B. For a partnership or sole proprietorship: By a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility: By either a principal executive officer or ranking elected official.

Please print, sign and mail this form to the following address:

Washington Department of Ecology
MS4 General Permit Writer
P.O. Box 47696
Olympia, WA 98504-7696