

Application Id: 45128	Certification Received: (Ecology use)	JAN 18 2024
Facility/Site Name: CLYDE HILL CITY OF	Permit Number: WAR045547 (Ecology use)	WATER QUALITY PROGRAM
Facility Address: 9605 NE 24TH ST Clyde Hill, WA 98004	Facility County: King	
Company Name: City of Clyde Hill	Permittee Address: 9605 NE 24th St Clyde Hill, WA 98004-2141	

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."

<u>DEAN ROHLA</u>	<u>CITY ADMINISTRATOR</u>
Printed Name / Company	Title
<u>[Signature]</u>	<u>1/12/2024</u>
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



Notice of Intent MS4 Phase II West GP

JAN 18 2024

WATER QUALITY PROGRAM
NOI Version: 1

Application Type: ☐ New ☒ Renewal

Permit Number: WAR045547

Application Id: 45128

I. Contact Information

Delegated Signer

Honorific: First Name: Shaun Last Name: Tozer
 Organization Name: City of Clyde Hill Title: Public Works Director
 Mailing Address: 9605 NE 24th St
 City: Clyde Hill State: WA Zip Code: 98004-2141
 Email: shaun@clydehill.org
 Primary Phone: Secondary Phone:
 UBI Number:

Legal Responsible Party

Honorific: First Name: Dean Last Name: Rohla
 Organization Name: City of Clyde Hill Title: City Administrator
 Mailing Address: 9605 NE 24th St
 City: Clyde Hill State: WA Zip Code: 98004-2141
 Email: dean@clydehill.org
 Primary Phone: 425-453-7800 Secondary Phone:
 UBI Number:

Permittee

Honorific: First Name: Last Name:
 Organization Name: City of Clyde Hill Title:
 Mailing Address: 9605 NE 24th St
 City: Clyde Hill State: WA Zip Code: 98004-2141
 Email:
 Primary Phone: Secondary Phone:
 UBI Number:

Site Contact

Honorific: First Name: Shaun Last Name: Tozer
 Organization Name: City of Clyde Hill Title: Public Works Director
 Mailing Address: 9605 NE 24th St
 City: Clyde Hill State: WA Zip Code: 98004-2141
 Email: shaun@clydehill.org
 Primary Phone: 206-945-5829 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: CLYDE HILL CITY OF

Street Address: 9605 NE 24TH ST

City: Clyde Hill

County: King

Zip Code: 98004

Latitude: 47.631944

Longitude: -122.215278

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:

3,110

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

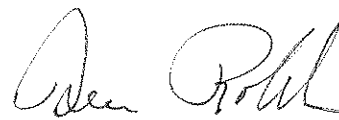
Public Notice applies to facilities that began operations on or after August 1st, 2024.

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.

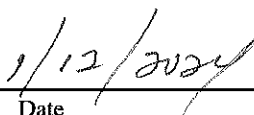
Newspaper Name	First Public Notice Date	Second Public Notice Date

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



Date