

Application Id: 45026**Certification Received:**
(Ecology use)**Facility/Site Name:** EVERGREEN STATE COLLEGE**Permit Number:** WAR045029
(Ecology use)**Facility Address:** 2700 EVERGREEN PKWY NW
OLYMPIA, WA 98505-0002**Facility County:** Thurston**Company Name:****Permittee Address:**

DEPARTMENT OF ECOLOGY

FEB 01 2024

Certification of Permittee**WATER QUALITY PROGRAM**

"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."

William Ward Evergreen State College
Printed Name / Company

Chief Admin. Officer
Title

[Signature]
Signature of Permittee *

1/19/2024
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

*Please See
updated*

*"Population served by
the MS4"
Section, as I was
not able to correct
this electronically*

Thank you



Notice of Intent MS4 Phase II West GP

NOI Version: 1

Application Type: ☐ New ☒ Renewal

Permit Number: WAR045029

Application Id: 45026

I. Contact Information

Delegated Signer

Honorific: First Name: Taylor Last Name: Slaughter
Organization Name: The Evergreen State College Title: Environmental Health & Safety Manager
Mailing Address: 2700 Evergreen Pkwy
City: Olympia State: WA Zip Code: 98505-0001
Email: Taylor.Slaughter@evergreen.edu
Primary Phone: 360-791-2646 Secondary Phone:
UBI Number:

Legal Responsible Party

Honorific: Mr. First Name: William Last Name: Ward
Organization Name: The Evergreen State College Title: Chief Admin Ops
Mailing Address: 2700 Evergreen Pkwy
City: Olympia State: WA Zip Code: 98505-0001
Email: wardw@evergreen.edu
Primary Phone: 360-867-6500 Secondary Phone: 360-867-6500
UBI Number:

Permittee

Honorific: First Name: Last Name:
Organization Name: Title:
Mailing Address:
City: State: Zip Code:
Email:
Primary Phone: Secondary Phone:
UBI Number:

Site Contact

Honorific: First Name: Taylor Last Name: Slaughter
Organization Name: The Evergreen State College Title: EHS Manager
Mailing Address: 2700 Evergreen Pkwy NW
City: Olympia State: WA Zip Code: 98505-0001
Email:
Primary Phone: 360-791-2646 Secondary Phone: 360-867-6111
UBI Number:

DEPARTMENT OF ECOLOGY
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WATER QUALITY PROGRAM

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: EVERGREEN STATE COLLEGE

Street Address: 2700 EVERGREEN PKWY NW

City: OLYMPIA

County: Thurston

Zip Code: 98505-0002

Latitude: 47.072029

Longitude: -122.955910

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:

~~2,162~~ 3,134

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