

DEQ FORM
605-R04

April 30, 2021



**Oklahoma Department of Environmental Quality
Notice of Intent (NOI)
for Stormwater Discharges from Small Municipal Separate
Storm Sewer Systems (MS4s) under the OPDES General
Permit OKR04**

Submission of this NOI constitutes notice that the parties identified in Sections I and II of this form intend to be authorized by DEQ for stormwater discharges associated with MS4s. Becoming a permittee obligates such dischargers to comply with the terms and conditions of the OKR04 permit. To obtain an authorization from DEQ, this form must be complete with all the pertinent information.

**All necessary information must be provided on this form. See instructions for completing the NOI on page 3 of this form.
All associated fees must be submitted with this NOI.**

-NEW APPLICATION -MODIFICATION or -RENEWAL of current permit, authorization number: OKR04 040022

I. MS4 Information Your MS4 jurisdiction shall cover the entire area within the corporate boundaries of the municipality if your city is not located entirely within an Urbanized Area.

Name of MS4: City of Yukon Legal status of the operator of MS4:
-Federal -State -Private

Address: PO Box 850500 -Municipal (public other than federal or state)

City: Yukon State: OK Zip Code: 73085 County: Canadian

Latitude: 35.511589 Longitude: -97.76389 Approximate area (sq. miles) of MS4: 27

II. MS4 Contact Information

Responsible Party: Tammy Kretchmar Phone: 405.350.3939

Title: Yukon City Manager Email: tkretchmar@yukonok.gov

Address: PO Box 850500 City: Yukon State: OK Zip Code: 73085

Stormwater Program Manager: Julie Shannon Phone: (405) 354-6676

Title: Stormwater Program Manager Email: jshannon@yukonok.gov

Address: PO Box 850500 City: Yukon State: OK Zip Code: 73085

Permit Fee Billing Contact: Kathy Johnson Phone: (405) 354-6676

Title: Operations Supervisor Email: kjohnson@yukonok.gov

Address: PO Box 850500 City: Yukon State: OK Zip Code: 73085

III. Co-Permittee Information

Are you co-permitting with another entity? -No -Yes, complete the following:

Co-Permittee: _____ Legal status of the operator of co-permittee:

-Federal -State -Private

-Municipal (public other than federal or state)

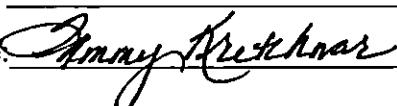
Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Latitude: _____ Longitude: _____ Certification by the co-permittee is required in Section IX.

Stormwater Program Manager: _____ Phone: _____

Title: _____ Email: _____

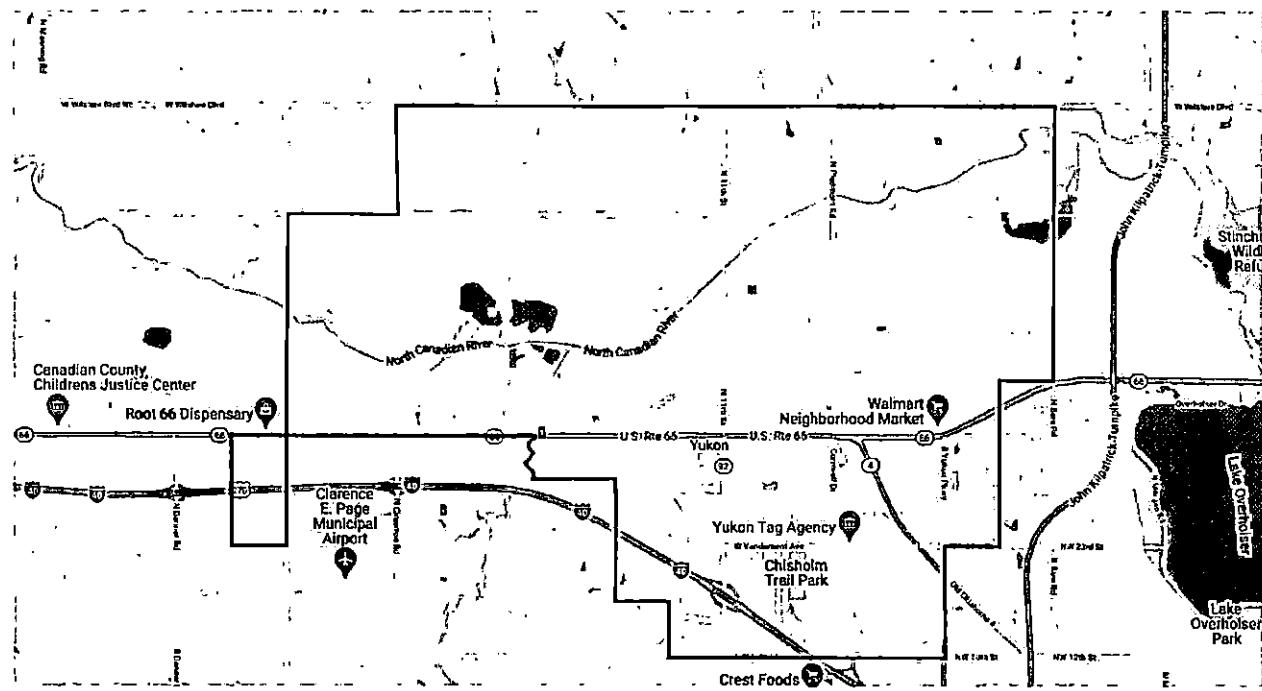
IV. Receiving Water Information		Use additional sheets of paper as needed
Name of Receiving Waterbody	Is this waterbody impaired? If so, what are its impairments?	
Shell Creek NCR	<input checked="" type="checkbox"/> -Yes <input type="checkbox"/> -No	
	Enterococcus	
	<input checked="" type="checkbox"/> -Yes <input type="checkbox"/> -No	
North Canadian River	DO, Turbidity, Ent, E-coli	
	<input checked="" type="checkbox"/> -Yes <input type="checkbox"/> -No	
	<input checked="" type="checkbox"/> -Yes <input type="checkbox"/> -No	
Do you discharge into an Outstanding Resource Water? <input type="checkbox"/> -Yes <input checked="" type="checkbox"/> -No		
V. Endangered Species Eligibility		
a. <input checked="" type="checkbox"/> -My MS4 is not located within any of the corridors of federal- and state-identified Aquatic Resources of Concern (ARC).		
b. <input type="checkbox"/> - Informal consultation with the USFWS, or a separate federal action, has addressed the effects of stormwater discharges from my MS4, or has resulted in a "no jeopardy" opinion or written concurrence that discharges are not likely to adversely affect any listed species or critical habitat.		
c. <input type="checkbox"/> -My MS4 is authorized under section 10 of the Endangered Species Act (ESA) and a copy of the authorization is attached.		
d. <input checked="" type="checkbox"/> -The discharges from my MS4 are not likely to adversely affect any listed species or critical habitat.		
e. <input type="checkbox"/> -My MS4 is relying on another permittee's certification of eligibility and agrees to comply with the conditions of that certification.		
VI. Optional Minimum Control Measure (MCM) 7		
Will your MS4 utilize MCM 7 for municipal construction activities? <input checked="" type="checkbox"/> -No <input type="checkbox"/> -Yes		
VII. Required Attachments		
<input checked="" type="checkbox"/> - An updated map showing your MS4 boundaries		
<input type="checkbox"/> -Authorization under section 10 of the ESA or <input checked="" type="checkbox"/> -NA		
<input checked="" type="checkbox"/> -Application and permit fee or <input type="checkbox"/> -Invoice is needed for application and permit fee		
VIII. Reporting Period for Annual Report		
Will your MS4 report based on: <input type="checkbox"/> -Calendar year (January-December) or <input checked="" type="checkbox"/> -Fiscal year (July-June)		
IX. Certification		
<p>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 gathered and evaluated 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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>		
Print Name:	Tammy Kretchmar	
Signature:		
Date:	8/2/2021	
Title:	City Manager	
Certification of Co-Permittee (if applicable)		
Print Name:	_____ _____ _____ _____	
Signature:	_____ _____ _____ _____	
Date:	_____ _____ _____ _____	
Title:	_____ _____ _____ _____	

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JUL 30 2021

WATER QUALITY DIVISION

Yukon Boundary Map 2021



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