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State of Wisconsin
Department of Natural Resources
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DEC 22 2011

**Notice of Intent to Apply for Coverage Under
WPDES MS4 General Permit No. WI-S050181-1**

Form 3400-191 (R 10/14)

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Notice: Pursuant to ss. 283.33 and 283.37, Wis. Stats., and chs. NR 151 and 216, Wis. Adm. Code, this form is used to apply for coverage under Wisconsin Pollutant Discharge Elimination System (WPDES) Municipal Separate Storm Sewer System (MS4) General Permit No. WI-S050181-1. This form and any required attachments constitute the permit application. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Public Records Laws (ss. 19.31-19.39, Wis. Stats.).

Instructions: Complete all sections of this permit application. If additional space is needed to respond to a question, attach additional pages. Provide descriptions below that explain the program activities that you expect to develop and implement to comply with the MS4 general permit. Information on the MS4 general permit and the MS4 storm water program are available at: <http://dnr.wi.gov/topic/stormwater/municipal/>. Section 3 of the MS4 general permit contains the compliance schedule that directs when the individual program activities need to be developed and submitted to the Department for review. The detailed programs that are developed and submitted to the Department for review may deviate from the program activities described below if necessary. The descriptions provided below are necessary for the Department to verify that the municipality's program activities comply with the permit.

Section I: Applicant Information

Name of Municipality

Town of Hartford

Mailing Address

3360 Hwy K

City

Hartford

State

WI

ZIP Code

53027

County(s) in which Applicant is located

Washington

Type of Municipality: (check one)

County City Village Town Other (specify)

Section II: Local Contact Information

Name of Municipal Contact Person

Maurice Strupp

Title

Chairman

Mailing Address

3360 Hwy K

City

Hartford

State

WI

ZIP Code

53027

Email address

Phone Number (incl. area code)

262-673-7214

Website address, if available

Section III: Water Quality Concerns

Yes No

Does any part of the MS4 discharge to an outstanding resource water (ORW) or exceptional resource water (ERW) listed under s. NR 102.10 or 102.11, Wis. Adm. Code? (A list of ORWs and ERWs may be found on the Department's Internet site at: <http://dnr.wi.gov/topic/surfacewater/orwerw.html>)

Does any part of the MS4 discharge to an impaired waterbody listed in accordance with section 303(d)(1) of the federal Clean Water Act, 33 USC § 1313(d)(1)(C)? (A list of Wisconsin impaired waterbodies may be found on the Department's Internet site at: <http://dnr.wi.gov/topic/impairedwaters/>)

Section IV: Potential Permit Exemption

Yes

No

Section NR 216.023, Wis. Adm. Code, allows certain MS4s that have less than 1000 people residing in an urbanized area to be waived from municipal storm water permit coverage.

Do you believe that the MS4 may be eligible for this potential exemption as described in s. NR 216.023, Wis. Adm. Code?

If yes, please provide documentation supporting a permit exemption including the following (Attach additional pages if necessary):

Total municipal area in square miles

Total municipal population (2010 U.S. census)

MS4 service area within Urbanized Area in square miles

Municipal population within Urbanized Area (2010 U.S. census)

Additional information supporting an exemption under s. NR 216.023, Wis. Adm. Code

Note: Urbanized Area information is available from the USEPA at:

<http://water.epa.gov/polwaste/npdes/stormwater/Urbanized-Area-Maps-for-NPDES-MS4-Phase-II-Stormwater-Permits.cfm>

Section V: Summary of Municipal Storm Water Program Activities

Describe the programs or activities the municipality is doing or will do to comply with the requirements of the MS4 general permit. Attach additional pages if necessary. *WE WILL USE WASHINGTON COUNTY GUIDELINES*

A. Public Education and Outreach

Describe the public education and outreach program activities that the municipality will implement to comply with section 2.1 of the MS4 general permit.
THE TOWN USE THE SAME GUIDELINES THAT THE COUNTY ~~WILL~~ WILL IMPLEMENT AND USE THEIR PROGRAMS FOR EDUCATION & OUTREACH

B. Public Involvement and Participation

Describe the public involvement and participation program activities that the municipality will promote to comply with section 2.2 of the MS4 general permit.
WE WILL MAKE THE COUNTY'S PROGRAMS AVAILABLE TO THE MUNICIPALITY WHEN THEY ARE AVAILABLE.

C. Illicit Discharge Detection & Elimination

Describe the illicit discharge detection and elimination program authority and activities that the municipality will develop and implement to comply with section 2.3 of the MS4 general permit.
THE MUNICIPALITY WILL IMPLEMENT THE SAME PROCEDURE THAT THE COUNTY USES AND ASK THEM FOR GUIDELINES AND ADVICE

D. Construction Site Pollution Control

Describe the construction site pollutant control program authority and activities that the municipality will develop and implement to comply with section 2.4 of the MS4 general permit.
THE COUNTY CONTROLS THAT PROCEDURE FOR THE ~~SET~~ TOWN AND THE MUNICIPALITY WILL CONTINUE WITH THAT.

E. Post-Construction Site Storm Water Management

Describe the post-construction storm water management program authority and activities that the municipality will develop and implement to comply with section 2.5 of the MS4 general permit.
SAME AS #D

F. Pollution Prevention

Describe the pollution prevention program activities that the municipality will implement to comply with section 2.6 of the MS4 general permit. *THE MUNICIPALITY WILL CAREFULLY MONITOR ITS DISCHARGE OF SALT IN THE STORM WATER AREAS*

Section VI: Certification

I hereby certify that I am an authorized representative of the municipality that is the subject of this application for general permit coverage, and that the information provided is true and complete, to the best of my knowledge. I understand that Wisconsin law provides severe penalties for submitting false information.

Authorized Representative Name <i>Maurice Strupp</i>	Title <i>Town Chairman</i>
Signature <i>Maurice Strupp</i>	Date Signed <i>12-17-14</i>
Email address <i>ms</i>	Phone Number (incl. area code) <i>262-673-7214</i>

Return this completed form to: Wisconsin Department of Natural Resources
Storm Water Program - WT/3
PO Box 7921
Madison, WI 53707-7921