

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 0028

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 Claremore Legal status of the operator of MS4:

-Federal -State -Private
-Municipal (public other than federal or state)

Address: 104 S. Muskogee Ave

City: Claremore State: OK Zip Code: 74017 County: Rogers

Latitude: 36.310498 Longitude: -95.612634 Approximate area (sq. miles) of MS4: 15

II. MS4 Contact Information

Responsible Party: John Feary Phone: 918-341-2385

Title: City Manager Email: Jfear@claremorecity.com

Address: 104 S. Muskogee City: Claremore State: OK Zip Code: 74017

Stormwater Program Manager: Sulianna Monnot Phone: 918-341-0457

Title: Stormwater Manager Email: Jmonnot@claremorecity.com

Address: 724 Ramm Rd City: Claremore State: OK Zip Code: 74017

Permit Fee Billing Contact: Carrie Hendrix Phone: 918-341-0133

Title: Public Infrastructure Admin Email: Chendrix@claremorecity.com

Address: 720 Ramm Rd. City: Claremore State: OK Zip Code: 74017

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: _____

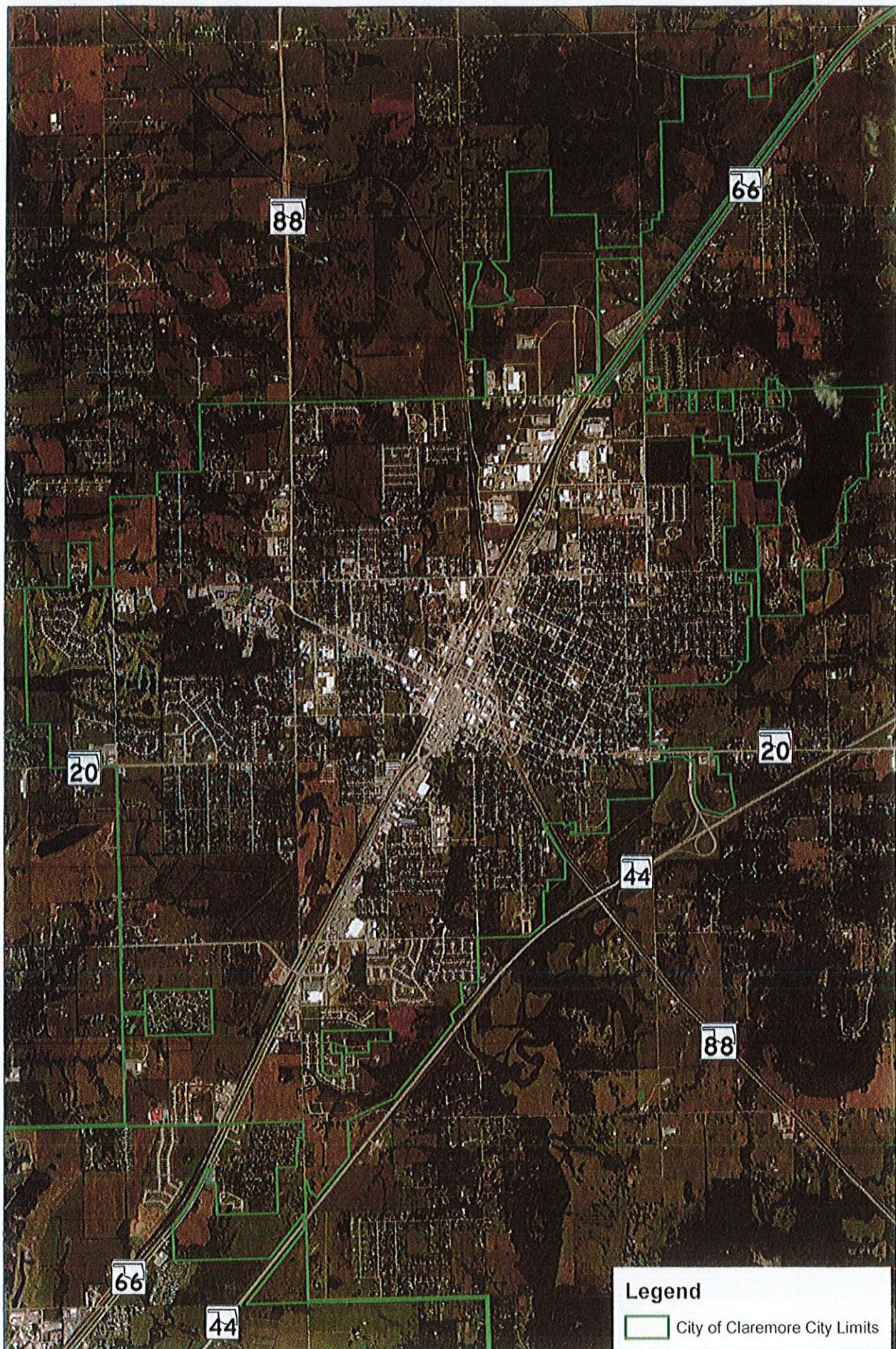
Latitude: _____ Longitude: _____ Certification by the co-permittee is required in Section IX.

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?		Is there a TMDL for that impairment?
See attached tables	<input type="checkbox"/> -Yes <input type="checkbox"/> -No		<input type="checkbox"/> -Yes <input type="checkbox"/> -No
	<input type="checkbox"/> -Yes <input type="checkbox"/> -No		<input type="checkbox"/> -Yes <input type="checkbox"/> -No
	<input type="checkbox"/> -Yes <input type="checkbox"/> -No		<input 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 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 type="checkbox"/> -No <input checked="" 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 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 checked="" type="checkbox"/> -Calendar year (January-December) or <input 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, <input checked="" type="checkbox"/>-CLARIFYING <input type="checkbox"/>-ACCURATE and complete. I am aware that there are significant penalties for submitting false information, including the possibility of imprisonment for knowing violations.</p>			
Print Name:	<u>John Feary</u>		
Signature:	<u>John W Feary</u>		
Certification of Co-Permittee (if applicable)		Date:	<u>08/13/21</u>
Print Name:	Date:		
Signature:	Title:		





Legend

 City of Claremore City Limits

0 0.25 0.5
1 Miles
1 inch = 2,452 feet

Claremore City Limits

The City of
Claremore
PLANNING & DEVELOPMENT

Table 8) 303(d) Listed Waterbodies Within the MS4

Waterbody Name	Waterbody Id. (WBID)	303(d) Pollutants of Concern
Dog Creek	OK121500020360_00	Enterococcus, E.Coli, DO, Macroinvertebrate Bio
Dog Creek	OK121500040010_00	Oxygen, pH, Fish Bio assessments, Oil & Grease
Lake Claremore	OK121500040020_00	Chlorophyll a
Cat Creek	OK121500020390_00	Dissolved Oxygen (DO) Fish Bio assessments, Escherichia coli, Enterococcus Sulfate

TMDL Identification

Waterbody ID	Waterbody Name	Cause	TMDL ID	Completion Date
OK121500020360_00	Dog Creek	Escherichia coli	42580	9/27/2012
OK121500020360_00	Dog Creek	Enterococcus	42580	9/27/2012
OK121500020360_00	Dog Creek	DO	31658	11/3/2006
OK121500020390_00	Cat Creek	DO	31657	11/3/2006
OK121510020010_00	Verdigris River	Enterococcus	59080	9/30/2012
OK121510020010_00	Verdigris River	Turbidity	50814	10/1/2012
OK121500020260_00	Verdigris River	Enterococcus	42571	9/27-2012
OK121500020260_00	Verdigris River	Turbidity	42571	9/27-2012
OK121500030010_00	Verdigris River	Enterococcus	42572	9/27-2012
OK1215100010200_00	Verdigris River	Turbidity	42569	9/27-2012
OK1215100010200_00	Verdigris River	Enterococcus	42569	9/27-2012
OK121500040020_00	Claremore Lake	Chlorophyll-a	60900	9/24/2014



OKLAHOMA

DEPARTMENT OF ENVIRONMENTAL QUALITY

Authorized Fees: Chapter 252: 606-3-4(d)(2)(A)

Permit Questions/Fee Calculations: 405-702-8100

Department of Environmental Quality

Administrative Services - Accounts Receivable

P O Box 2036

Oklahoma City, OK 73101

AR HelpDesk: 405-702-1130

ARHelpDesk@deq.ok.gov

DEQ's FEI # 73-6017987

INVOICE

MS4 STORM WATER

Account: 0000016606

CITY OF CLAREMORE

ACCOUNTS PAYABLE

104 S MUSKOGEE AVE

CLAREMORE, OK 74017

Invoice: 21050490014

Invoice Date: 5/21/2021

Due Date: 8/30/2021

Charge	Description	Quantity	Unit	Price	Extended
1. 100056	MS4 GENERAL DISCHARGE PERMIT	1	EA	100.00	100.00

Permit -OKR040028; Site: CLAREMORE MS4 SITE; Valid Period 6/1/2021 - 5/31/2026

Number of Bill lines: 1

PAY THIS AMOUNT \$100.00

DETACH HERE

KEEP

Invoice: 21050490014

MS4 Storm Water [55014_100]

Amount Due: \$100.00
59037

SEND

Please Choose One Form of Payment

Check / Money Order Made Payable to DEQ

Electronic Payment: * Date of Transfer _____

Chase, Routing #103000648 Account #10020052

If paying electronically, must notify DEQ Accounts Receivable at:
ARHelpDesk@DEQ.OK.GOV

Purchase Order No.: _____

Visa or MasterCard: _____

Pay by telephone: 405-702-1130

Pay by fax: 405-702-7120

Exp (mm/yy)

DEQ Use Only

DEPARTMENT OF ENVIRONMENTAL QUALITY
ADMINISTRATIVE SERVICES - ACCOUNTS RECEIVABLE
P O BOX 2036
OKLAHOMA CITY OK 73101

Authorized Signature and Phone #
Card Number: _____
