

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
Address: 104 S. Muskogee Ave ☒-Municipal (public other than federal or state)
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: JFeary@claremorecity.com
Address: 104 S. Muskogee City: Claremore State: OK Zip Code: 74017
Stormwater Program Manager: Julianna 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
Mailing Address: _____ ☐-Municipal (public other than federal or state)

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? <input type="checkbox"/> -Yes <input type="checkbox"/> -No	Is there a TMDL for that impairment? <input type="checkbox"/> -Yes <input type="checkbox"/> -No
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? ☐-Yes ☒-No**V. Endangered Species Eligibility**

- a. ☐ My MS4 is not located within any of the corridors of federal- and state-identified Aquatic Resources of Concern (ARC).
- b. ☐- 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. ☐-My MS4 is authorized under section 10 of the Endangered Species Act (ESA) and a copy of the authorization is attached.
- d. ☒-The discharges from my MS4 are not likely to adversely affect any listed species or critical habitat.
- e. ☐-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) 7Will your MS4 utilize MCM 7 for municipal construction activities? ☐-No ☒-Yes**VII. Required Attachments**

- ☒- An updated map showing your MS4 boundaries
- ☐-Authorization under section 10 of the ESA or ☒-NA
- ☐-Application and permit fee or ☐-Invoice is needed for application and permit fee

VIII. Reporting Period for Annual ReportWill your MS4 report based on: ☒-Calendar year (January-December) or ☐-Fiscal year (July-June)**IX. Certification**

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 criminal sanctions, including imprisonment for knowing violations.

Print Name: John Feary

Signature: John W Feary

Certification of Co-Permittee (if applicable)

Print Name: _____

Date: _____

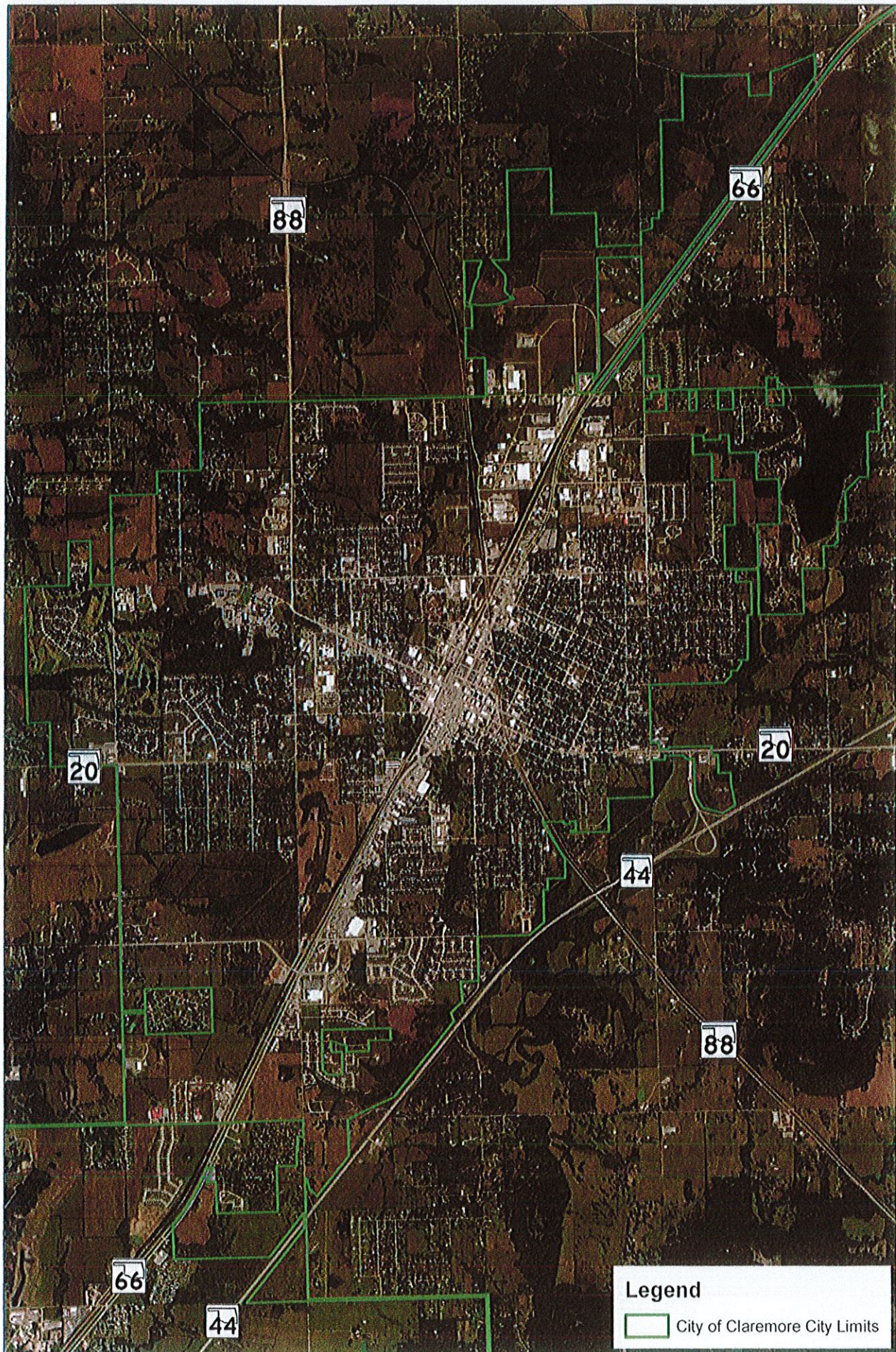
Signature: _____

Title: _____




Date: 08/13/21

Title: City Manager



Legend

 City of Claremore City Limits

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

Claremore City Limits



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	<u>42580</u>	9/27/2012
OK121500020360_00	Dog Creek	Enterococcus	<u>42580</u>	9/27/2012
OK121500020360_00	Dog Creek	DO	<u>31658</u>	11/3/2006
OK121500020390_00	Cat Creek	DO	<u>31657</u>	11/3/2006
OK121510020010_00	Verdigris River	Enterococcus	<u>59080</u>	9/30/2012
OK121510020010_00	Verdigris River	Turbidity	<u>50814</u>	10/1/2012
OK121500020260_00	Verdigris River	Enterococcus	<u>42571</u>	9/27-2012
OK121500020260_00	Verdigris River	Turbidity	<u>42571</u>	9/27-2012
OK121500030010_00	Verdigris River	Enterococcus	<u>42572</u>	9/27-2012
OK1215100010200_00	Verdigris River	Turbidity	<u>42569</u>	9/27-2012
OK1215100010200_00	Verdigris River	Enterococcus	<u>42569</u>	9/27-2012
OK121500040020_00	Claremore Lake	Chlorophyll-a	<u>60900</u>	9/24/2014

O K L A H O M A

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

ML-S4 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 Permit -OKR040028; Site: CLAREMORE MS4 SITE; Valid Period: 6/1/2021 - 5/31/2026	1	EA	100.00	100.00

Number of Bill lines: 1

PAY THIS AMOUNT **\$100.00**

DETACH HERE

KEEP

Invoice: 21050490014
M-84 Storm Water [55014_100]

Amount Due: \$100.00 SEND
59037

Account: 0000016606
CITY OF CLAREMORE
ACCOUNTS PAYABLE
104 S MUSKOGEE AVE
CLAREMORE, OK 74017

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:

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Pay by telephone: 405-702-1130

Pay by fax: 405-702-7120

Exp (mm/yy)

Use Only

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

Authorized Signature and Phone #

Card Number:

[illegible]