

E. Stormwater Discharges

1. Identify the names of all know waters that receive a discharge from the MS4 or developed lands subject to this permit:

Receiving water	# of outfalls (if known)	Impaired status	Nature of impairment	Response Plan developed <i>(FRP, PCP, No TMDL - Part 4.2.B)</i>
		No Yes		NA FRP PCP Part 4.2.B
		No Yes		

F. Certification

This NOI shall be signed by a principal executive officer, ranking elected official or other duly authorized employee consistent with 40 CFR §122.22(b) and certified as follows:

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 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.

Print Name

Title

Signature

Date

Submit this form and applicable attachments to:

MS4 Permit Coordinator
 VTDEC · Watershed Management Division Stormwater Management Program
 1 National Life Drive, Davis 3
 Montpelier, Vermont 05620-3522