

# Part 1 Application for MS4 General Permit

Authorization to discharge stormwater associated with small Municipal Separate Storm Sewer Systems (MS4)

*Doc Type: Permit Application*

**Instructions:** Submitting this application confirms your intent to receive authorization to discharge stormwater under the National Pollutant Discharge Elimination System (NPDES)/State Disposal System (SDS) MS4 General Permit MNR040000 (Permit). All fields in this form must be completed. For existing permittees, this form is due 180 days before the expiration date of the current Permit. For new applicants (i.e., organizations that are not currently covered under the Permit), this form is due 18 months from meeting criteria in Minn. R. 7090.1010. Prior to submittal, please make a copy for your records.

**Submittal:** Complete all fillable text fields electronically, print, sign (wet signature for certification), enclose check, and mail to:

Attn: Fiscal Services — 6th floor  
Minnesota Pollution Control Agency  
520 Lafayette Road North  
St Paul, MN 55155-4194

**Questions:** Contact the Minnesota Pollution Control Agency (MPCA) staff member assigned to your organization ([https://stormwater.pca.state.mn.us/index.php?title=MS4\\_staff\\_contact\\_information\\_and\\_staff\\_assignments](https://stormwater.pca.state.mn.us/index.php?title=MS4_staff_contact_information_and_staff_assignments)).

## I. MS4 Information

---

### A. MS4 Owner

(City, county, community, municipality, government agency or other party/entity) with ownership or operational responsibility, or control of the MS4.

MS4 owner: \_\_\_\_\_ County: \_\_\_\_\_  
*(City, county, municipality, government agency or other entity)*

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### B. MS4 General contact

(Director, department head, MS4 coordinator, consultant or other person with Stormwater Pollution Prevention Program [SWPPP] implementation responsibility) for all general correspondence about MS4 General Stormwater Permit compliance issues between the MPCA and your organization/entity.

Name (first and last): \_\_\_\_\_  
*(Department head, MS4 coordinator, consultant, etc.)*

Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone (including area code): \_\_\_\_\_ Email: \_\_\_\_\_

## II. Application fee

---

There is a \$400 application fee for coverage under the Permit (Minn. R. 7002.0254). The application fee is to be paid by check.

Make check payable to: **Minnesota Pollution Control Agency**

*An application received without the required fee will not be processed.*

### III. Owner or Operator certification

---

The person with ultimate legal responsibility for the MS4 must sign the application. This person shall be duly authorized to sign the application and may be either a principal executive officer or ranking elected official (Minn. R. 7001.0060).

*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 ensure that qualified personnel properly gathered and evaluated the information submitted.*

*I certify 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.*

This certification is required by Minn. Stat. §§ 7001.0070 and 7001.0540. The authorized person with overall, MS4 legal responsibility must certify the application (principal executive officer or a ranking elected official).

**By signing my name below**, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my application.

Name (first and last): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone (including area code): \_\_\_\_\_ Email: \_\_\_\_\_

**Note:** *The application will not be processed without certification.*