



**Notice of Intent (NOI) for Storm Water
Discharges from Small Municipal Separate
Storm Sewer Systems (MS4) under the TPDES
Phase II MS4 General Permit (TXR040000)**

TCEQ Office Use Only
Permit No.:
RN:
CN:



**Did you know you can pay on line? Go to <https://www6.tceq.state.tx.us/epay/>
Select Fee Type: GENERAL PERMIT MS4 PHASE II STORM WATER DISCHARGE NOI APPLICATION**

Application Fee: You must pay the \$100 Application Fee to TCEQ for the application to be considered complete.
How did you pay this fee?

<input checked="" type="checkbox"/> Mailed:	Check/Money Order No.:	Name Printed on Check: Rockwall County, Texas
<input type="checkbox"/> EPAY:	Voucher No.:	Is the Payment Voucher copy attached? <input type="checkbox"/> Yes

IMPORTANT:

- Use the attached **INSTRUCTIONS** when completing this form.
- After completing this form, use the attached **CUSTOMER CHECKLIST** to make certain all items are complete and accurate.
- Missing, illegible, or inaccurate items may delay final acknowledgment or coverage under the general permit.

One (1) copy of the NOI and SWMP with the completed SWMP Cover Sheet MUST be submitted with the original NOI and SWMP.

Is the copy attached? Yes

A. OPERATOR (applicant)

1. If the applicant is currently a customer with TCEQ, what is the Customer Number (CN) issued to this entity? CN 602506339		
2. What is the <u>full Legal Name</u> of the applicant? Rockwall County, Texas <i>(The exact legal name must be provided.)</i>		
3. What is the applicant's mailing address as recognized by the US Postal Service?		
Address: 101 East Rusk Street		Suite No./Bldg. No./Mail Code:
City: Rockwall	State: Texas	ZIP Code: 75087
Country Mailing Information (if outside USA).		Country Code: Postal Code:
4. Phone No.: (972) 204-7600		Extension:
5. Fax No.: (972) 204-7609		E-mail Address: mmerritt@rockwallcountytexas.com
6. Indicate the type of Customer:		
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government	<input checked="" type="checkbox"/> County Government
<input type="checkbox"/> City Government	<input type="checkbox"/> Other Government	
7. Number of Employees: <input type="checkbox"/> 0-20; <input type="checkbox"/> 21-100; <input type="checkbox"/> 101-250; <input checked="" type="checkbox"/> 251-500; or <input type="checkbox"/> 501 or higher		

B. BILLING ADDRESS

The Operator is responsible for paying the annual fee. The annual fee will be assessed to permits active on September 1 of each year. TCEQ will send a bill to the address provided in this section. The Operator is responsible for terminating the permit when it is no longer needed.

Is the billing address same as the Operator Address? <input type="checkbox"/> Yes, go to Section C. <input checked="" type="checkbox"/> No, fill out Section B		
1. Billing Mailing Address: 101 East Rusk Street		Suite No./Bldg. No./Mail Code: Suite 101
City: Rockwall	State: Texas	ZIP Code: 75087
2. Country Mailing Information (if outside USA).		Country Code: Postal Code:
3. Billing Contact (Attn or C/O): Attn: Accounts Payable, Judy Plumlee		
4. Phone No.: (972) 204-6050		Extension:
5. Fax No.: (972) 204-6059		E-mail Address: jplumlee@rockwallcountytexas.com