



**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:
<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 600753990

2. What is the full Legal Name of the applicant?  
Hidalgo County  
*(The exact legal name must be provided.)*

3. What is the applicant's mailing address as recognized by the US Postal Service?  
 Address: 100 E. Cano Suite No./Bldg. No./Mail Code: 2nd Floor  
 City: Edinburg State: Texas ZIP Code: 78539-4582  
 Country Mailing Information (if outside USA). Country Code: Postal Code:  
 4. Phone No.: ( 956 ) 318-2600 Extension:  
 5. Fax No.: ( 956 ) 318-2699 E-mail Address: rene.ramirez@hidalgocountyjudge.com

6. Indicate the type of Customer:  
 Federal Government       State Government       County Government  
 City Government       Other Government

7. Number of Employees:       0-20;     21-100;     101-250;     251-500; or     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?  Yes, go to Section C.  No, fill out Section B

1. Billing Mailing Address: Suite No./Bldg. No./Mail Code:  
 City: State: ZIP Code:  
 2. Country Mailing Information (if outside USA). Country Code: Postal Code:  
 3. Billing Contact (Attn or C/O):  
 4. Phone No.: ( ) Extension:  
 5. Fax No.: ( ) E-mail Address:

**C. REGULATED ENTITY (RE) INFORMATION**

1. Has the TCEQ issued a Regulated Entity Reference Number (RN) for the regulated MS4?  
Yes. What is the RN? RN \_\_\_\_\_  
 No TCEQ will assign the RN number after the NOI is submitted.

2. Name that is used to identify the small MS4 (Regulated Entity).  
(Example: City of XXX MS4) Hidalgo County

3. Provide a brief description of the regulated MS4 boundaries:  
(Example: Area within the City of XXXX limits that is located within the xxx (e.g. Dallas) urbanized area.)  
Area within the limits of Hidalgo County

4. a. What is the county where the largest residential population exists within the regulated MS4 boundaries?  
Hidalgo

b. Is the MS4 located within additional counties?  Yes  No  
If yes, what county(s)?

5. What is the latitude and longitude of the approximate center of the regulated portion of the small MS4?  
Latitude: 26 D 18 M 20.17S N (26.300087) Longitude: 98 D 7 M 43.43S W 98.162307

6. What is the mailing address for the regulated entity?  
Is the RE mailing address the same as the Operator?  Yes, go to Section F.  No, provide the address.  
Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**D. GENERAL CHARACTERISTICS**

1. I certify that any portion of the regulated MS4 is not located on Indian Country Lands.  Yes  No  
If No, you must obtain authorization through EPA, Region VI.

2. What is the Standard Industrial Classification (SIC) code (see instructions for common codes): 9111

3. Has TCEQ "designated" the small MS4 as needing coverage under this general permit?  Yes  No  
If "No" and no portion of the Small MS4 is located within an Urbanized Area as determined by the 2000 Decennial Census by the U.S. Bureau of Census requiring a NOI be submitted, the operator is not eligible for coverage under this general permit through the NOI.

4. Storm Water Management Program (SWMP)

a. I certify that the SWMP submitted with this Notice of Intent has been developed according to the provisions of this general permit TXR040000.  Yes  No

b. I certify that the SWMP Cover Sheet is completed and attached to the front of the SWMP.  Yes  No  
If No to question a. or b. the application is considered incomplete and may be returned.

b. Who is the person responsible for implementing or coordinating implementation of the SWMP?  
(Note: All contact information requested below is required.)

Name: Rene A. Ramirez	Title: County Judge	Company: Hidalgo County
Address: 100 E. Cano	Suite No./Bldg. No./Mail Code: 2nd Floor	
City: Edinburg	State: Texas	ZIP Code: 78539-4582
Phone No.: ( 956 ) 318-2600	Extension:	
Fax No.: ( 956 ) 318-2699	E-mail Address: rene.ramirez@hidalgocountyjudge.com	

5. Seventh Minimum Control Measure (MCM) for Municipal Construction Activities

a. Is the Minimum Control Measure for authorization to discharge storm water from municipal construction activities included with the attached SWMP?  Yes  No

b. If you answered "Yes" to 5.a., what are the boundaries within which those activities will occur?

Note: If the boundaries are located outside of the urbanized area, then the entire SWMP must also incorporate the additional areas.

c. Is the discharge or potential discharge from regulated construction activities within the Recharge Zone, Contributing Zone, or Contributing zone within the Transition zone of the Edwards Aquifer?  Yes  No

If the answer is "Yes", please note that a copy of the agency approved Plan required by the Edwards Aquifer Rule (30 TAC Chapter 213) must be either included or referenced in the construction storm water pollution prevention plan(s).

**6. Discharge Information**

a. What is the name of the receiving water body(s) from the MS4?

Laguna Madre and Arroyo Colorado

b. What is the classified segment(s) that receives discharges, directly or indirectly, from the small MS4?

SegID 2491 and SegID 2202

c. Are any of the surface water bodies receiving discharges from the small MS4 on the latest EPA-approved CWA § 303(d) list of impaired waters?  Yes  No

If Yes, what is the name of the impaired water body(s) receiving the discharges from the small MS4?

Laguna Madre and Arroyo Colorado Above Tidal

d. Is the discharge into any other MS4 prior to discharge into surface water in the state?  Yes  No

If Yes, what is the name of the MS4 Operator?

**7. Edwards Aquifer**

Is the discharge or potential discharge from the MS4 within the Recharge Zone, Contributing Zone, or Contributing Zone within the Transition Zone of the Edwards Aquifer?  Yes  No

If the answer is Yes, please note that a copy of the agency approved Plan required by the Edwards Aquifer Rule (30 TAC Chapter 213) for activities also regulated under this general permit must be either included or referenced in the SWMP.

**8. Public Participation Process**

The Office of Chief Clerk will send the operator or person responsible for publishing notice, the notice of the executive director's preliminary determination of the NOI and SWMP, for publishing in a newspaper of largest circulation in the county where the small MS4 is located. If multiple counties, notice must be published at least once in the newspaper of largest circulation in the county containing the largest resident population.

The applicant must file with the Chief Clerk a copy of an affidavit of the publication within 60 days of receiving the written instructions from the Office of Chief Clerk.

a. I will comply with the Public Participation requirements described in Part II.D.12 of the general permit.  Yes  No  
If No, coverage under this general permit is not obtainable.

b. Who is the person responsible for publishing notice of the executive director's preliminary determination on the NOI and SWMP? (Note: All contact information requested below is required.)

Name: Rene A. Ramirez Title: County Judge Company: Hidalgo County

Address: 100 E. Cano Suite No./Bldg. No./Mail Code:

City: Edinburg State: ZIP Code: 78539

Phone No.: ( 956 ) 318-2600 Extension:

Fax No.: ( 956 ) 318-2699 E-mail Address: rene.ramirez@hidalgocountyjudge.com

c. What is the name and location of the public location where copies of the NOI and SWMP, as well as the executive director's general permit and fact sheet, may be viewed?

Name of Public Place: Hidalgo County Administration Building

Address of Public Place: 100 E. Cano Edinburg, Texas 78539

County of Public Place: Hidalgo County



Did you complete everything? Use this checklist to be sure!

Are you ready to mail your form to TCEQ? Go to the General Information Section of the Instructions for mailing addresses.

Customer GP Notice of Intent Checklist TXR040000	
√	This checklist is for use by the operator to ensure a complete application. Missing information may result in denial of coverage under the permit. (See NOI Process description in the Instructions)
<input type="checkbox"/>	Application Fee was paid through EPAY and payment voucher is attached or the Payment Submittal Form with payment was mailed to TCEQ Cashier's office. DO NOT MAIL THE PAYMENT WITH THE ORIGINAL NOI.  <b>Note: Use ePay to pay the application fee. It helps to streamline processing of your application.</b>
OPERATOR INFORMATION - Confirm each item is complete:	
<input checked="" type="checkbox"/>	Customer Number (CN) issued by TCEQ Central Registry
<input checked="" type="checkbox"/>	Operator Mailing Address is complete & verifiable with USPS. <a href="http://www.usps.com">www.usps.com</a>
<input checked="" type="checkbox"/>	Phone Numbers/E-mail Address
<input checked="" type="checkbox"/>	Type of Operator (Entity Type)
<input checked="" type="checkbox"/>	Number of Employees
<input checked="" type="checkbox"/>	Billing Address is complete & verifiable with USPS. <a href="http://www.usps.com">www.usps.com</a>
REGULATED ENTITY (RE) INFORMATION ON PROJECT OR SITE - Confirm each item is complete:	
<input checked="" type="checkbox"/>	MS4 Name/Regulated Entity Name
<input checked="" type="checkbox"/>	Site Description
<input type="checkbox"/>	Latitude and Longitude <a href="http://www.tceq.state.tx.us/gis/drgview.html">www.tceq.state.tx.us/gis/drgview.html</a> or <a href="http://www.terraserver.microsoft.com/advfind.aspx">www.terraserver.microsoft.com/advfind.aspx</a>
<input checked="" type="checkbox"/>	Business description
<input checked="" type="checkbox"/>	Site Mailing Address (checked same as operator or provided a complete & USPS verifiable address. <a href="http://www.usps.com">www.usps.com</a> )
GENERAL CHARACTERISTICS - Confirm each item is complete:	
<input checked="" type="checkbox"/>	Indian Country Lands -the facility is not on Indian Country Lands
<input checked="" type="checkbox"/>	Standard Industrial Classification (SIC) code <a href="http://www.osha.gov/oshstats/sieser.html">www.osha.gov/oshstats/sieser.html</a>
<input checked="" type="checkbox"/>	Qualifying TCEQ "Designated" Small MS4
<input type="checkbox"/>	Minimum Control Measure (MCM) for Municipal Construction Activities <i>N/A</i>
<input checked="" type="checkbox"/>	Discharge Information (receiving water body, segment no., impaired water body(s) and MS4 Operator)
<input checked="" type="checkbox"/>	Edwards Aquifer Rule
<input checked="" type="checkbox"/>	Public Participation Information
<input checked="" type="checkbox"/>	CERTIFICATION Certification statements have been checked indicating "Yes" Signature meets 30 Texas Administrative Code (TAC) §305.44 and is original and has been provided for the Operator.
<input checked="" type="checkbox"/>	Storm Water Management Program (SWMP) and completed SWMP Cover Sheet are attached to the NOI.