## NOTICE OF INTENT (NOI) FOR COVERAGE

**under AZPDES Permit No. AZG2002-002 for**

**Discharges from Small MS4s to Waters of the United States**

---

### CHECK AS APPLICABLE:
- NEW NOI
- REVISED NOI **✓**

**IF A REVISION, PROVIDE PRIOR AUTHORIZATION NO.**

**MS4 2002-002, 003, 004**

---

### PERMUTTEE (Agency Responsible for the Discharge)

- **Applicant's Name:** Kenneth Lufkin
- **Phone:** (480) 727-4501
- **Applicant's Mailing Address:** Arizona State University, PO Box 875512
- **City:** Tempe, AZ
- **Zip Code:** 85287-5512

---

### CONTACT PERSON

- **Name:** Kenneth Lufkin
- **Phone:** (480) 727-4501
- **E-mail Address:** kenneth.lufkin@asu.edu
- **Fax:** (480) 965-5926
- **Contact Person's Agency and Title:** Arizona State University, CPMG, Assistant Director

---

### LOCATION INFORMATION - ARIZONA STATE UNIVERSITY - Tempe campus

- **Name of Urbanized Area where the MS4 is located:** Tempe, Arizona
- **Name of county(ies) where the MS4 is located:** Maricopa County

---

**Provide the following information on the approximate center of the MS4:**

- **Latitude:** 33° 25' 2.67"
- **Longitude:** 111° 56' 7.43"
- **TIN:**
- **Range:**
- **Section:**

---

**Is any portion of the MS4 located in Indian Country?**
- No
- Yes **✓**

**If yes, name:**

**Does any portion of the MS4 service a population within Indian Country?**
- No
- Yes **✓**

**If yes, how many people within the Indian Country are served by your MS4?**

---

**Name(s) of neighboring Tribes/Counties/Cities/Towns (places that share borders with the permittee):**

---

*(Small MS4 Notice of Intent)*
LOCATION INFORMATION - ARIZONA STATE UNIVERSITY, Polytechnic campus

Name of Urbanized Area where the MS4 is located: Mesa, Arizona

Name of county (ies) where the MS4 is located: Maricopa County

Provide the following information on the approximate center of the MS4:

Latitude: N33° 18' 25.8" Longitude: W111° 40' 41.9"

Township: T15 Range: R7E Section: 31

Is any portion of the MS4 located in Indian Country? Yes  If yes, name: Gila River Indian Community

Does any portion of the MS4 service a population within Indian Country? No

If yes, how many people within the Indian Country are served by your MS4?

Name(s) of neighboring Tribes/Counties/Cities/Towns (places that share borders with the permittee):

Mesa
Gila Indian River Community

LOCATION INFORMATION - ARIZONA STATE UNIVERSITY, West campus

Name of Urbanized Area where the MS4 is located: Phoenix, Arizona

Name of county (ies) where the MS4 is located: Maricopa County

Provide the following information on the approximate center of the MS4:

Latitude: N33° 36' 29" Longitude: W112° 9' 35.4"

Township: T3N Range: R2E Section: 16

Is any portion of the MS4 located in Indian Country? No  If yes, name: 

Does any portion of the MS4 service a population within Indian Country? No

If yes, how many people within the Indian Country are served by your MS4?

Name(s) of neighboring Tribes/Counties/Cities/Towns (places that share borders with the permittee):

Glendale

Page 2 of 3
WATERSHED INFORMATION
Name of Watershed: Middle Gila
Name of Receiving Water(s): Is the Receiving Water a 303(d) Impaired Water?
Salt River - Tempe campus self contained, does not discharge Yes ☐ No ☑
East Maricopa Floodway - Polytechnic campus Yes ☐ No ☑
Aqua Fria River-West campus self contained, does not discharge Yes ☐ No ☑
If any of the receiving waters are 303 (d)-listed Impaired Waters, you must complete the Impaired Water Information portion of this form.

IMPAIRED WATERS INFORMATION
If you indicated that any of the receiving waters to which you discharge are listed as a 303 (d) Impaired Water, please answer the following questions.

Is there a Total Maximum Daily Load (TMDL) for the 303(d) Impaired Water?
Yes ☐ Proceed to Part A No ☑ Proceed to Part B

Part A. Does the TMDL prescribe a wasteload allocation to stormwater discharge from your MS4?
Yes ☐ Check the box below No ☑ Proceed to Part B
I certify that the SWMP identifies specific BMPs that will be used to meet wasteload allocations. I also certify that I will monitor for pollutants for which my MS4 is assigned a wasteload allocation.

Part B. Check the box below if the MS4 has the potential to discharge the pollutants identified on the 303(d) list.
I certify that the description of the SWMP addresses specific BMPs for reducing the discharge of 303(d)-listed pollutants.

ADDITIONAL INFORMATION
This NOI must include the following attachments prepared as specified in Part III of the general permit.

☐ A description of your Stormwater Management Program.

Has another governmental entity agreed to satisfy any of your permit obligations?
Yes ☐ If yes, check the boxes below No ☑
The agreement is explained in the description of your Stormwater Management Program.

Written documentation of your agreement is included as an attachment.

CERTIFICATION
This certification must be signed by the appropriate party as specified in this general permit Part VI.L.
Pursuant to A.R.S. § 41-1030:
(1) ADEQ shall not base a licensing decision, in whole or in part, on a requirement or condition not specifically authorized by statute or rule. General authority in a statute does not authorize a requirement or condition unless a rule is made pursuant to it that specifically authorizes the requirement or condition.
(2) Prohibited licensing decisions may be challenged in a private civil action. Relief may be awarded to the prevailing party against ADEQ, including reasonable attorney fees, damages, and all fees associated with the license application.
(3) ADEQ employees may not intentionally or knowingly violate the requirement for specific licensing authority. Violation is cause for disciplinary action or dismissal, pursuant to ADEQ’s adopted personnel policy. ADEQ employees are still afforded the immunity in A.R.S. §§ 12-821.01 and 12-820.02.
“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 fine and imprisonment for knowing violations. In addition I certify that the permittee will comply with all terms and conditions stipulated in General Permit No. AZG2002-002 issued by the Director.”

Printed Name of Applicant’s Representative: Kenneth Lufkin
Signature of Applicant’s Representative: [Signature]
Title: Assistant Director
Date: 9/10/15