State of Wisconsin Department of Natural Resources dnr.wi.gov

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Notice of Intent to Apply for Coverage Under MS4 General Permit WPDES Permit No. WI-S050075

Form 3400-NNN (R 2/06)

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NOTICE: This application form is authorized by section 283.37, Wis. Stats., and Chapters NR 151 and 216, Wis. Adm. Code. Personally identifiable information on this form may be used for personally income purposes and may be posted on the Department's internal site. A USA CASTALL OF WALLS OF

Instructions: Complete the following for all permit applications. If additional space is needed to respond to a question, attach additional pages. Provide descriptions below that explain the program activities that you expect to develop and implement to comply with the Municipal Separate Storm Sewer System (MS4) general permit (http://dnr.wi.gov/org/water/wm/nps/stormwater/muni.htm). Section 3 of the MS4 general permit contains the compliance schedules that direct when the individual program activities need to be developed and submitted to the Department for review. The detailed programs that are developed and submitted to the Department for review may deviate from the program activities described below if necessary. The descriptions provided below are necessary for the Department to verify that the municipality's program activities comply with the permit.

Section	on I: A	pplicant Information			24.50 24.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50 11.50			
Name of Municipality University of Wisconsin - Milwaukee								
Mailing Address PO Box 413 (2200 E. Kenwood Blvd.)			City Milwaukee		State WI	Postal Code 53201-0413		
County(s) in which Applicant is located Milwaukee			Type of Municipality: (check one) ☐ County ☐ City ☐ Village ☐ Town ☒ Other (specify) Campus					
Section	on II: L	ocal Contact Information (check one):		2. 1			
		nicipal Contact Person od G. Wilson				Title Vice Chancellor of Finance & Administrative Affairs		
			City Milwaukee		State WI	Postal Code 53201-0413		
E-mail address wilsonsg@uwm.edu			Telephone Number (414) 229-4461	er (include area code)		Fax Number (include area code) (414) 229-4553		
Section	on III: \	Water Quality Concerns						
Yes	No							
⊠ 		Does any part of the MS4 discharge to an outstanding resource water (ORW) or exceptional resource water (ERW) listed under s. NR 102.10 or 102.11, Wis. Adm. Code? (An unofficial list of ORWs and ERWs may be found on the Department's Internet site at: http://dnr.wi.gov/org/water/wm/wqs/)						
		Does any part of the MS4 discharge to an impaired waterbody listed in accordance with section 303(d)(1) of the federal Clean Water Act, 33 USC § 1313(d)(1)(C)? (A list of Wisconsin impaired waterbodies may be found on the Department's Internet site at: http://dnr.wi.gov/org/water/wm/wqs/303d/303d.html)						
Section	on IV:	Area and Population Withi	n the MS4			And		
Yes	No							
		Is the MS4 within an "Urbanized Area" as defined by U.S. EPA? (See http://www.epa.gov/npdes/pubs/fact2-2.pdf)						
If no, skip the rest of this section and continue to Section V. If yes, estimate the area served by and the population within the MS4 in an Urbanized Area (UA). (Urbanized Area maps are available on the EPA web site at: http://cfpub1.epa.gov/npdes/stormwater/urbanmaps.cfm)								
Total	municij	pal area (in square miles):		Total municipal population (in year 2000):				
0.144				On Campus Resident Students Fall 2006: 2,656				
MS4 service area within Urbanized Area (in square miles):				Municipal population	n within Urbani	zed Area (in year 2000):		
0.144				On Campus Reside	nt Students Fa	III 2006: 2,656		

Section	on V: F	otential Permit Exemption
Yes	No	Section NR 216.023, Wis. Adm. Code, allows certain MS4s that have less than 1000 people residing in an urbanized area to be waived from having to obtain municipal storm water permit coverage.
	\boxtimes	Do you believe that the MS4 may be eligible for this potential exemption?

Section VI: Summary of Municipal Storm Water Program Activities

Describe the programs or activities the municipality is doing or will do to comply with the requirements of the MS4 general permit. Attach additional pages if necessary.

A. Public Education and Outreach

Describe the public education and outreach program activities that the municipality will implement to comply with section 2.1 of the MS4 general permit.

DOES NOT APPLY - CAMPUS IS SERVED BY COMBINED SANITARY AND STORM SEWER SYSTEM FROM THE MILWAUKEE METROPOLITAN SEWAGE DISTRICT (MMSD). UW-MILWAUKEE SHOULD BE GRANTED AN EXEMPTION FROM WPDES PERMIT WI-S050075-1. ALL PERMIT CONDITION AREAS MUST BE MET BY THE CITY OF MILWAUKEE. UW - MILWAUKEE AND THE CITY OF MILWAUKEE WILL PARTNER WHEN AND WHERE POSSIBLE TO MANAGE THE CAMPUS STORM WATER QUANTITY AND QUALITY ISSUES. UW - MILWAUKEE ALSO FOLLOWS THE SAME DOA-DSF SITE DEVLEOPMENT GUIDELINES AND EROSION CONTROL MEASURES AS ALL STATE PROJECTS.

B. Public Involvement and Participation

Describe the public involvement and participation program activities that the municipality will promote to comply with section 2.2 of the MS4 general permit.

DOES NOT APPLY - SEE ABOVE.

C. Illicit Discharge Detection & Elimination

Describe the illicit discharge detection and elimination program authority and activities that the municipality will develop and implement to comply with section 2.3 of the MS4 general permit.

DOES NOT APPLY - SEE ABOVE.

D. Construction Site Pollution Control

Describe the construction site pollutant control program authority and activities that the municipality will develop and implement to comply with section 2.4 of the MS4 general permit.

DOES NOT APPLY - SEE ABOVE.

E. Post-Construction Site Storm Water Management

Describe the post-construction storm water management program authority and activities that the municipality will develop and implement to comply with section 2.5 of the MS4 general permit.

DOES NOT APPLY - SEE ABOVE.

F. Pollution Prevention

Describe the pollution prevention program activities that the municipality will implement to comply with section 2.6 of the MS4 general permit.

DOES NOT APPLY - SEE ABOVE.

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Section VII: Certification								
Certification: I hereby certify that I am an authorized representative of the municipality that is the subject of this application for general permit coverage, and that the information provided is true and complete, to the best of my knowledge. I understand that Wisconsin law provides severe penalties for submitting false information.								
Authorized Representative Name		Title						
Mr. Sherwood & Wilson		Vice Chancellor of Finance & Administrative Affairs						
Signature			Date Signed ノ- 2 9 - 0 フ					
E-mail address Telephone		er (include area code)	Fax Number (include area code)					
wilsonsg@uwm.edu	(414) 229-4461		(414) 229-4553					

Return this completed form to:

Wisconsin Department of Natural Resources
Storm Water Program – WT/2
PO Box 7921
Madison, WI 53707-7921