DOÑA ANA COUNTY, NEW MEXICO

NOTICE OF INTENT
NPDES GENERAL PERMIT NO. NMR040000

1. Legal Name of the MS4 Operator: Doña Ana County
   Mailing Address: 845 N. Motel Boulevard
   Las Cruces, NM 88007
   Contact Person: Henry K. Corneles, P.E.
   Telephone Number: (575) 525-6182

2. Operator is a ______ Federal ______ State ______ Tribal (County Government) ______ other public entity (check one)

3. The MS4 is located in the Las Cruces, NM and El Paso, TX urbanized areas in Doña Ana County and the latitude and longitude of the approximate center of the small MS4 is Latitude: 32°15′01″ N and Longitude: 106°43′41″ W. The area of land within the urbanized areas that is served by the Doña Ana County MS4 is approximately 37 square miles.

4. The major receiving water(s) are ______ the Lower Rio Grande ________. Does the MS4 discharge to any waters for which an TMDL applicable to discharges from the MS4 has been approved ______ Yes ______ No ______ N/A? (See Part 1.4.8)

5. The MS4 ______ is ______ X ______ is not partially located on Indian Country lands.

6. If the MS4 operator is relying on another governmental entity to satisfy one or more permit obligations (see Part 5.4), the identity of that entity(ies) and the element(s) the entity(ies) will be implementing ______ X ______ N/A ______ Required information attached.

7. A description of the storm water management program (SWMP), including best management practices (BMPs) that will be implemented and the measurable goals for each of the storm water minimum control measures specified in Part 5.2 of this permit, the month and year in which the MS4 operator will start and fully implement each of the minimum control measures or the frequency of the action, the name of the person(s) or position(s) responsible for implementing or coordinating the SWMP, and the supporting documentation required by Parts 1.5 and 1.6 is attached.
CERTIFICATION

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.

Signed by:

[Signature]
Brian Haines, County Manager

7/16/09
Date

Recommended by:

[Signature]
Sue Padilla, Assistant County Manager

7/16/09
Date

Approved as to form only:

[Signature]
County Attorney

6/16/09
Date
1. Description of the Storm Water Management Program (SWMP), including best management practices (BMPs) that will be implemented and the associated measurable goals.

2. Summary of issues raised in any local public comments received by the MS4 Operator on the draft NOI/SWMP and MS4 operator’s responses. (Attachment 2 of the SWMP)

3. Description of how the Part 1.5 eligibility criteria for listed species and critical habitat have been met. (Section 2.2 and Attachment 3 of the SWMP).

4. Description of how the Part 1.6 eligibility criteria for historic properties have been met. (Section 2.3 and Attachment 4 of the SWMP)

5. If the MS4 discharges to a receiving water for which EPA has approved or developed a TMDL, describe how the eligibility requirements of Part 1.4.6 have been met. (Section 2.5 of the SWMP)

6. Location map showing the boundaries of the MS4. (Figures 2 and 3 of the SWMP)