# DEQ logo

# Stormwater Discharges from Phase 1 Municipal Separate Storm Sewer Systems (MS4) Individual Permit

# Complete Application Checklist

**Projects Not Qualifying for Small MS4 General Permit Coverage**

**Disclaimer:** Checklists are provided as a tool when applying for an individual permit for stormwater discharges from a Phase 1 MS4. DEQ decisions will be made by applying the State Water Control Law and VPDES Permit Program and project-specific facts. *Refer to the Virginia Stormwater Management Program (VSMP) Regulation (9VAC25-870), program guidance, and other references noted herein for details of required information for complete applications*.

DEQ’s Ombudsman can provide assistance or redirection for questions about this checklist, please contact ([timothy.wilke@deq.virginia.gov](mailto:timothy.wilke@deq.virginia.gov); 804-912-0989).

Information Required for a complete application is in accordance with the following regulations, unless otherwise noted on item in this checklist. The VSMP Permit Regulation is [9VAC25-870](https://law.lis.virginia.gov/admincode/title9/agency25/chapter870/). Section 10 contains definitions.

**For a Complete Application, provide at minimum:**

| **Information Required** | **Included**  **(Y, N, or N/A)** | **Page Number(s)**  **Or Location(s)** |
| --- | --- | --- |
| 1. Applicable EPA Forms |  |  |
| 1.a. EPA Form 1 (General Information) |  |  |
| 2. Applicable DEQ Forms |  |  |
| 2.a. VPDES Public Notice Billing Information Form |  |  |
| 2.b. Water Permit Fee Form |  |  |
| 3. Permit application fee, if required ([9VAC25-870](https://law.lis.virginia.gov/admincodefull/title9/agency25/chapter20/)). ***Do not attach a copy of check, interagency transfer, account numbers, or credit card numbers to application.*** Required fees will be communicated to applicants by program staff. Payments should be accompanied by a copy of the completed Water Permit Fee Form. |  | [Attaching a copy of the completed Fee Form is acceptable but does not serve as proof of payment or deposit by DEQ] |

**Optional Items to Assist in Expediting Processing:**

| **Information** | **Included**  **(Y, N, or N/A)** | **Page Number(s)**  **Or Location(s)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

"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 gather and evaluate 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."

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Applicant Printed Name*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Applicant Signature Date*