State Water Resources Control Board
NOTICE OF INTENT
TO COMPLY WITH THE TERMS OF THE GENERAL PREMIT FOR
STORM WATER DISCHARGES FROM
SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS
(WQ ORDER No. 2003-0005-DWQ)

I. NOI Status
Mark Only One Item  1. [X] New Permittee  2. [   ] Change of Information WDID #__________

II. Agency Information
A. Agency
County of Santa Barbara
B. Contact Person
Robert Almy
C. Title
Water Agency Manager
D. Mailing Address
123 E. Anapamu St.
E. Address (Line 2)
F. City
Santa Barbara
G. Zip
93101
H. County
Santa Barbara
I. Phone
(805) 568-3542
J. FAX
(805) 568-3434
K. Email Address
ralmy@co.santa-barbara.ca.us
L. Operator Type (check one)
1. [   ] City   2. [X] County     3. [   ] State     4. [   ] Federal    5. [   ] Special District    6. [   ] Government Combination

III. Permit Area
Santa Barbara South Coast and Unincorporated Areas

IV. Boundaries of Coverage (include a site map with the submittal)
Area 1: Ventura-Santa Barbara county line to the east, Pacific Ocean to the south, foothills of Santa Ynez mountains to the north, western edge of City of Goleta to the west. Does not include Cities of Carpinteria, Santa Barbara or Goleta. Area 2: Communities of Mission Hills and Vandenberg Village. Area 3: Community of Orcutt.

V. Billing Information
A. Agency
County of Santa Barbara, Public Works Department
B. Contact Person
Lynn Hogan
C. Title
Accountant
D. Mailing Address
123 E. Anapamu St.
E. Address (Line 2)
F. City
Santa Barbara
G. Zip
93101
H. County
Santa Barbara
I. Phone
(805) 568-3128
J. FAX
(805) 568-3019
K. Email Address
shogan@co.santa-barbara.ca.us

[   ] Population greater than 250,000…………………$20,000
[   ] Population between 200,000 and 249,999 ………$17,500
[   ] Population between 150,000 and 199,999…………$15,000
[   ] Population between 100,000 and 149,999……….$12,500
[   ] Population between 75,000 and 99,999,…………$10,000
[X] Population between 50,000 and 74,999…………….$7,500
[   ] Population between 25,000 and 49,999,…………$5,000
[   ] Population between 10,000 and 24,999…………$3,000
[   ] Population between 1,000 and 9,999…………….$2,000
[   ] Population between 0 and 1,000………………….$1,000
[   ] K – 12 School District………………………….Exempt

SWRCB Tax ID is: 68-0281986

VI. Discharger Information (check applicable box(es) and complete corresponding information)
1. [ ] Applying for Individual General Permit Coverage

2. [X] Applying for a permit with one or more co-permitees

The undersigned agree to work as co-permitees in implementing a complete small MS4 storm water program. The program must comply with the requirements found in Title 40 of the Code of Federal Regulations, parts 122.32. Attach additional sheets if necessary. Each co-permittee must complete an NOI.

<table>
<thead>
<tr>
<th>Lead Agency</th>
<th>Signature</th>
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<tbody>
<tr>
<td>County of Santa Barbara, Robert Almy</td>
<td>Signature</td>
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<tr>
<td>Agency</td>
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</tbody>
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3. [ ] Separate Implementing Entity (SIE)

A. Agency

B. Contact Person

C. Title

D. Mailing Address

E. Address (Line 2)

F. City

G. Zip

H. County

I. Phone

J. FAX

K. Email Address

L. Operator Type (check one)

1. [   ] City   2. [   ] County     3. [   ] State     4. [   ] Federal    5. [   ] Special District    6. [   ] Government Combination

Minimum Control Measures being implemented by the SIE (check all that apply)

[ ] Public Education  [ ] Public Involvement  [ ] Illicit Discharge/Elimination

[ ] Construction  [ ] Post Construction  [ ] Good Housekeeping

“I agree to coordinate with the agency identified in Section III of this form and comply with its qualifying storm water program. I certify under penalty of law that this document and all attachments were prepared under my direction and 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, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Additionally, I certify that the provisions of the permit, including the development and implementation of a Storm Water Management Program, will be complied with.”

M. Signature of Official

Date

VII. Storm Water Management Plan (check box)

[X] As per section A.2. of this General Permit, the SWMP is attached.

VIII. Certification

“I certify under penalty of law that this document and all attachments were prepared under my direction and 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, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Additionally, I certify that the provisions of the permit, including the development and implementation of a Storm Water Management Program, will be complied with.”

A. Printed Name: Robert Almy

B. Title: Water Agency Manager

C. Signature:_________________________  D. Date:_________________________