

**RECEIVED**

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

Form 3400-NNN (R 2/06)

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 other program purposes and may be made available to requestors under Wisconsin's Public Records laws and be posted on the Department's internet site.

**BUREAU OF WATERSHED MGMT**

**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.

<b>Name of Municipality</b> University of Wisconsin - La Crosse			
<b>Mailing Address</b> 1725 State Street	<b>City</b> La Crosse	<b>State</b> WI	<b>Postal Code</b> 54601
<b>County(s) in which Applicant is located</b> La Crosse	<b>Type of Municipality: (check one)</b> <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town <input checked="" type="checkbox"/> Other (specify) University Campus		

<b>Name of Municipal Contact Person</b> Mr. William Colclough		<b>Title</b> Interim Vice Chancellor for Administration & Finance	
<b>Mailing Address</b> 1725 State Street	<b>City</b> La Crosse	<b>State</b> WI	<b>Postal Code</b> 54601
<b>E-mail address</b> colcloug.will@uwlax.edu	<b>Telephone Number (include area code)</b> (608) 785-8021	<b>Fax Number (include area code)</b> (608) 785-8035	

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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: <a href="http://dnr.wi.gov/org/water/wm/wqs/">http://dnr.wi.gov/org/water/wm/wqs/</a> )
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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: <a href="http://dnr.wi.gov/org/water/wm/wqs/303d/303d.html">http://dnr.wi.gov/org/water/wm/wqs/303d/303d.html</a> )

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the MS4 within an "Urbanized Area" as defined by U.S. EPA? (See <a href="http://www.epa.gov/npdes/pubs/fact2-2.pdf">http://www.epa.gov/npdes/pubs/fact2-2.pdf</a> )

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>)

<b>Total municipal area (in square miles):</b> 0.190	<b>Total municipal population (in year 2000):</b> 2900
<b>MS4 service area within Urbanized Area (in square miles):</b> 0.190	<b>Municipal population within Urbanized Area (in year 2000):</b> 2900

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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. Do you believe that the MS4 may be eligible for this potential exemption?

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.

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

UW-001, UW-002, UW-003, and UW-013. (PLEASE SEE ATTACHED FOR FURTHER DETAIL)

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

UW-001, UW-002, UW-003, and UW-013. (PLEASE SEE ATTACHED FOR FURTHER DETAIL)

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.

UW-001, UW-002, UW-003, and UW-012. (PLEASE SEE ATTACHED FOR FURTHER DETAIL)

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.

UW-001, UW-002, UW-008, and UW-009. (PLEASE SEE ATTACHED FOR FURTHER DETAIL)

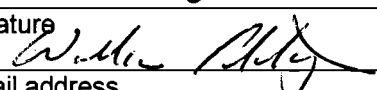
Describe the post-construction storm water management program authority and activities that the municipality will develop and implement to comply with section 2.5 of the MS4 general permit.

UW-001, UW-002, UW-010, UW-011, and UW-012. (PLEASE SEE ATTACHED FOR FURTHER DETAIL)

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

UW-001, UW-002, UW-003, UW-011, and UW-012. (PLEASE SEE ATTACHED FOR FURTHER DETAIL)

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 <b>Mr. William Colclough</b>	Title <b>Interim Vice Chancellor for Administration &amp; Finance</b>	
Signature 	Date Signed <b>1/26/07</b>	
E-mail address <b>colclough.will@uwlax.edu</b>	Telephone Number (include area code) <b>(608) 785-8021</b>	Fax Number (include area code) <b>(608) 785-8035</b>

Return this completed form to:  
Wisconsin Department of Natural Resources  
Storm Water Program – WT/2  
PO Box 7921  
Madison, WI 53707-7921