



Permit # \_\_\_\_\_



# City of Midwest City Stormwater Quality Management

8730 SE 15<sup>th</sup> St., Midwest City, OK 73110  
Phone: (405) 739-1352 Fax: (405) 732-8107

## Industrial Stormwater Discharge Permit Application

Submission of this application constitutes notice that the party identified in section I of this form intends to be authorized by the City of Midwest City for stormwater discharges associated with industrial activities. Becoming a permittee obligates such discharger to comply with the terms and conditions of the permit. **IN ORDER TO OBTAIN AUTHORIZATION, ALL REQUESTED INFORMATION MUST BE PROVIDED ON THIS FORM AND A COPY OF THE CURRENT STORMWATER POLLUTION PREVENTION PLAN (SWPPP) MUST BE ATTACHED ALONG WITH A \$55.00 PERMIT FEE. SEE INSTRUCTIONS ON THE NEXT PAGE.**

### I. Facility Owner/Operator Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Status of Owner/Operator: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

### II. Site Information

Name of the Facility: \_\_\_\_\_ OPDES Permit #: \_\_\_\_\_  
Address of Facility: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

### III. Facility Activity

Primary Activity: \_\_\_\_\_ SIC Code: \_\_\_\_\_  
Secondary Activities: \_\_\_\_\_ SIC Code: \_\_\_\_\_  
\_\_\_\_\_ SIC Code: \_\_\_\_\_

Receiving Water Body: **Crutcho Creek** **Soldier Creek** **Choctaw Creek** **Silver Creek**  
(Circle one)

### IV. 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.*

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

NONREFUNDABLE PERMIT FEE OF \$55.00:  PAID  OTHER \_\_\_\_\_ Sub-basin ID#: \_\_\_\_\_  
PERMIT IS:  APPROVED  DENIED  APPROVED WITH CONDITIONS \_\_\_\_\_

\_\_\_\_\_  
STORMWATER QUALITY MANAGER

\_\_\_\_\_  
DATE



# Instructions --- City of Midwest City Stormwater Quality Management Industrial Stormwater Discharge Permit

## WHO MUST OBTAIN A INDUSTRIAL STORMWATER DISCHARGE PERMIT

All industrial, commercial, institutional, or multi-family residential facilities that discharge stormwater inside Midwest City limits will be required to develop a Stormwater Pollution Prevention Plan (SWPPP) and apply for an Industrial Stormwater Discharge Permit (ISDP) unless the facility qualifies for No Exposure Certification (NEC). This permit shall be required in addition to any permits required by the Oklahoma Department of Environmental Quality (ODEQ) or the EPA. If you do not currently have permits from ODEQ, you are advised to contact ODEQ at 702-8100 (Storm Water Program) and inquire about any permits required by ODEQ for your facility.

## SECTION I - FACILITY OWNER/OPERATOR INFORMATION.

Provide the legal name, mailing address, and telephone of the person, firm, public organization, or any other entity that have operational control over the facility, or the day to day operational control of those activities at the facility necessary to ensure compliance with the SWPPP requirements or ISDP conditions.

Enter the appropriate letter to indicate the legal status of the operator of the facility: F = Federal; S = State; M = Municipal or Public; P = Private.

## SECTION II - SITE INFORMATION.

Enter the facility's official or legal name and street address and zip code. If your facility currently has an OPDES permit issued by ODEQ please enter the permit number. Enter the latitude and longitude of your facility in degrees, minutes, and seconds to the nearest 15 seconds.

The latitude and longitude of your facility can be obtained from USGS quadrangle maps. The maps can be obtained at 1-800-USA MAPS. Latitude and longitude can also be obtained from these web sites:

- [www.mapblast.com/mblast/mAdr.mb](http://www.mapblast.com/mblast/mAdr.mb)
- [www.topozone.com](http://www.topozone.com)
- [www.maptech.com](http://www.maptech.com)

## SECTION III - FACILITY ACTIVITY INFORMATION.

Give a description of the primary and any secondary activities and enter their corresponding Standard Industrial Classification (SIC) codes.

SIC Code	Title
10	Metal Mining
12	Coal Extraction
13	Oil & Gas Extraction
14	Nonmetallic Minerals, Except Fuels
20	Food and Kindred Products
21	Tobacco Products
22	Textile Mill Products
23	Apparel and Other Textile Products
24	Lumber and Wood Products
25	Furniture and Fixtures
26	Paper and Allied Products
27	Printing and Publishing
28	Chemicals and Allied Products
29	Petroleum and Coal Products

30	Rubber and Miscellaneous Plastic Products
31	Leather and Leather Products
32	Stone, Clay, and Glass Products
33	Primary Metal Industries
34	Fabricated Metal Products
35	Industrial Machinery and Equipment
36	Electronic and Other Electric Equipment
37	Transportation Equipment
38	Instruments and Related Products
39	Miscellaneous Manufacturing Industries
40	Railroad Transportation
41	Local and Interurban Passenger Transit
42	Trucking and Warehousing
43	United States Postal Service
44	Water Transportation
45	Air Transportation
55	Auto dealers and gasoline service stations
58	Eating and drinking places
75	Automotive repair, services, and parking
81	Educational Services
5015	Motor Vehicle Parts, Used
5093	Scrap and Waste Materials
5171	Petroleum Bulk Stations and Terminals

Please circle the receiving water body from the list given.

## SECTION IV - CERTIFICATION

Federal Statutes provide for severe penalties for submitting false information on this application form. Federal regulations require this application to be signed as follows:

For a corporation: by a responsible corporate officer, which means: president, secretary, treasurer, or vice-president of the corporation in charge of a principal function, or any other person who performs similar policy or decision making functions;

For a partnership or sole proprietorship: by a general partner of the proprietor, or;

For a municipality, state, Federal, or other public facility: by either a principal executive or ranking elected official.

## STORM WATER POLLUTION PREVENTION PLAN

If your facility has already developed a SWPPP please attach a current copy to this application. If you have not, you will be required to develop a SWPPP within 90 days of receipt of this application. Failure to submit a SWPPP with this application will result in denial of the permit. A guide with the minimum requirements for the SWPPP should be attached to this application. Please call the Storm Water Quality Management office, at 739-1352, if you have any questions regarding this application or the SWPPP. Once issued this permit will be valid for five years from date of issue, unless otherwise revoked for violations of permit conditions, changes in applicable law, or changes in discharge or other good cause.