

**GEORGIA NOTICE OF INTENT (NOI)**

General NPDES Permit No. GAG610000 for  
Phase II Municipal Separate Storm Sewer Systems (MS4)

**1. General Information**

A. Name of small MS4:  Hall County

B. If the MS4 is a City, provide the County where located: \_\_\_\_\_

C. Name of responsible official:  Richard P. Higgins   
Title:  Chairman, Hall County Board of Commissioners   
Mailing Address:  P.O. Drawer 1435   
City:  Gainesville  State:  GA  Zip Code:  30503   
Telephone Number:  770-535-8260   
Email Address:  rhiggins@hallcounty.org

D. Designated stormwater management program contact:  
Name:  Franklin P. Miller   
Title:  Hall County Engineer   
Mailing Address:  P.O. Drawer 1435   
City:  Gainesville  State:  GA  Zip Code:  30503   
Telephone Number:  770-531-6800   
Email Address:  fmiller@hallcounty.org

E. Provide the river basin(s) to which your MS4 discharges: \_\_\_\_\_  
 Chattahoochee and Oconee

F. Provide the latitude and longitude of the MS4 center (e.g. City Hall, County offices, MS4 mailing address) using Global Positioning System (GPS) – WGS84:  
Latitude:  34.2777  Longitude:  -83.8769

**2. Sharing Responsibility**

A. Has another entity agreed to implement a control measure or BMP on your behalf? Yes  X  No \_\_\_\_\_ (If No, skip to Part 3)

Control Measure #1:

1. Name of entity  City of Gainesville

2. Control measure or component of control measure to be implemented by entity on your behalf: \_\_\_ Water bill insert \_\_\_\_\_
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B. Attach an additional page if necessary to list additional shared responsibilities. **It is mandatory that you submit a copy of a written agreement between your MS4 and the other entity demonstrating written acceptance of responsibility.**

3. **Certification Statement**

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 upon 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.

Printed Name: Richard P. Higgins Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: Chairman, Hall County BOC