

**VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY GENERAL PERMIT REGISTRATION  
STATEMENT FOR STORMWATER DISCHARGES FROM SMALL MUNICIPAL SEPARATE  
STORM SEWER SYSTEMS (VAR04)**

**Section I. General Information**

**A. Owner/Operator Information:**

<b>Name of Owner Applying for Permit Coverage:</b> City of Waynesboro		
<b>Mailing Address:</b> 503 W. Main Street, Suite 210		
<b>City:</b> Waynesboro	<b>State:</b> VA	<b>Zip Code:</b> 22980
<b>Phone Number:</b> (540)942-6600		

**B. Responsible Official** *(Please note that for municipality, state, federal, and other public agencies, the responsible official is defined in 9VAC25-870-370 A.3 as either a principal executive officer or ranking elected official. A principal executive officer of a federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency)*

<b>Name:</b> Michael G. Hamp II		
<b>Title:</b> City Manager, City of Waynesboro		
<b>Mailing Address:</b> 503 W. Main Street, Suite 210		
<b>City:</b> Waynesboro	<b>State:</b> Virginia	<b>Zip Code:</b> 22980
<b>E-mail Address:</b> hampmg@ci.waynesboro.va.us		
<b>Phone Number:</b> (540)942-6600		

**C. MS4 Permit Contact**

<b>Name:</b> Jennifer Allen-Key		
<b>Title:</b> City of Waynesboro MS4 Program Coordinator		
<b>Mailing Address:</b> 941 Fir Street		
<b>City:</b> Waynesboro	<b>State:</b> Virginia	<b>Zip Code:</b> 22980
<b>E-mail Address:</b> allen-keyj@ci.waynesboro.va.us		
<b>Phone Number:</b> (540)942-6624		

**D. MS4 Maintenance Fee Contact**

Name: Jennifer Allen-Key		
Title: MS4 Program Coordinator		
Mailing Address: 941 Fir Street		
City: Waynesboro	State: Virginia	Zip Code: 22980
E-mail Address: allen-keyjl@ci.waynesboro.va.us		
Phone Number: (540)942-6624		

**E. Small MS4 Information**

Name: City of Waynesboro		
MS4 Ownership Type: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Incorporated Town <input type="checkbox"/> Unincorporated Town <input type="checkbox"/> College or University		
<input type="checkbox"/> Local School Board <input type="checkbox"/> Military Installation <input type="checkbox"/> Transportation System <input type="checkbox"/> Federal Facility <input type="checkbox"/> State Facility		
<input type="checkbox"/> Other ( )		
Facility Address (applicable to state and federal entities only):		
Street:		
City:	State:	Zip Code:

**F. List The Names Of Any Physically Interconnected MS4s To Which The Small MS4 Discharges**

None

**Section II. Stormwater Discharge Information (attach additional sheets as necessary. Permittees may attach alternative tables or spreadsheets in lieu of completing the tables below, as long as all information required below is included)**

**A. Receiving Water Information: Provide a list of all surface waters receiving discharges from the MS4**

South River
Shenandoah River
Potomac River
Chesapeake Bay

**B. Impaired Waters Information: List all surface waters receiving direct discharges from the MS4, that are listed in the 2016 Virginia 303(d)/305(b) Water Quality Assessment Integrated Report.**

South River
North Fork Shenandoah River

**Section III. Storm Water Management Program Agreements (please attach additional sheets as necessary)**

**Agreements:** Attach a list of all existing signed agreements between the operator and any applicable third parties where the operator has entered into an agreement in order to implement minimum control measures or portions of minimum control measures

Description of Agreement	Permit Requirement(s) Covered by the Agreement	Third Parties Participating in Agreement
None		

**Section IV. Draft Chesapeake Bay Total Maximum Daily Load (TMDL) Action Plan**

Attach a copy of the draft second phase Chesapeake Bay TMDL Action Plan in accordance with Section I.C.5 of the General VPDES Permit for Discharges of Stormwater from Small Municipal Separate Storm Sewer Systems effective July 1, 2013

**Section V. Certification Statement and Signature**

Read and sign the following certification statement below that is in accordance with 9 VAC 25-870-370 D:

"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 including the possibility of fine and imprisonment for knowing violations."

Print Name: *Michael G. Hamp II*

Title: *City Manager*

Signature: *Michael G. Hamp II - p II*

Date: *5-23-18*

**For Department of Environmental Quality Use Only**

Accepted      Not Accepted

DEQ Reviewer:

Date:

Comments: