

RESOLUTION 09-0420-08

Resolution to Share Responsibility with the Delaware County Engineer's Office Associated with the Development and Implementation of the NPDES Phase II Storm Water Requirements

The Board of Trustees of Liberty Township, Delaware County, Ohio met in regular session on April 20, 2009 with the following members present:

Mr. Robert Mann, Chairman
Mr. Curt Sybert, Vice Chairman
Ms. Peggy Guzzo

Ms. Guzzo moved the adoption of the following Resolution:

WHEREAS, Liberty Township has been designated as an operator of a small MS4 located within an "urbanized area" as determined by the Bureau of Census, and

WHEREAS, Liberty Township is regulated under the NPDES Phase II storm water regulations and is required to submit a permit application and obtain coverage under an NPDES Small MS4 General Storm water permit, and

WHEREAS, NPDES Phase II Small MS4 General Permit allows for Co-permittees, and a co-Permittee group was formed under a previous resolution by the boards of trustees of Concord, Liberty, Orange, and Genoa Townships and the Delaware County Commissioners, and

WHEREAS, Delaware County has established a Stormwater Management District for the purpose of complying and implementing the General MS4 and Construction permits associated with the OEPA NPDES Phase II storm water regulations, and



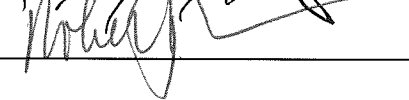
WHEREAS, Delaware County has agreed to serve as the lead agency to implement the NPDES Phase II 6 Minimum control measures Storm Water Management District Co-permittees, and

WHEREAS, Liberty Township will share responsibilities with Delaware County pertaining to the development and implementation the NPDES Phase II regulations as outlined within NPDES Permit OHQ000002, and thus

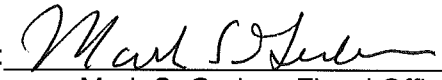
RESOLVED, that the Liberty Township Trustees be Co-Permittees with Delaware County and designate Delaware County as the lead agency to implement and report the associated requirements of the NPDES Permit OHQ000002 "AUTHORIZATION FOR SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS TO DISCHARGE STORM WATER UNDER THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM".

BE IT FURTHER RESOLVED, that Mr. Robert Mann shall execute the *Co-Permittee Notice of Intent for Coverage Under Ohio EPA Small MS4 General Permit* and all other documents necessary or incidental to the Township's participation as a co-permittee.

Mr. Mann seconded the motion, and the roll was called on the question of its adoption.
The vote was as follows:

Mr. Curt Sybert	<u></u>	<input checked="" type="radio"/> Aye / Nay
Ms. Peggy Guzzo	<u></u>	<input checked="" type="radio"/> Aye / Nay
Mr. Robert Mann	<u></u>	<input checked="" type="radio"/> Aye / Nay

Adopted (Date) 4/20/09

Attested: 
Mark S. Gerber, Fiscal Officer

4/20/09
Date



Co-Permittee Notice of Intent for Coverage Under Ohio EPA Small MS4 General Permit

Submission of this NOI constitutes notice that the party identified in Section I of this form intends to be authorized by Ohio EPA's NPDES Small MS4 general permit. Becoming a permittee obligates a discharger to comply with the terms and conditions of the permit. NOTE: All necessary information must be provided on this form. Read the accompanying instructions carefully before completing the form. Do not use correction fluid on this form. Forms transmitted by fax will not be accepted. There is no fee associated with submitting this form.

I. Applicant Information/Mailing Address

MS4 (Applicant) Name: Liberty Township

MS4 Contact Person: Dave Anderson

Phone: 740-938-2010 Fax: 740-938-2001

Mailing Address: 10104 Brewster Lane

City: Powell State: Ohio Zip Code: 43065

Contact E-Mail Address: danderson@libertytpw.org

General Permit Number: OHQ000002 Initial Coverage: Renewal Coverage:

Existing Ohio EPA Facility Permit Number Requesting Coverage Under: 4 GQ 1 0 0 0 1 * A G

II. Initial MS4 Co-Permittee Information

Initial MS4 Co-Permittee Name: Delaware County

MS4 Contact Person: Brett Bergefurd

Phone: 740-833-2426 Fax: 740-833-2442

Mailing Address: 50 Channing Street

City: Delaware State: Ohio Zip Code: 43015

Contact E-Mail Address: bbergefurd@co.delaware.oh.us

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.

Applicant Name (typed): Robert J. Mann Title: Trustee

Signature: *Robert J. Mann* Date: 5/14/09