

**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:

Name of Owner Applying for Permit Coverage: <small>College of William & Mary</small>		
Mailing Address: P.O. Box 8795		
City: Williamsburg	State: <small>VA</small>	Zip Code: <small>23187-8795</small>
Phone Number: 757-221-1205		

B. Responsible Official: (Please note that for municipality, state, federal, and other public agencies, the responsible official is defined in 9 VAC25-870-370 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)

Name: Samuel Hayes		
Title: Associate VP for Facilities Management / Chief Facilities Officer		
Mailing Address: P.O. Box 8795		
City: Williamsburg	State: <small>VA</small>	Zip Code: <small>23187-8795</small>
E-mail Address: shayes@wm.edu		
Phone Number: 757-221-2255		

C. MS4 Permit Contact:

Name: Brian Crystal		
Title: Director, Facilities Operations & Maintenance		
Mailing Address: P.O. Box 8795		
City: Williamsburg	State: VA	Zip Code: 23187-8795
E-mail Address: bjcrystal@wm.edu		
Phone Number: 757-221-1205		

D. MS4 Maintenance Fee Contact:

Name: Brian Crystal		
Title: Director, Facilities Operations and Maintenance		
Mailing Address: P.O. Box 8795		
City: Williamsburg	State: VA	Zip Code: 23187-8795
E-mail Address: bjcrystal@wm.edu		
Phone Number: 757-221-1205		

E. Small MS4 Information:

Name: College of William & Mary		
MS4 Ownership Type: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Incorporated Town <input type="checkbox"/> Unincorporated Town		
<input checked="" 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): Facilities Management		
Street: 115 Grigsby Drive		
City: Williamsburg	State: VA	Zip Code: 23185
Is the owner/operator taking responsibility for any Public School MS4s? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (applicable to entities under the authority of a city council or a county board of supervisors only)		

F. List the Names of any Physically Interconnected MS4s to Which the Small MS4 Discharges:

City of Williamsburg

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

College Creek
Powhatan Creek

Attach a copy of the draft third 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 November 1, 2023

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:

Samuel Hayes

Title:

Associate VP for Facilities Management / Chief Facilities Officer

Signature:

DocuSigned by:
Samuel Hayes III
6AAD1E2480F9479...

Date:

9/22/2023 | 08:46:37 EDT

For Department of Environmental Quality Use Only

Accepted

Not Accepted

DEQ Reviewer:

Date:

Comments: