



**DISCHARGE/DE-WATERING WATER PERMIT
MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS-4)**

DEVELOPMENT SERVICES DEPARTMENT
Planning Division
#2 Civic Center Plaza
El Paso, TX 79901-1196
(915) 541-4970 Fax (915) 541-4725

APPLICATION NO. _ _ -- _ _ _ _ _ _ _ _
One Call Notification Verification Number (800) 344-8377
One Call Verification Number _____
Grading Permit Number _____

This application is for the review and approval of the Storm Drain Pollution Control Plan (SDPCP) according to the conditions set forth in Chapter 15.20, Storm Water Management Ordinance, of the El Paso Municipal Code, approved January 27, 1998. If work is in conjunction with construction activities, applicant shall comply with the "one call" notification system in Section 18.44.190 of the Grading Ordinance.

1. Site Address: _____

2. Property Legal Description: _____

3. Receiving Body of Water: _____
Via Storm Drain/Channel/basin

4. Property Owner: _____
Name Address City/State/Zip Phone

5. Operator: _____
Name Address City/State/Zip Phone

6. Discharging Water Permit/De-Watering/Preparer: _____
Name Address City/State/Zip Phone

7. Date of Construction/Activity Commencement: _____ 8. End Date: _____

9. Starting date of discharge: _____ 10. Ending date of discharge: _____

11. Discharge in CFS: _____ 12. Amount in Acre/ft: _____ 13. Disturbed Acres: _____

FEES: \$121.80 Per Project Site Department: 36010119 Account: 404149

Applicant Information

Print Name: _____ Phone: _____

Signed: _____ Date: _____

Storm Water Administrator

Discharge Water Permit/De-Watering Approved By: _____ Date: _____
PLANNING DIVISION