



**RULE 13 STORM WATER QUALITY
MANAGEMENT PLAN (SWQMP) -
PART A: INITIAL APPLICATION CERTIFICATION
SUBMITTAL AND CHECKLIST**

State Form 51277 (R3 / 4-08)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

For questions regarding this form, contact:

IDEM - Rule 13 Coordinator

100 North Senate Avenue, Rm 1255

MC 65-42

Indianapolis, IN 46204-2251

Phone: (317) 234-1601 or

(800) 451-6027, ext. 41601 (within Indiana)

Web Access:

<http://www.in.gov/idem> (Search for Stormwater)

NOTE:

- This form must be used for compliance with a general NPDES permit pursuant to 327 IAC 15-13.
- This completed form must be submitted with a complete NOI letter.
- Return this form, and any required addenda by mail to the IDEM Rule 13 Coordinator at the address listed in the box on the upper-right.

PART A: STORM WATER QUALITY MANAGEMENT PLAN CHECKLIST

► Please check the appropriate box when the requirements for each numbered item have been met.

X	NA	ITEM
<input checked="" type="checkbox"/>		1. On page 2 of this form (TABLE 1: RESPONSIBLE ENTITY), provide a listing of entities that are covered under the attached NOI letter submittal. Duplicate the table if more entries are necessary and attach to this form.
<input checked="" type="checkbox"/>		2. On page 3 of this form (TABLE 2: SCHEDULE OF ACTIVITIES), provide an itemized schedule of activities related to SWQMP implementation, with a corresponding milestone date. Duplicate the table if more entries are necessary and attach to this form.
<input checked="" type="checkbox"/>		3. At a minimum, the schedule complies with the compliance schedule found in 327 IAC 15-13-11.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. On page 4 of this form (TABLE 3: PROPOSED BUDGET), provide an actual or estimated, proposed, itemized budget for the storm water program. Duplicate the table if more entity entries are necessary and attach to this form.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. For NOI letter submittals covering multiple entities, the budget allocation is separated by each entity covered under this NOI letter submittal.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. The budget identifies funding sources.
<input checked="" type="checkbox"/>		7. The "SWQMP - Part A: Initial Application" was submitted within 90 days of Rule 13's effective date or within 180 days of becoming aware of changed entity designation conditions.
<input checked="" type="checkbox"/>		8. The "SWQMP - Part A: Initial Application" has been certified by a Qualified Professional and the MS4 Operator.

PART B: CERTIFICATION AND SIGNATURE

► The Qualified Professional and MS4 Operator (referenced in PART A, Item #8 of this form) must sign the following certification statement and provide the pertinent NPDES permit number:

"By signing this form, I hereby certify under penalty of law that this document was 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."

Name of Qualified Professional: John Stoll
(typed or printed)

NPDES Permit #: INR040
030

Signature of Qualified Professional: *John Stoll*

Date: 10/22/13
(mm/dd/year)

Name of MS4 Operator: Marsha Abell
(typed or printed)

Signature of MS4 Operator: *Marsha Abell*

Date: 10/22/13
(mm/dd/year)

TABLE 1: RESPONSIBLE ENTITY

Represented Entity Name	Entity Representative Name	Entity Representative Title	Mailing Address	Phone Number:	Facsimile Number (if applicable)	E-mail Address (if applicable)
1. Vanderburgh County	John Stoll	County Engineer	Street address: 201 NW 4 th St. Room 306 <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: Evansville Zip: 47708 County: Vanderburgh Street address:	812-435-5773	812-435-5676	jstoll@vanderburghgov.org
2. _____	_____	_____	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____ Street address:	_____	_____	_____
3. _____	_____	_____	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____ Street address:	_____	_____	_____
4. _____	_____	_____	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____ Street address:	_____	_____	_____
5. _____	_____	_____	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____ Street address:	_____	_____	_____
6. _____	_____	_____	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____ Street address:	_____	_____	_____
7. _____	_____	_____	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____ Street address:	_____	_____	_____

TABLE 2: SCHEDULE OF ACTIVITIES

Activity Name

Milestone Date

1.	Nov. 2013	Submit renewal for NOI and Part A
2.	2014	Review and update Part B and Part C as necessary
3.	Duration of permit	Complete annual reports as required
4.	Duration of permit	Update outfall mapping to include additional regulated areas resulting from updated urban area boundaries; update maps to include additional outfalls as they are constructed or located
5.	2015	Good Housekeeping audit
6.	Duration of permit	Enforce illicit discharge ordinance
7.	Duration of permit	Enforce construction ordinance
8.	Duration of permit	Provide public education and outreach
9.	Duration of permit	Provide public participation opportunities
10.	_____	_____

TABLE 3: PROPOSED BUDGET

↑ ENTITY: Vanderburgh County

Control Measure/Item		Proposed Budget
1.	Public Education and Outreach	\$3,000
2.	Public Participation/Involvement	\$3,000
3.	Illicit Discharge Detection and Elimination	\$16,000
4.	Construction Site Run-Off Control	\$40,000 (salary cost for inspector/plan reviewer)
5.	Postconstruction Run-Off Control	\$8,000
6.	Municipal Operations Pollution Prevention and Good Housekeeping	\$70,000 (includes \$60,000 for canopy over fueling area at Co. Hwy. Dept.)
7.	On-Going Water Quality Characterization	\$2,000
8.	Other	N/A
9.	Funding Source(s)	County general fund, riverboat tax revenues, bridge funds, highway funds



RULE 13 NOTICE OF INTENT (NOI) LETTER

State Form 51270 (R4 / 4-08)
Form Approved by State Board of Accounts, 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

For questions regarding this form, contact:

IDEM – Rule 13 Coordinator
100 North Senate Avenue, Rm 1255
MC 65-42
Indianapolis, IN 46204-2251
Phone: (317) 234-1601 or
(800) 451-6027, ext. 41601 (within Indiana)

Web Access:

<http://www.in.gov/idem> (Search for Stormwater)

NOTE:

- This form must be used to apply for a general NPDES permit pursuant to 327 IAC 15-13.
- Please type or print in ink.
- This completed form must be submitted with the **Rule 13 Storm Water Quality Management Plan (SWQMP) – Part A: Initial Application Certification Submittal and Checklist**, and proof of publication.
- Return this form, required addenda, and payment by mail to the IDEM Rule 13 Coordinator at the address listed in the box on the upper-right.

APPLICABILITY

Permit coverage under 327 IAC 15-13 applies to all entities that:

1. are not required to obtain an individual NPDES permit under 327 IAC 15-2-9(b);
2. meet the general permit rule applicability requirements under 327 IAC 15-2-3;
3. do not have coverage under an individual MS4 permit; and
4. operate, maintain, or otherwise have responsibility for an MS4 conveyance within a designated MS4 area.

APPLICATION TYPE (check one)

- ☐ Initial NOI letter
☒ Renewal NOI letter

PART A: GENERAL INFORMATION FOR MS4 OPERATOR

1. Operator Name:	Marsha Abell		
2. Operator Title:	President, Board of Commissioners of Vanderburgh County		
3. Represented Entity ¹ :	Vanderburgh County		
4. Mailing Address	Address: Civic Center Complex Room 305, 1 NW M.L. King Jr. Blvd.		
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town	Of: Evansville	Zip: 47708	County: Vanderburgh
5. Phone Number:	812-435-5241		
6. Facsimile Number (if applicable):	812-435-5963		
7. E-mail Address (if applicable):	mabell@vanderburghgov.org		

PART B: GENERAL INFORMATION FOR PRIMARY CONTACT PERSON FOR THE MS4 AREA

8. Is the primary contact person for the MS4 area the same as the operator listed in Part A?			
<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No** * If yes, omit items #9-15 below and skip to Part C. ** If no, fill out items #9-15 below.			
9. Contact Person Name:	John Stoll		
10. Contact Person Title:	County Engineer		
11. Represented Entity ¹ :	Vanderburgh County		
12. Mailing Address	Address: 201 NW Fourth St., Room 306		
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town	Of: Evansville	Zip: 47708	County: Vanderburgh
13. Phone Number:	812-435-5773		
14. Facsimile Number (if applicable):	812-435-5676		
15. E-mail Address (if applicable):	jstoll@vanderburghgov.org		

¹ The "Represented Entity" is the name of the facility and/or organization that you are representing for purposes of this application. This can be a business, municipality, university, etc.
PF Reason = NOI13

PART C: GENERAL INFORMATION FOR MS4 ENTITIES

16. **Receiving Water:** List all separate storm water outfall receiving waters for all entities seeking coverage under this NOI submittal and corresponding outfall designations. Attach separate sheets as necessary. If all receiving waters and outfalls are not known at the time of the NOI letter submittal, state known ones and provide the information in the corresponding annual report.

Entity	Receiving Water	Outfall(s)
a. see attached list		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		
m.		
n.		
o.		
p.		

17. Do any outfalls discharge to another MS4 conveyance? (These conveyances may either be regulated or non-regulated under Rule 13.) If yes, provide the name of the responsible individual for the storm sewer and provide the name of the initial receiving water.

☒ Yes* ☐ No**

* If yes, fill in items #18-22 below.

** If no, omit items #18-22, and advance to item #23 below.

18. Responsible Individual Name: Patrick Kee es

19. Responsible Individual Title: Evansville City Engineer

20. Responsible MS4 Entity

e. Municipality: City of Evansville

21. Phone Number: 812-436-4990

22. Initial Receiving Water(s): Carpentier Creek, Pigeon Creek, Little Pigeon Creek

23. Has a TMDL study been completed on any of the receiving water(s)? (To determine if a TMDL study has been completed, you may contact IDEM's TMDL program area by phone at 1-317-308-3173.) If yes, note which outfall(s) is subject to effluent limitations and identify the impairment parameter(s) in the table provided below. (attach separate sheets as necessary)

☒ Yes* ☐ No**

* If yes, fill in items a.-m. below.

** If no, omit items a.-m. and advance to Part D.

	Receiving Water	Outfall(s)	Parameter(s)
a.	Carpentier Creek	7654, 7656, 7463, 8284, 8287, 7643, 9019, 8215, 7668, 9020, 7647, 8249, 7659	E. coli
b.	Locust Creek	7236, 7619, 7620, 7621, 7618, 7622, 9025, 9024, 7623, 6478, 6477, 7532, 7533, 7233, 8102, 8100, 8101, 7617, 7616, 8304, 7615, 9026, 7627, 7626, 7628, 7629, 7625, 7624, 9031	E. coli
c.			
d.			
e.			
f.			
g.			
h.			
i.			

j.			
k.			
l.			
m.			

PART D: MATERIALS TO BE SUBMITTED WITH THIS NOI LETTER

► In addition to the information in Parts A, B, and C, an MS4 operator must provide the following.

(Check when completed, or check "NA" if an item is not applicable. For the first of the numbered items below, the requirement must be met and "not applicable" is not provided as an option.):

X	NA	ITEM
1) <input checked="" type="checkbox"/>	----	A copy of the Storm Water Quality Management Plan – Part A: Initial Application Certification Submittal and Checklist .
2) <input checked="" type="checkbox"/>	----	Proof of publication in a newspaper of largest circulation in the affected area ¹ .
3) <input type="checkbox"/>	<input checked="" type="checkbox"/>	Certification that appropriate legally-binding agreements or contracts between MS4 entities have been obtained (see APPENDIX A).

PART E: APPLICATION FEE

- Upon submission of this NOI letter, the MS4 Operator shall pay a fee in the amount of fifty dollars (\$50). Make all checks and money orders payable to "IDEM".
- Pursuant to 327 IAC 15, the fee is **NOT**:
 - Transferable from one (1) MS4 operator to another;
 - Transferable from one (1) person to another;
 - Transferable to any other type of permit issued by IDEM; or
 - Refundable.

Unless requested by the MS4 operator and approved by IDEM within three (3) days of submittal to IDEM or prior to the NOI letter processing by IDEM, whichever is earlier.

PART F: CERTIFICATION AND SIGNATURE

- Allow a minimum of four (4) weeks for processing the NOI letter information and receipt of your Notice of Sufficiency.
- Make sure you have completed all appropriate sections of this NOI letter and have included all required addenda. Sign and date the NOI letter and return it to the address shown on page one (1) of this NOI letter. Incomplete or incorrect NOI letters may result in a delay in processing and issuance of your Notice of Sufficiency.
- All information requested in this NOI letter is **MANDATORY** for the administration and processing of your permit pursuant to 327 IAC 15-13. All data received will be regarded as a public record subject to disclosure in accordance with IC 5-14-3 and 327 IAC 12.1.

► The Operator listed in "Part A: GENERAL INFORMATION FOR MS4 OPERATOR" must sign the following certification statement:

"By signing this NOI letter, I hereby 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."

Type or print Operator Name:

Marsha Abell

Signature of Operator:

Marsha Abell

Date:

10/22/13
(mm/dd/year)

¹ The notice must be published one (1) time in at least one (1) newspaper of general circulation in each of the counties comprising the MS4 area represented by the entities seeking coverage under this NOI letter submittal. The publication of notice must, at a minimum, include the language specified in 327 IAC 15-13-6(a)(4).

APPENDIX A: LEGALLY-BINDING AGREEMENT/CONTRACT CERTIFICATION FOR IMPLEMENTATION OF A SWQMP

On _____ (date),

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |

(List entity names above)

Entered into an agreement or contract to satisfy the implementation requirements in Parts B and C of the Storm Water Quality Management Plan (SWQMP).

As stated in the agreement or contract, entities agree to the following responsibilities

Please check the boxes corresponding with responsibilities, or portions thereof, of each entity (entity numbers correspond to entity name numbers listed above) entering into this agreement in the table below:

RESPONSIBILITY	ENTITY											
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
a. Public Education and Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Public Involvement and Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Illicit Discharge Detection and Elimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Construction Site Storm Water Run-off Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Postconstruction Storm Water Management in New Development and Redevelopment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pollution Prevention and Good Housekeeping for Municipal Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Baseline Characterization and On-Going Monitoring Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify:												

If any entity(s) is agreeing to accomplish only a portion of an aforementioned responsibility in the table, please elaborate below on the exact responsibility portion (e.g. entity 1 is responsible for storm drain marking in the MS4 area, entity 2 is responsible for conducting behavioral phone surveys for item (a) in the table). Attach separate sheets as needed.

The following statement and the accompanying signatures serve as the required certification that an agreement or contract has been developed and agreed upon per the requirements of 327 IAC 15-13.

"By signing this certification, I hereby certify under penalty of law that this document and all attachments are, to the best of my knowledge, 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."

Entity	Authorized Signature	Date	Entity	Authorized Signature	Date
1.	_____	_____	2.	_____	_____
3.	_____	_____	4.	_____	_____
5.	_____	_____	6.	_____	_____
7.	_____	_____	8.	_____	_____
9.	_____	_____	10.	_____	_____
11.	_____	_____	12.	_____	_____