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: Jon Costas

2. Operator Title: Mayor

3. Represented Entity[1]: City of Valparaiso

4. Mailing Address
Address: 166 W. Lincolnway

☒City ☐Town	**Of:** Valparaiso	Zip: 46383	County: Porter

5. Phone Number: (219) 462-1161

6. Facsimile Number (if applicable): (219) 464-4273

7. E-mail Address (if applicable): mayorcostas@valpo.us

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?

☐**Yes*** ☒**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: Mingyan Zhou

10. Contact Person Title: Deputy Engineer

11. Represented Entity[1]: City of Valparaiso

12. Mailing Address
Address: 166 W. Lincolnway

☒City ☐Town	**Of:** Valparaiso	Zip: 46383	County: Porter

13. Phone Number: (219) 462-1161

14. Facsimile Number (if applicable): (219) 464-4273

15. E-mail Address (if applicable): mzhou@valpo.us

[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.

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.	City of Valparaiso	Sager's Run	SR1, SR2
b.		Salt Creek	SC1 - SC24
c.		Beauty Creek	BC1 - BC10
d.		Pepper Creek	Outfalls are all private
e.		Flint Lake Garden Terrace Drain	FLGTD1 - FLGTD7
f.		Cain Ditch	No outfalls
g.			
h.			
i.	Valparaiso University		No outfalls discharge directly to identified receiving waters
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: Richard Hudson (Porter County) and Robert Minarich (VLACD)

19. Responsible Individual Title: MS4 Coordinator (Richard Hudson)/General Manager (Robert Minarich)

20. Responsible MS4 Entity (e.g. municipality): Porter County/Valparaiso Lakes Area Conservancy District (VLACD)

21. Phone Number: (219) 510-6050/(219) 464-3770

22. Initial Receiving Water(s): Salt Creek, Pepper Creek, Beauty Creek, Cain Ditch (Porter County) /Flint Lake Garden Terrace Drain (VLACD)

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.	Salt Creek	SC1 - SC24	Impaired Biotic Communities
b.	Beauty Creek	BC1 - BC10	Impaired Biotic Communities
c.	Sager's Run	SR1 and SR2	Impaired Biotic Communities
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) ☒	----	A copy of the **Storm Water Quality Management Plan – Part A: Initial Application Certification Submittal and Checklist**.
2) ☒	----	Proof of publication in a newspaper of largest circulation in the affected area[1].
3) ☒	☐	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.

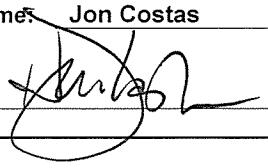
PART F: CERTIFICATION AND SIGNATURE

- 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: Jon Costas

Signature of Operator: 

Date: 07/27/2018
(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 7/27/2018 *(date)*,

1. City of Valparaiso	2. Valparaiso University
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	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Public Involvement and Participation	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Illicit Discharge Detection and Elimination	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Construction Site Storm Water Run-off Control	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. Postconstruction Storm Water Management in New Development and Redevelopment	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
f. Pollution Prevention and Good Housekeeping for Municipal Operations	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
g. Baseline Characterization and On-Going Monitoring Plan	☒	☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
h. Other:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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.

Entity 2 is responsible for items (a) - (f) in the table within the University MS4 area.
Entity 2 is responsible for annual biological monitoring of the receiving waters for item (g) in the table.

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.	[signature]	7/27/2018	2.	Susan M Schwegjan	7/26/2018
3.			4.		
5.			6.		
7.			8.		
9.			10.		
11.			12.		