



**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 checked="" type="checkbox"/>	<input 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: Matthew J. Kras NPDES Permit #: INR040 073  
(typed or printed)

Signature of Qualified Professional: \_\_\_\_\_ Date: 9-29-08  
(mm/dd/year)

Name of MS4 Operator: Matthew J. Kras  
(typed or printed)

Signature of MS4 Operator: \_\_\_\_\_ Date: 9-29-08  
(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.	City of Valparaiso	Matthew J. Kras	Stormwater Engineer__	Street address: _166 Lincolnway <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _Valparaiso_____ Zip: <u>46383</u> County: <u>Porter</u>	219-462-1161 ext. 316	219-464-4273	mkras@valpo.us_____
2.	Valparaiso University	Fred Plant_____	Physical PLant Manager_____	Street address: _610 Don Hovey Drive_____ <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _Valparaiso_____ Zip: <u>46383</u> County: <u>Porter</u>	219-464-5132_____	_219-464-6721_____	_____
3.	Northwestern Indiana Regional Planning Commission (NIRPC)_____	Kathy Luther_____	Director of Environmental Programs_____	Street address: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _Portage_____ Zip: <u>46368</u> County: <u>Porter</u>	_(219) 763-6060_____	_(219) 762-1653_____	_____
4.	_____	_____	_____	Street address: _____ <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____	_____	_____	_____
5.	_____	_____	_____	Street address: _____ <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____	_____	_____	_____
6.	_____	_____	_____	Street address: _____ <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____	_____	_____	_____
7.	_____	_____	_____	Street address: _____ <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____	_____	_____	_____

**TABLE 2: SCHEDULE OF ACTIVITIES**

	Milestone Date	Activity Name
1.	September 30, 2008 _____	Notice of Intent (NOI) and Storm Water Quality Management Plan (SWQMP) - Part A: Initial Application Certification Submittal and Checklist - Completed and Submitted _____
2.	2008-2013	Continue agreement with NIRPC for Public Education and Outreach, and Public Participation/ Involvement for City of Valparaiso and Valparaiso University_
3.	2008-2013	Valparaiso University to continue biomonitoring of City's receiving waters
4.	Biennial 2010, 2012	Annual Report on SWQMP due Oct. 15, 2010, 2012_(Reporting period ends June 30 <sup>th</sup> 2010, 2012)_
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

**TABLE 3: PROPOSED BUDGET**

**↑ ENTITY:** City of Valparaiso/Valparaiso University

<b>Control Measure/Item</b>		<b>Proposed Budget</b>
<b>1.</b>	Public Education and Outreach	<b>\$5,000.00</b> _____
<b>2.</b>	Public Participation/Involvement	<b>\$5,000.00</b> _____
<b>3.</b>	Illicit Discharge Detection and Elimination	<b>\$5,000.00</b> _____
<b>4.</b>	Construction Site Run-Off Control	<b>\$10,000.00</b> _____
<b>5.</b>	Postconstruction Run-Off Control	<b>\$10,000.00</b> _____
<b>6.</b>	Municipal Operations Pollution Prevention and Good Housekeeping	<b>\$15,000.00</b> _____
<b>7.</b>	On-Going Water Quality Characterization	<b>\$5,000.00</b> _____
<b>8.</b>	Other	<b>\$5,000.00</b> _____
<b>9.</b>	Funding Source(s)	<b>Stormwater Utility Fee - (User Fees)</b> _____