



**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: Tim Burkman
(typed or printed)

NPDES INR040
Permit #: 073

Signature of Qualified Professional: _____

Date: 10/29/2013
(mm/dd/year)

Name of MS4 Operator: Mingyan Zhou
(typed or printed)

Signature of MS4 Operator: _____

Date: 10/24/2013
(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	Tim Burkman	City Engineer	Street address: 166 W. Lincolnway <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: Valparaiso Zip: 46383 County: Porter	219-462-1161	219-464-4273	tburkman@valpo.us
2.	City of Valparaiso	Mingyan Zhou	MS4 Operator	Street address: 166 W. Lincolnway <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: Valparaiso Zip: 46383 County: Porter	219-462-1161	219-464-4273	mzhou@valpo.us
3.	Valparaiso University	Fred Plant	Executive Director of Planning, Projects, and Environmental Sustainability	Street address: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: Valparaiso Zip: 46383 County: Porter	219-464-5436	_____	fred.plant@valpo.edu
4.	Valparaiso University	Ron Brindley	Associate Director, Capital Planning, Projects and Environmental Sustainability	Street address: 610 Don Hovey Drive <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: Valparaiso Zip: 46383 County: Porter	219-464-5437	_____	ron.brindley@valpo.edu
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.	11/2/2013	Submit Renewal NOI and Part A
2.	12/31/2015	Submit Annual Report
3.	12/31/2017	Submit Annual Report
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

TABLE 3: PROPOSED BUDGET

↑ ENTITY: City of Valparaiso/Valparaiso University

Control Measure/Item		Proposed Budget
1.	Public Education and Outreach	\$13,000.00
2.	Public Participation/Involvement	\$15,000.00
3.	Illicit Discharge Detection and Elimination	\$1,000.00
4.	Construction Site Run-Off Control	\$1,500.00
5.	Postconstruction Run-Off Control	\$20,000.00
6.	Municipal Operations Pollution Prevention and Good Housekeeping	\$36,121.94
7.	On-Going Water Quality Characterization	Valparaiso University and Valparaiso City Utilities
8.	Other	Salary and Befefits of MS4 Operator and other expenditures on MS4 Program: \$59,321.80.
9.	Funding Source(s)	Stormwater utility fees and interest. About 3.84% will be used at stormwater quality management. Note: The above proposed budget was based on the 2014 stormwater budget. The budgeted expenditures by other City of Valparaiso departments on projects and programs which benefit stormwater quality as well were not included in the above budget.