



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: Thomas M. Schubert P.E. NPDES Permit #: INR040 072
 (typed or printed)

Signature of Qualified Professional: *Thomas Schubert* Date: _____
 (mm/dd/year)

Name of MS4 Operator: Duane Hammel
 (typed or printed)

Signature of MS4 Operator: *Duane Hammel* Date: _____
 (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. Town Of Ingalls	Duane Hammel	_Operator_____	Street address: P.O. Box 277 <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Of: Ingalls _____ Zip: 46048 _____ County: Madison Street address: _____	(317)485-4321	(317) 485-5293	_____
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

1. Submittal of the Notice of Intent (NOI) and Part A Renewal

2. Final Survey

3. Submittal of First Annual Report

4. Submittal of Second Annual Report

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Milestone Date

October 2008

February 2009

October 2010

October 2012

TABLE 3: PROPOSED BUDGET

⇒ ENTITY: Town of Ingalls

Control Measure/Item	Proposed Budget
1. Public Education and Outreach	\$700
2. Public Participation/Involvement	\$700
3. Illicit Discharge Detection and Elimination	Incorporated into existing utility budget
4. Construction Site Run-Off Control	Incorporated into existing utility budget
5. Postconstruction Run-Off Control	Incorporated into existing utility budget
6. Municipal Operations Pollution Prevention and Good Housekeeping	Incorporated into existing utility budget
7. On-Going Water Quality Characterization	\$500
8. Other	_____
9. Funding Source(s)	Storm Water Fee, Existing Utility Budget