



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.

COPY

PART A: STORM WATER QUALITY MANAGEMENT PLAN CHECKLIST

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

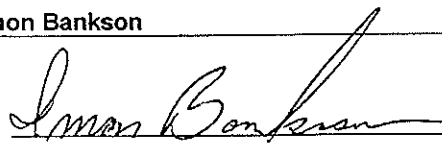
| X | NA | ITEM |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | | 1. On page 2 of this form (TABLE 1: RESPONSIBLE ENTITY), provide a listing of entities that are covered under the attached NOI letter submittal. Duplicate the table if more 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

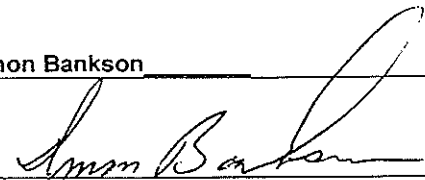
► The Qualified Professional and MS4 Operator (referenced in PART A, Item #8 of this form) must sign the following certification statement and provide the pertinent NPDES permit number:

"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: Imon Bankson
(typed or printed)

Signature of Qualified Professional:  Date: 11-18-2008
(mm/dd/year)

Name of MS4 Operator: Imon Bankson
(typed or printed)

Signature of MS4 Operator:  Date: 11-18-2008
(mm/dd/year)

NPDES Permit #: INR040014

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 Pendleton | Don Henderson | Council President | Street address: P.O Box 358 <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Of: Pendleton Zip: 46064 County: Madison | 765-778-2173 | | |
| 2. | | | | Street address: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____ | | | |
| 3. | | | | Street address: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____ | | | |
| 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. | November 2008 _____ | Submittal of NOI and part A _____ |
| 2. | October 2010 _____ | _Submittal of annual report _____ |
| 3. | October 2012 _____ | _Submittal of annual report _____ |
| 4. | Through Out _____ | Completion of any items not under the first permit term _____ |
| 5. | Through Out _____ | _Revise SWQMP as required _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |

TABLE 3: PROPOSED BUDGET

↑ ENTITY: _____

| Control Measure/Item | Proposed Budget |
|--|---|
| 1. Public Education and Outreach | _\$5,000_ |
| 2. Public Participation/Involvement | \$5,000 |
| 3. Illicit Discharge Detection and Elimination | _\$40,000_ |
| 4. Construction Site Run-Off Control | _\$25,000_ |
| 5. Postconstruction Run-Off Control | _\$40,000_ |
| 6. Municipal Operations Pollution Prevention and Good Housekeeping | _\$30,000_ |
| 7. On-Going Water Quality Characterization | _@20,000_ |
| 8. Other | _NA/TBD_ |
| 9. Funding Source(s) | _General Funds, Local Road & Street Fund, Motor Vehicle & Highway Fund. All construction activities related to storm water drainage improvements and MS4 requirements will be funded by Indiana Department of Commerce Community Focus Fund and Indiana Department Of Environmental Management's State Revolving Fund non-point source pollution program. |