



**RULE 13 STORM WATER QUALITY
MANAGEMENT PLAN (SWQMP) -
PART A: INITIAL APPLICATION CERTIFICATION
SUBMITTAL AND CHECKLIST**

State Form 51277 (R2 / 11-03)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

For questions regarding this form, contact:
IDEM – Rule 13 Coordinator
100 North Senate Avenue, Rm 1255
P.O. Box 6015
Indianapolis, IN 46206-6015
Phone: (317) 234-1601 or
(800) 451-6027, ext. 41601 (within Indiana)
Web Access:
<http://www.in.gov/idem/water/npdes/permits/wetwthr/storm/rule13.html>

- 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"/>	<input type="checkbox"/>	3. At a minimum, the schedule complies with the compliance schedule found in 327 IAC 15-13-11.
<input type="checkbox"/>	<input checked="" 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: Ken Smith NPDES Permit #: INR040 IN0022560
(typed or printed)

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

Name of MS4 Operator: Chris Walters
(typed or printed)

Signature of MS4 Operator: _____ 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 Chesterfield	Jack Taylor	Council President	Street address: 17 Veterans Blvd	(765) 378 3331	(765) 378 4590	N/A
				<input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village			
				Of: Chesterfield Zip: 46017 County: Madison			
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.	January 12, 2004	Submit NOI letter and SWQMP, PART A
2.	December 2003- February 2004	Investigate land uses only, identify sensitive areas and BMP's begin gathering coordinates for known outfalls and mapping conveyance system, begin constituent surveys, begin drafting ordinances for control measures, set up complaint hotline, develop screening protocols create a funding source
3.	March - April 2004	Identify problem areas, submit SWQMP -Part B
4.	May - October 2004	Estimate linear feet of conveyance, develop storm water budget projection, begin screening outfalls, continue mapping conveyance system and revising ordinances, identify programmatic indicators, set criteria/standards for structural BMP's, set measurable goals for the program, certify that control measures 1,2,3,4, and 6 are in place, submit SWQMP - Part C
5.	November - December 2004	Obtain approval for construction program from state, begin tracking programmatic indicator data, begin compliance and enforcement of ordinances
6.	January - October 2005	Implement program, complete ordinance for post construction requirements, certify that control measure 5 is place, submit first annual report
7.	October 2006	Submit second annual report
8.	October 2007	Submit third annual report
9.	September 2008	Submit renewal NOI letter and
10.	October 2008	Submit fourth annual report

TABLE 3: PROPOSED BUDGET

Town of Chesterfield, Indiana

↑ ENTITY:

Control Measure/Item		Proposed Budget
1.	Public Education and Outreach	\$2,500 Educational materials, copies and postage \$5,000 staff training
2.	Public Participation/Involvement	\$1,000 Staff for public meetings and coordinate local volunteer and town staff
3.	Illicit Discharge Detection and Elimination	\$10,000 Municipal Employee field work \$15,000 Mapping (Consultant and or staff)
4.	Construction Site Run-Off Control	\$10,000 Staff, field/office and inspections
5.	Post Construction Run-Off Control	\$10,000 Staff field/office and inspection
6.	Municipal Operations Pollution Prevention and Good Housekeeping	\$5,000 Pollution prevention
7.	On-Going Water Quality Characterization	\$25,000 characterization
8.	Other	\$25,000 Engineering Fees, \$10,000 Legal Fees \$10,000 Financial Advisor
9.	Funding Source(s)	The Town will set up a storm water utility and assess properties a monthly fee, and the town has on hand local funds available for the project it can earmark. The Town can apply for planning grants from the Indiana Department of Commerce to pay for initial costs to set up the utility.