



RULE 13 NOTICE OF INTENT (NOI) LETTER

State Form 51270 (R4 / 4-08)
Form Approved by State Board of Accounts, 2003
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 to apply for a general NPDES permit pursuant to 327 IAC 15-13.
 - Please type or print in ink.
 - This completed form must be submitted with the **Rule 13 Storm Water Quality Management Plan (SWQMP) - Part A: Initial Application Certification Submittal and Checklist**, and proof of publication.
 - Return this form, required addenda, and payment by mail to the IDEM Rule 13 Coordinator at the address listed in the box on the upper-right.

APPLICABILITY	
Permit coverage under 327 IAC 15-13 applies to all entities that:	
1. are not required to obtain an individual NPDES permit under 327 IAC 15-2-9(b);	
2. meet the general permit rule applicability requirements under 327 IAC 15-2-3;	
3. do not have coverage under an individual MS4 permit; and	
4. operate, maintain, or otherwise have responsibility for an MS4 conveyance within a designated MS4 area.	

APPLICATION TYPE (check one)
<input type="checkbox"/> Initial NOI letter
<input checked="" type="checkbox"/> Renewal NOI letter

PART A: GENERAL INFORMATION FOR MS4 OPERATOR			
1. Operator Name:	BOB PHARAZYN		
2. Operator Title:	DIRECTOR OF OPERATIONS		
3. Represented Entity ¹ :	TOWN OF ST. JOHN		
4. Mailing Address	Address: 10955 W. 93 rd . AVE.		
<input type="checkbox"/> City <input checked="" type="checkbox"/> Town	Of: ST. JOHN	Zip: 46373	County: LAKE
5. Phone Number:	(219)365-4655		
6. Facsimile Number (if applicable):	(219)365-6231		
7. E-mail Address (if applicable):	rpharazyn.pw@stjohnin.com		

PART B: GENERAL INFORMATION FOR PRIMARY CONTACT PERSON FOR THE MS4 AREA			
8. Is the primary contact person for the MS4 area the same as the operator listed in Part A?			
<input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No** * If yes, omit items #9-15 below and skip to Part C. ** If no, fill out items #9-15 below.			
9. Contact Person Name:			
10. Contact Person Title:			
11. Represented Entity ¹ :			
12. Mailing Address	Address:		
<input type="checkbox"/> City <input type="checkbox"/> Town	Of:	Zip:	County:
13. Phone Number:			
14. Facsimile Number (if applicable):			
15. E-mail Address (if applicable):			

IDEM - AR PAID

NOV 10 10 08

¹ The "Represented Entity" is the name of the facility and/or organization that you are representing for purposes of this application. This can be a business, municipality, university, etc.
PF Reason = NOI13

112040047

PART C: GENERAL INFORMATION FOR MS4 ENTITIES

16. Receiving Water: List all separate storm water outfall receiving waters for all entities seeking coverage under this NOI submittal and corresponding outfall designations. Attach separate sheets as necessary. If all receiving waters and outfalls are not known at the time of the NOI letter submittal, state known ones and provide the information in the corresponding annual report.

	Entity	Receiving Water	Outfall(s)
a.	ST. JOHN	WEST CREEK - BULL RUN	SEE ATTACHED SHEET
b.	ST. JOHN	MAIN BEAVER DAM DITCH - HEADWATERS	SEE ATTACHED SHEET
c.	ST. JOHN	HART DITCH (PLUM CREEK) - DYER DITCH	SEE ATTACHED SHEET
d.	ST. JOHN	TURKEY CREEK - HEADWATERS (LAKE)	SEE ATTACHED SHEET
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			
n.			
o.			
p.			

17. Do any outfalls discharge to another MS4 conveyance? (These conveyances may either be regulated or non-regulated under Rule 13.) If yes, provide the name of the responsible individual for the storm sewer and provide the name of the initial receiving water.

Yes* No** * If yes, fill in items #18-22 below.
** If no, omit items #18-22, and advance to item #23 below.

18. Responsible Individual Name: CHRIS BROWN

19. Responsible Individual Title: ASSISTANT DRAINAGE ADMINISTRATOR

20. Responsible MS4 Entity
(e.g. municipality): LAKE COUNTY MS4

21. Phone Number: (219)755-3745

22. Initial Receiving Water(s): ST. JOHN DITCH, BULL RUN

23. Has a TMDL study been completed on any of the receiving water(s)? (To determine if a TMDL study has been completed, you may contact IDEM's TMDL program area by phone at 1-317-308-3173.) If yes, note which outfall(s) is subject to effluent limitations and identify the impairment parameter(s) in the table provided below. (attach separate sheets as necessary)

Yes* No** * If yes, fill in items a.-m. below.
** If no, omit items a.-m. and advance to Part D.

	Receiving Water	Outfall(s)	Parameter(s)
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			

PART D: MATERIALS TO BE SUBMITTED WITH THIS NOI LETTER

► In addition to the information in Parts A ,B, and C, an MS4 operator must provide the following.

(Check when completed, or check "NA" if an item is not applicable. For the first of the numbered items below, the requirement must be met and "not applicable" is not provided as an option.):

X	NA	ITEM
1) <input checked="" type="checkbox"/>	----	A copy of the Storm Water Quality Management Plan – Part A: Initial Application Certification Submittal and Checklist.
2) <input checked="" type="checkbox"/>	----	Proof of publication in a newspaper of largest circulation in the affected area ¹ .
3) <input type="checkbox"/>	<input type="checkbox"/>	Certification that appropriate legally-binding agreements or contracts between MS4 entities have been obtained (see APPENDIX A).

PART E: APPLICATION FEE

- Upon submission of this NOI letter, the MS4 Operator shall pay a fee in the amount of fifty dollars (\$50). Make all checks and money orders payable to "IDEM".
- Pursuant to 327 IAC 15, the fee is **NOT**:
 - Transferable from one (1) MS4 operator to another;
 - Transferable from one (1) person to another;
 - Transferable to any other type of permit issued by IDEM; or
 - Refundable.

Unless requested by the MS4 operator and approved by IDEM within three (3) days of submittal to IDEM or prior to the NOI letter processing by IDEM, whichever is earlier.

PART F: CERTIFICATION AND SIGNATURE

- Allow a minimum of four (4) weeks for processing the NOI letter information and receipt of your Notice of Sufficiency.
- Make sure you have completed all appropriate sections of this NOI letter and have included all required addenda. Sign and date the NOI letter and return it to the address shown on page one (1) of this NOI letter. Incomplete or incorrect NOI letters may result in a delay in processing and issuance of your Notice of Sufficiency.
- All information requested in this NOI letter is MANDATORY for the administration and processing of your permit pursuant to 327 IAC 15-13. All data received will be regarded as a public record subject to disclosure in accordance with IC 5-14-3 and 327 IAC 12.1.

► The Operator listed in "Part A: GENERAL INFORMATION FOR MS4 OPERATOR" must sign the following certification statement:

"By signing this NOI letter, I hereby certify under penalty of law that this document and all attachments were 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."

Type or print Operator Name: BOB PHARAZYN

Signature of Operator: _____

Date: 10/9/08
(mm/dd/year)

¹ The notice must be published one (1) time in at least one (1) newspaper of general circulation in each of the counties comprising the MS4 area represented by the entities seeking coverage under this NOI letter submittal. The publication of notice must, at a minimum, include the language specified in 327 IAC 15-13-6(a)(4).

APPENDIX A: LEGALLY-BINDING AGREEMENT/CONTRACT CERTIFICATION FOR IMPLEMENTATION OF A SWQMP

On 8/19/08 (date),

- | | |
|--|-----------|
| 1. Northwestern Indiana Regional Planning Commission | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |

(List entity names above)

Entered into an agreement or contract to satisfy the implementation requirements in Parts B and C of the Storm Water Quality Management Plan (SWQMP).

As stated in the agreement or contract, entities agree to the following responsibilities

Please check the boxes corresponding with responsibilities, or portions thereof, of each entity (entity numbers correspond to entity name numbers listed above) entering into this agreement in the table below:

RESPONSIBILITY	ENTITY											
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
a. Public Education and Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
b. Public Involvement and Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
c. Illicit Discharge Detection and Elimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Construction Site Storm Water Run-off Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Postconstruction Storm Water Management in New Development and Redevelopment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pollution Prevention and Good Housekeeping for Municipal Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Baseline Characterization and On-Going Monitoring Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify:

If any entity(s) is agreeing to accomplish only a portion of an aforementioned responsibility in the table, please elaborate below on the exact responsibility portion (e.g. entity 1 is responsible for storm drain marking in the MS4 area, entity 2 is responsible for conducting behavioral phone surveys for item (a) in the table). Attach separate sheets as needed.

The following statement and the accompanying signatures serve as the required certification that an agreement or contract has been developed and agreed upon per the requirements of 327 IAC 15-13.

"By signing this certification, I hereby certify under penalty of law that this document and all attachments are, to the best of my knowledge, 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."

Entity	Authorized Signature	Date	Entity	Authorized Signature	Date
1.		8/26/08	2.	_____	_____
3.	_____	_____	4.	_____	_____
5.	_____	_____	6.	_____	_____
7.	_____	_____	8.	_____	_____
9.	_____	_____	10.	_____	_____
11.	_____	_____	12.	_____	_____

Town of St. John
(Governmental Unit)
Lake County, Indiana

To: Northwest Indiana Newspapers
601-45th Avenue, Munster, IN 46321

PUBLISHER'S CLAIM

LINE COUNT

Display Matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of type in which the body of the advertisement is set) -- number of equivalent lines _____

Head -- number of lines _____

Body -- number of lines _____

Tail -- number of lines _____

Total number of lines in notice _____

COMPUTATION OF CHARGES

36 lines 1 columns wide equals 36 equivalent lines at 44.7 cents per line

\$ 16.09

Additional charge for notices containing rule or tabular work

online

(50 percent of above amount)

10.00

Charge for extra proofs of publication (\$1.00 for each proof in excess of two)

\$ 26.09

TOTAL AMOUNT OF CLAIM

20130483

DATA FOR COMPUTING COST

Width of single column 6.4 ems

Number of insertions 2

Size of type 5.5 point

Pursuant to the provisions and penalties of Chapter 155, Acts 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.



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)

IDEM OFFICE OF WATER QUALITY
2008 OCT 10 A 10:42

- 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: PETE FABERBOCK, ROBINSON NPDES Permit #: INR040
(typed or printed) ENGINEERING 047

Signature of Qualified Professional: [Signature] Date: 10/9/08
(mm/dd/year)

Name of MS4 Operator: BOB PHARAZYN

Signature of MS4 Operator: [Signature] Date: 10/9/08
(mm/dd/year)

RCVD OCT 10 2008

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 ST. JOHN _____	BOB PHARAZYN _____	MS4 OPERATOR _____	Street address: 10955 WEST 93 rd . AVE. <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Of: ST. JOHN _____ Zip: 46373 _____ County: LAKE _____	(219)365-4655 _____	(219)365-6231 _____	rpharazyn.pw@stjohnin.com _____
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.	_ON-GOING_____	_Continued Public Education & Outreach Program including 1) General increase in Public Awareness, 2) Increased awareness of existing programs and there benefits to Storm Water Quality._____
2.	_ON-GOING_____	_Continued Public Involvement & Participation Program including 1) Community Clean-up Programs, 2) Continued use of Household Hazardous Waste Program_____
3.	_October 2009_____	_Create a Post Construction Stormwater Runoff Control program including update Zoning Ordinance to encourage open space within development._____
4.	_October 2009_____	_Create an Illicit Discharge Detection & Elimination Program including 1) Ongoing mapping of Stormwater Conveyance System, 2) Discourage Illicit discharges through ordinance, marking, etc._____
5.	_October 2010_____	_On-going development & implementation of a Pollution Prevention/Good housekeeping for Municipal Operations Program including 1) Increase regular street sweeping, 2) Increase storm structure and sewer cleaning._____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

TABLE 3: PROPOSED BUDGET

↑ ENTITY: ST. JOHN MS4 PROGRAM

	Control Measure/Item	Proposed Budget
1.	Public Education and Outreach	NIRPC The Town of St. John is in year four (4) of a four year contract with NIRPC. The fee for these services in year four is \$4,595.50._____
2.	Public Participation/Involvement	NIRPC The Town of St. John held an "Erosion Control Seminar" on Friday May 9, 2008 to inform contractors and developers of the Town's requirements for storm water control. This seminar will be held at least annually._____
3.	Illicit Discharge Detection and Elimination	Ordinance 1432 deals with Storm Water Control, various items, and a schedule of ordinance violations. The Town's code enforcement officer writes the violations. It is hard to determine the exact receipts for these violations since all town violations go into the same General Fund receipt category. In 2008, through September 24, there have been 26 erosion violations written at \$250 each, totaling \$5,500. Of these, 17 (\$4,250.00) have been paid._____
4.	Construction Site Run-Off Control	_____
5.	Postconstruction Run-Off Control	_____
6.	Municipal Operations Pollution Prevention and Good Housekeeping	___AS NEEDED___
7.	On-Going Water Quality Characterization	___AS NEEDED___
8.	Other	_____
9.	Funding Source(s)	The Cumulative Sewer Fund is the basic fund used for all town storm water projects. Only project costs are paid from this fund. No Town salaries are paid from this fund. This fund has a \$750,000 budget for 2008.