



**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: Tom Redar NPDES Permit #: INR040 047  
(typed or printed)

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

Name of MS4 Operator: Mike Forbes  
(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 St John	Mike Forbes	Town Council President	Street address: <b>10955 W 93<sup>rd</sup> Ave</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <b>Of: St John</b> Zip: <b>46373</b> County: <b>Lake</b>	219-365-6465 option 1	_____	_____
2.	Town of St John	Steve Kil	Town Manager	Street address: <b>1099 W 93<sup>rd</sup> Ave</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <b>Of: St John</b> Zip: <b>46373</b> County: <b>Lake</b>	219-365-6465 option 1	_____	stevekil.tm@stjohnin.com
3.	Town of St John	Tom Redar	Building Commissioner	Street address: <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <b>Of: St John</b> Zip: <b>46373</b> County: <b>Lake</b>	219-365-6465 option 5	_____	tredar@stjohnin.com
4.	Town of St John	Jason Dravet	IT Director	Street address: <b>10955 W 93<sup>rd</sup> Ave</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <b>Of: St John</b> Zip: <b>46373</b> County: <b>Lake</b>	219-365-6191	_____	jdravet@stjohnin.com
5.	_____	_____	_____	Street address: _____ <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village <b>Of: _____</b> Zip: _____ County: _____	_____	_____	_____
6.	_____	_____	_____	Street address: _____ <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village <b>Of: _____</b> Zip: _____ County: _____	_____	_____	_____
7.	_____	_____	_____	Street address: _____ <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village <b>Of: _____</b> Zip: _____ County: _____	_____	_____	_____

**TABLE 2: SCHEDULE OF ACTIVITIES**

	<b>Milestone Date</b>	<b>Activity Name</b>
<b>1.</b>	<b>November 5<sup>th</sup>, 2013</b>	<b>Renew Permit</b>
<b>2.</b>	<b>Ongoing</b>	<b>Review Part B &amp; Part C</b>
<b>3.</b>	<b>Ongoing</b>	<b>Review Ordiances and update as necessary</b>
<b>4.</b>	<b>Ongoing</b>	<b>Continue Public Education &amp; Outreach Program</b>
<b>5.</b>	<b>Ongoing</b>	<b>Continue Public Involvement &amp; Participation Program</b>
<b>6.</b>	<b>Ongoing</b>	<b>Maintain Pollution Prevention/Good Housekeeping for Municipal Operations</b>
<b>7.</b>	_____	_____
<b>8.</b>	_____	_____
<b>9.</b>	_____	_____
<b>10.</b>	_____	_____

**TABLE 3: PROPOSED BUDGET**

**↑ ENTITY:**

Control Measure/Item		Proposed Budget
1.	Public Education and Outreach	<b>\$4,848 to NIRPC for yearly service. \$4,000 for printouts, coloring books, handouts, activity guides, and other giveaways</b>
2.	Public Participation/Involvement	<b>A part of the NIRPC contract includes 4 seminars each year targeting the public and contractors</b>
3.	Illicit Discharge Detection and Elimination	_____
4.	Construction Site Run-Off Control	<b>Part of Building Permit Fees</b>
5.	Postconstruction Run-Off Control	_____
6.	Municipal Operations Pollution Prevention and Good Housekeeping	<b>As needed</b>
7.	On-Going Water Quality Characterization	<b>As needed</b>
8.	Other	_____
9.	Funding Source(s)	<b>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.</b>