



**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
x		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.
x		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.
x		3. At a minimum, the schedule complies with the compliance schedule found in 327 IAC 15-13-11.
<input type="checkbox"/>	x	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"/>	x	5. For NOI letter submittals covering multiple entities, the budget allocation is separated by each entity covered under this NOI letter submittal.
<input type="checkbox"/>	x	6. The budget identifies funding sources.
x		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.
x		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: Jennifer G. Hughes NPDES Permit #: INR040
(typed or printed) 009

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

Name of MS4 Operator: Bruce E. Keller

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.	Hidden Valley Lake Property Owners Association	Bruce E. Keller _____	Community Manager	Street address: 19303 Schmarr Drive _____ <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: Hidden Valley Lake (Private Community) _____ Zip: _____ County: _____	812-537-3091 ext 4 _____	812-537-1521 _____ _____	Brucekeller1@comcast.net
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.	March 2009 _____	Stream Testing. In March of 2008 our MS4 monitor, Jennifer Hughes secured grant funding to test 12 sites at Hidden Valley Lake. The testing cycle, which is 12 months long will be completed in March of 2009 and will enable us to determine adjustments necessary to comply with MS4, Rule 13 requirements. _____
2.	October 2010	Annual Report
3.	October 2012	Annual Report
4.	2013-2014	Stream Testing. To repeat testing done in 2008-2009.
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

TABLE 3: PROPOSED BUDGET

↑ ENTITY: Hidden Valley Lake

Control Measure/Item		Proposed Budget
1.	Public Education and Outreach	0
2.	Public Participation/Involvement	0
3.	Illicit Discharge Detection and Elimination	0
4.	Construction Site Run-Off Control	0
5.	Postconstruction Run-Off Control	0
6.	Municipal Operations Pollution Prevention and Good Housekeeping	0
7.	On-Going Water Quality Characterization	Funding to be found in 2013 through grant sources to retest the original 12 sites tested in 2008-2009.
8.	Other	Stormwater Coordinator – ~\$34,000
9.	Funding Source(s)	Dearborn County Government, Dearborn County Community Foundation.