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
☒		**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.
☒		**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.
☒		**3.** At a minimum, the schedule complies with the compliance schedule found in 327 IAC 15-13-11.
☒	☐	**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.
☐	☒	**5.** For NOI letter submittals covering multiple entities, the budget allocation is separated by each entity covered under this NOI letter submittal.
☒	☐	**6.** The budget identifies funding sources.
☒		**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.
☒		**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: Gavin Merriman, MS, CMS4S, CESSWI
(typed or printed)

NPDES Permit #: INR040__035

Signature of Qualified Professional: Gavin Merriman

Date: 10/14/13
(mm/dd/year)

Name of MS4 Operator: Jeff Papa
(typed or printed)

Signature of MS4 Operator: Jeff Papa

Date: 10/14/13
(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 Zionsville	Jeff Papa	Town Council President	Street address: 1100 W. Oak Street ☐City ☒Town ☐Village Of: Zionsville Zip: 46077 County: Boone	317-873-5130	317-873-8021	jpapa@zionsville-in.gov
2.				Street address: ☐City ☐Town ☐Village Of: Zip: County:			
3.				Street address: ☐City ☐Town ☐Village Of: Zip: County:			
4.			_____	Street address: ☐City ☐Town ☐Village Of: Zip: County:			
5.	_____	_____	_____	Street address: _____ ☐City ☐Town ☐Village Of: _____ Zip: _____ County: _____	_____	_____	_____
6.	_____	_____	_____	Street address: _____ ☐City ☐Town ☐Village Of: _____ Zip: _____ County: _____	_____	_____	_____
7.	_____	_____	_____	Street address: ☐City ☐Town ☐Village Of: Zip: _____ County: _____	_____	_____	_____

TABLE 2: SCHEDULE OF ACTIVITIES		
	Milestone Date	**Activity Name**
1.	**November 1, 2013**	**Submit renewal NOI and SWQMP Part A**
2.	**April 30, 2014**	**Submit updated SWQMP Part B**
3.	**November 1, 2014**	**Submit updated SWQMP Part C**
4.	**On-going**	**Implement all Part C Identified BMP Actvities for all 6 Minimum Control Measures**
5.	**November 1, 2015**	**Submit Annual Report**
6.	**November 1, 2017**	**Submit Annual Report**
7.	**September 30, 2018**	**Submit Rule 13 Permit Renewal Package**
8.	**2013-2014**	**Until the time that the updated SWQMP Part C is reviewed and revised as necessary, the Town of Zionsville will continue to operate its program as outlined within the existing SWQMP Part C (October 2010)**
9.	_____	_____
10.	_____	_____

TABLE 3: PROPOSED BUDGET

ENTITY: Town of Zionsville

	Control Measure/Item	Proposed Budget
1.	Public Education and Outreach	_____
2.	Public Participation/Involvement	_____
3.	Illicit Discharge Detection and Elimination	_____
4.	Construction Site Run-Off Control	_____
5.	Postconstruction Run-Off Control	_____
6.	Municipal Operations Pollution Prevention and Good Housekeeping	_____
7.	On-Going Water Quality Characterization	_____
8.	Other	_____
9.	Funding Source(s)	**The overall estimated budget for the Zionsville Stormwater Program is $80,000 annually which is subject to change per the town's annual budgeting process. The program is funded through the Motor Vehicle Highway Fund.**