MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) NOTICE OF INTENT (NOI)

State Form 51270 (R5 / 3-22)
Form Approved by State Board of Accounts, 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NOTE:
- This form must be used to apply for a general NPDES permit to obtain permit coverage under the MS4 General Permit MS4 GP - (INR040000)
- Please type or print in ink.
- Return this form, required addenda, and payment by mail to the IDEM Stormwater Program at the address listed below.

IDEM, Stormwater Program
100 North Senate Avenue
IGCN Rm 1255
Indianapolis, IN 46204-2251

For questions regarding this form, contact:

Phone: (317) 234-1601 or
(800) 451-6027, ext. 41601 (within Indiana)

Stormwater Program Email: Stormwat@idem.IN.gov

Web Access:
http://www.in.gov/idem (Search for Stormwater)

MS4 General Permit (MS4GP) may be obtained at:
https://www.in.gov/idem/stormwater/municipal-separate-storm-sewer-systems-ms4/

APPLICABILITY

Permit coverage under the MS4 General Permit 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)

☐ Initial NOI

☑ Renewal NOI
- NPDES Number: INR040035

☐ Amended NOI
- NPDES Number:

Part A: GENERAL INFORMATION FOR PRIMARY MS4 OPERATOR

(1) MS4 Name (Primary): Town of Zionsville County: Boone

(2) Operator Name (Individual): First: Emily Last: Styron

(3) Operator Title: Mayor

(4) Mailing Address and Contact Information:

Address 1: 1100 W Oak St.
Address 2: City: Zionsville State: Indiana Zip: 46077
Phone: 317-873-1588 Cell Phone: Email: estyron@zionsville-in.gov

Part B: MS4 COORDINATOR *(MS4 Listed in Part A)*

(1) Is the MS4 Coordinator the same person as the MS4 Operator listed in Part A?
☐ Yes (*Do not complete items 2 through 5*) ☑ No (*Complete Items 2 through 5*)

(2) Name of MS4 or Name of Company: Town of Zionsville

(3) Contact Name (Individual): First: Michael Last: Susong

(4) Contact Title: Stormwater Management Division Supervisor - MS4 Coordinator

(5) Mailing Address and Contact Information:

Address 1: 1100 West Oak Street
Address 2: City: Zionsville State: Indiana Zip: 46077
Phone: 317-873-4544 Cell Phone: 317-800-9409 Email: msusong@zionsville-in.gov

PART C: OTHER CONTACTS

Application Preparer:
(Complete Items (1) and (2) below and only complete Item (3) if different than the information listed in Part A or Part B)

(1) Contact Name (Individual): First Name: Heather Last Name: Buck

(2) MS4 or Company Name: Christopher B. Burke Engineering LLC

(3) Mailing Address and Contact Information:
Address 1: 115 W. Washington St.
Address 2: City: Indianapolis State: IN Zip: 46204
Phone: 317-266-8000 Cell Phone: 317-670-3713 Email: hbuck@cbbel-in.com

Consultant:

☐ Not Applicable

■ The MS4 has retained a consultant to assist with the program
(Complete Items (1) through (3) if different than the information listed for the Application Preparer)

(1) Contact Name: (Individual): First Name: Last Name:

(2) Company Name:

(3) Mailing Address and Contact Information:
Address 1:
Address 2: City: State: State Abbreviation: Zip:
Phone: Cell Phone: Email:

PART D: MS4 GENERAL INFORMATION *(Primary Permittee Only (Co-permittees will provide in Appendix A))*

(1) Primary Receiving Water: Eagle Creek

(2) Coverage Area (Acres): 10,500 acres

(3) Population: 30,603 (April 2020 US Census)

(4) Funding Sources: General funds

(5) Stormwater Fees:
■ Not Applicable
☐ Yes, the fees are based on or calculated on (*provide a brief description*):

(6) Administration of the Minimum Control Measures:

Minimum Control Measure	Primary MS4 will Administer	Another MS4 (List Entity) will Administer	A Third Party (List Entity) will Administer	Legally Binding Agreement
Public Education	■ Yes ☐ No			☐ Yes ☐ No
Public Involvement	■ Yes ☐ No			☐ Yes ☐ No
Illicit Discharge	■ Yes ☐ No			☐ Yes ☐ No
Construction	■ Yes ☐ No			☐ Yes ☐ No
Post-construction	■ Yes ☐ No			☐ Yes ☐ No
Good Housekeeping	■ Yes ☐ No			☐ Yes ☐ No

PART E: MS4 CO-PERMITTEE INFORMATION

(1) Is the MS4 listed as Primary applying for permit coverage that will include co-permittees?

☐ Yes (*List the MS4 entities below*) ■ No (*Proceed to Part F*)

(a) (f)

(b) (g)

(c) (h)

(d) (i)

(e) (j)

Part F: GENERAL DISCHARGE INFORMATION FOR MS4 ENTITIES

(1) **Hydrologic Unit Codes (12 Digit) associated with the MS4 area including those associated with co-permittees.** (*Attach separate sheets as necessary.*)

Hydrologic Unit Code (12 Digit)	Name of MS4 or MS4s
(a) 051202011005	Delaware Creek-Crooked Creek
(b) 051202011106	Fishback Creek
(c) 051202011107	Irishman Run-Eagle Creek
(d) 051202011105	Jackson Run-Eagle Creek
(e) 051202011104	Lion Creek-Little Eagle Creek
(f) 051202011302	Wiley Thompson Ditch-White Lick Creek
(g)	
(h)	

(2) **Primary Hydrologic Unit Code selected from the list above:**

(3) **Receiving Waters:** List all separate stormwater system outfall receiving waters. The receiving waters must represent all entities seeking coverage under this NOI. (*Attach separate sheets as necessary.*)

	Receiving Water	Approved TMDL (*Name the TMDL*)	Identify if the Water is on the current 303d (*List Impairments Below*)
(a)	Cox Creek	NA	E. coli, PCBs in Fish Tissue, Fish Consumption, Recreational Use
(b)	Cross Branch	NA	E. coli, PCBs in Fish Tissue, Fish Consumption, Recreational Use
(c)	Eagle Creek	NA	E. coli, PCBs in Fish Tissue, Fish Consumption, Recreational Use
(d)	Fishback Creek	NA	E. coli, Recreational Use
(e)	Holliday Creek	NA	E. coli, Recreational Use
(f)	Irishman Run	NA	E. coli, Recreational Use
(g)	Jackson Run	NA	E. coli, Recreational Use
(h)	Little Eagle Creek	NA	E. coli, Recreational Use
(i)			
(j)	*See attached for receiving	waters without TMDL or 303(d) considerations	
(k)			
(l)			
(m)			
(n)			
(o)			
(p)			

(4) Do any outfalls within the MS4 discharge to another MS4 conveyance?
(These conveyances may either be regulated or non-regulated under the MS4 General Permit.)

☐ Yes ■ No

If yes, provide the name of the responsible MS4 entity for the storm system and provide the name of the initial receiving water.

Outfall Discharges Directly to a MS4 (*List the MS4*):	Initial Receiving Water
(a)	
(b)	
(c)	
(d)	

Part G: Public Notification

The designated entities have notified the public of their intent to submit an application to IDEM to obtain permit coverage as a MS4. The notification was achieved by one of the two options below (*select the option utilized*):

■ A notification was placed on the MS4 web page or community calendar for 30 days prior to submittal of the NOI. The notification included the information required in the MS4GP as required by 6.1 (b)(2).

☐ A notification was placed on a local newspaper of general circulation for a minimum of one (1) day. The notification included the information required in the MS4GP as required by 6.1 (b)(2).

Part H: INFORMATION TO BE SUBMITTED WITH THE NOI

In addition to the information in Parts A through G and applicable appendices a MS4 operator must provide:

(1) Proof that a notice was posted to the MS4 web page / community calendar or in a newspaper with the greatest circulation in the affected MS4 area.

(2) Application Fee (the MS4 Operator shall pay a fee in in accordance with IC 13-18-20-12 and Section 6.4 and 6.5 of the MS4GP).

(3) Certification that appropriate legally-binding agreements or contracts between MS4 entities have been obtained.

Part I: CERTIFICATION AND SIGNATURE

The Primary MS4 Operator listed in Part A must sign the following certification statement:

I swear or affirm under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified in IC 13-30-10, that the statements and representations in this notification are true, accurate, and complete.

"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: Mayor Emily Styron

Signature of Operator: _____ **Date:** 06/24/2022
(mm/dd/year)

The NOI must be signed by an individual who has the appropriate signatory authority as required by 40 CFR 122.22. Wet ink signatures are required.

Appendix A: Co-permittees (*Complete this form for each Co-Permittee*)

(1) Name of MS4 Co-Permittee:

MS4 Operator (An individual): First: Last: Title:

Address 1:

Address 2: City: State: Indiana Zip:

Phone: Cell Phone: Email:

MS4 Coordinator (An individual): First: Last: Title:

Address 1:

Address 2: City: State: Indiana Zip:

Phone: Cell Phone: Email:

(2) MS4 Information for Co-permittee:

MS4 (Co-permittee) Population:

MS4 (Co-Permittee) Primary Receiving Water:

Funding Sources:

Does the MS4 have a Stormwater Fee: ☐ Yes ☐ No

If Yes, provide a general description of how the fee is calculated (*i.e. impervious surface, etcetera)*

(3) Administration of the Minimum Control Measure:

Minimum Control Measure	Co-Permittee Listed Above will Administer	Another MS4 (List Entity) will Administer	A Third Party (List Entity) will Administer	Legally Binding Agreement
Public Education	☐ Yes ☐ No			☐ Yes ☐ No
Public Involvement	☐ Yes ☐ No			☐ Yes ☐ No
Illicit Discharge	☐ Yes ☐ No			☐ Yes ☐ No
Construction	☐ Yes ☐ No			☐ Yes ☐ No
Post-construction	☐ Yes ☐ No			☐ Yes ☐ No
Good Housekeeping	☐ Yes ☐ No			☐ Yes ☐ No

(4) Co-permittee Certification:

I swear or affirm under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified in IC 13-30-10, that the statements and representations in this notification are true, accurate, and complete.

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 MS4 Operator Name: _____

Signature of MS4 Operator (co-Permittee): _____ **Date:** _____

The NOI must be singed by an individual who has the appropriate signatory authority as required by 40 CFR 122.22. Wet ink signatures are required. *(mm/dd/year)*

Appendix B: Additional Program Contacts Administering Minimum Control Measures (Optional)
(Add additional Pages as needed)

MS4 Representative	Administering the Following MCMs
Name (Individual): First Name: Last Name: MS4 or Company Name: Address: City: State: Zip: Phone: Cell Phone: Email:	☐ Public Education ☐ Public Involvement ☐ Illicit Discharge ☐ Construction ☐ Post-Construction ☐ Good Housekeeping
Name (Individual): First Name: Last Name: MS4 or Company Name: Address: City: State: Zip: Phone: Cell Phone: Email:	☐ Public Education ☐ Public Involvement ☐ Illicit Discharge ☐ Construction ☐ Post-Construction ☐ Good Housekeeping
Name (Individual): First Name: Last Name: MS4 or Company Name: Address: City: State: Zip: Phone: Cell Phone: Email:	☐ Public Education ☐ Public Involvement ☐ Illicit Discharge ☐ Construction ☐ Post-Construction ☐ Good Housekeeping
Name (Individual): First Name: Last Name: MS4 or Company Name: Address: City: State: Zip: Phone: Cell Phone: Email:	☐ Public Education ☐ Public Involvement ☐ Illicit Discharge ☐ Construction ☐ Post-Construction ☐ Good Housekeeping
Name (Individual): First Name: Last Name: MS4 or Company Name: Address: City: State: Zip: Phone: Cell Phone: Email:	☐ Public Education ☐ Public Involvement ☐ Illicit Discharge ☐ Construction ☐ Post-Construction ☐ Good Housekeeping
Name (Individual): First Name: Last Name: MS4 or Company Name: Address: City: State: Zip: Phone: Cell Phone: Email:	☐ Public Education ☐ Public Involvement ☐ Illicit Discharge ☐ Construction ☐ Post-Construction ☐ Good Housekeeping

Town of Zionsville
2022 NOI

Part F (3) Receiving Waters

Receiving Waters without TMDL or 303(d) Considerations

Name
Boone Creek
Cemetery Creek
Clair Brook
Crazy Creek
Green Creek
Lion Creek
Long Branch
Lost Run
Pee Wee Creek
Royal Run
Russell Branch
Sink Creek
Starkey Branch
Eagle Lake
Russell Lake

PURCHASE RECEIPT

IDEM CK

100 N Senate Avenue
Indianapolis IN 46204
(317)234-3099
billing@idem.in.gov
OTC Local Ref ID: 71607674
6/24/2022 12:12 PM

If you have any questions,please email us at billing@idem.IN.gov.

This acknowledges receipt of your payment. Thank you.

Status:	**APPROVED**
Customer Name:	Christopher B. Burke
Account Number:	*******5805
Routing Number:	071923909

Items	Quantity	TPE Order ID	Total Amount
Storm Water MS4 Company Name: **City of Fishers** Permit Number: **INR040019**	1	160011164	$50.00
Storm Water MS4 Company Name: **Hamilton County/Cicero** Permit Number: **INR040066**	2	160011164	$100.00
Storm Water MS4 Company Name: **Noblesville** Permit Number: **INR040127**	1	160011164	$50.00
Storm Water MS4 Company Name: **Zionsville** Permit Number: **INRO40035**	1	160011164	$50.00
Storm Water MS4 Company Name: **Westfield** Permit Number: **INR040109**	1	160011164	$50.00
Storm Water MS4 Company Name: **Carmel** Permit Number: **INR0404150**	1	160011164	$50.00
Storm Water MS4 Company Name: **Lebanon** Permit Number: **INR040113**	1	160011164	$50.00
Total remitted to the IDEM CK			$400.00
INgov total amount charged			$401.00

I authorize "" to electronically debit my account.

Zionsville NOI (Notice of Intent) Public Notice

The Town of Zionsville (1100 W. Oak Street, Zionsville, IN 46077) intends to continue to discharge stormwater into the following watersheds:

Watershed Name:	12-Digit Hydrologic Unit Code
Delaware Creek-Crooked Creek	051202011005
Fishback Creek	051202011106
Irishman Run-Eagle Creek	051202011107
Jackson Run-Eagle Creek	051202011105
Lion Creek-Little Eagle Creek	051202011104
Wiley Thompson Ditch-White Lick Creek	051202011302

and is submitting a Notice of Intent to notify the Indiana Department of Environmental Management of the MS4 entity's intent to comply with the requirement of the MS4 General Permit to discharge stormwater run-off.

Please address MS4 Program Questions to:
Michael Susong, Assistant Superintendent, Stormwater
Address: 1100 W Oak Street, Zionsville, IN 46077
Email: msusong@zionsville-in.gov
Phone: 317-873-4544

Stormwater Education & Participation ▸
Stormwater Permits ▸
Stormwater Ordinance & Standards
Stormwater Quality Management Plan (SWQMP)

Stormwater Quality Management Plan (SWQMP)

Regulatory Background and SWQMP Goals

The Town of Zionsville has a Municipal Separate Storm Sewer System (MS4) which is a series of pipes and structures which are designed to provide drainage by conveying stormwater runoff (rainwater) to local waterways. The Town is required under the federal Clean Water Act and Indiana state law (327 IAC 15-13) to maintain a National Pollutant Discharge Elimination System (NPDES) Permit which regulates stormwater discharge from the MS4 . To maintain compliance with the permit, Zionsville must implement a Stormwater Quality Management Plan that is designed to minimize the amount of pollution in stormwater discharges to help protect our local lakes and streams and to promote good community stewardship of these precious resources. Stormwater pollution is also known as "non-point" source pollution as it originates from a variety of sources throughout the watershed including, but not limited to, construction sites, industrial and commercial facilities, roads and parking lots, agriculture and even your own back yard. Common pollutants include sediment, gas and oil, nutrients (fertilizer), bacteria (E. coli), trash and even yard waste such as leaves and grass clippings.

A critical component of any effective water quality program is educating the community about water quality problems and informing people about what they can do to prevent pollution and have a positive impact on local water quality. Below you will find information about our water quality program activities and also links to water quality information and a variety of other resources.

Amended Parts

The Town of Zionsville has amended Parts B and C of its Storm Water Quality Management Plan (SWQMP) under its National Pollutant Discharge Elimination System (NPDES) permit. The SWQMP outlines efforts to reduce the amount of pollution carried by storm water runoff into local streams, lakes and reservoirs.

Part B contains the baseline characterization report of our community relating to multiple factors influencing water quality. Part C contains information specific to our local programs and activities designed to reduce the amount of water-borne pollution within our community.

In January of 2005, the Town of Zionsville, as a Municipal Separate Storm Sewer System (MS-4) entity, submitted to IDEM it's SWQMP Part C. This narrative describes the activities that the Town will endeavor to accomplish to improve water quality in our community and surrounding areas. This plan is subject to change as strengths and weaknesses are identified in the future. Please view the SWQMP Part C Narrative.

Related Documents

- Zionsville Notice of Intent (NOI) Announcement
- Part B Update Baseline Characterization Report