ELKHART:	By: David Miller
	David Miller, Mayor
STATE OF INDIANA ) ) SS: COUNTY OF ELKHART )	
COUNTY OF ELKHART )	
July , 2005, personally appear	If for said County and State, this 27 day of ed David Miller, Mayor of the City of Elkhart, and ed the foregoing Agreement for and on behalf and in and purposes therein mentioned.
Witness my hand and Notarial seal.	
My Commission Expires: 03 27 08	(Signature) Notary Public
County of Residence: Noble	(Signature) Notary Public  (Printed Name) Notary Public  (Printed Name) Notary Public

GOSHEN:	CITY OF GOSHEN  By: May Landy And Allan Kauffman, Mayor
STATE OF INDIANA ) SS: COUNTY OF ELKHART )	
HUQU6t, 2005, personally appeare	d for said County and State, this day of day of Allan Kauffman, Mayor of the City of Goshen, and ed the foregoing Agreement for and on behalf and in and purposes therein mentioned.
Witness my hand and Notarial seal.	
My Commission Expires: 3/27/08	(Signature) Notary Public
County of Residence: Elkhart.	(Printed Name) Notary Public



BRISTOL:	TOWN OF BRISTOL  By: A Stellan
	Printed: THUMAS A STUTSMAN
	Title: PRESIDEUT, TOWN COUNCIL
STATE OF INDIANA ) ) SS: COUNTY OF ELKHART )	
said freschert	ad for said County and State, this 15 day of de Shores A. Alutana the description, the of the Town of Bristol, and acknowledged that as he executed the foregoing Agreement for and istol for the uses and purposes therein mentioned.
Witness my hand and Notarial seal.  My Commission Expires: 3-17-08	(Signature) Notary Public
County of Residence: Elklart	(Printed Name) Notary Public

COUNTY:	COUNTY OF ELKHART BY BOARD OF COMMISSIONERS OF THE COUNTY OF ELKHART
	By Shill flever Phil Stiver, President
	By: 1 em
	Terry Rodino, Vice Wesident  By: Uple
STATE OF INDIANA )	Mike Yoder, Member
COUNTY OF ELKHART ) SS:	
Before me, a Notary Public in and for 2005, personally appeared Phil and Mike Yoder, Member of the Board of Coacknowledged that as said Commissioners, they exe and in the name of the County of Elkhart for the units of Elkhart for	ommissioners of the County of Elkhart, and ecuted the foregoing Agreement for and on behal
Witness my hand and Notarial seal.  My Commission Expires: 6-12-2008	Signature) Notary Public
	(Digital) 4 days

Prepared by: Larry A. Barkes, BARKES, KOLBUS & RIFE, LLP, 118 North Main Street, Goshen, Indiana 46526

County of Residence: EU2hart

(Printed Name) Notary Public

The attached and foregoing Agreement between the City of Elkhart, the City of Goshen, the Town of Bristol and the County of Elkhart pertaining to the Greater Elkhart County MS4 Program has been approved by the Elkhart City Council this date.

Date: August 1, 2005

ELKHART CITY COUNCIL

By:

Printed: James E, Pettit

Title: Presiding Officer

ATTEST:

By. Dul. Beall

Printed: Sue M. Beadle

Title: City Clerk

The attached and foregoing Agreement between the City of Elkhart, the City of Goshen, the Town of Bristol and the County of Elkhart pertaining to the Greater Elkhart County MS4 Program has been approved by the Goshen City Council this date.

Date: August 2, 2005

GOSHEN CITY COUNCIL

Allan Kauffman, Presiding Officer

ATTEST:

Tina M. Bontrager, City Clerk-Treasurer



The attached and foregoing Agreement between the City of Elkhart, the City of Goshen, the Town of Bristol and the County of Elkhart pertaining to the Greater Elkhart County MS4 Program has been approved by Town of Bristol this date.

Date: September 15,2005

BRISTOL TOWN COUNCIL

By: John H State

Printed: THOMAS A STUTSMAN

Title: PRESIDENT, TOWN COUNCIL

ATTEST:

By: Dary Kyman

Printed: MARY RYMAN

Title: Town Clerk-Treasurer

0 0 0	etween the City of Elkhart, the City of Goshen, the ining to the Greater Elkhart County MS4 Program
has been approved by the Elkhart County Counc	cil this date.
Date:/0-8-05	ELKHART COUNTY COUNCIL
	By:
	Printed: John K. Letherman
	Title: President
ATTEST:	
By: Jan L Jess	
David Hess, Elkhart County Auditor	

#### **RULE 13 NOTICE OF INTENT (NOI) LETTER**

State Form 51270 (R / 6-03)
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 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 uppor-right.

10.0001 2
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) 234-1501 or
(800) 451-8027, ext. 41601 (within Indiana)
Web Access:
http://www.in.gov/idsm/water/npdes/permits/welwith/storm/rule13.html

APPLICATION TYPE (check one)

initial NOI letter

Renewal NOI letter

NOV 1 2 2003

API	26	CA	81	LI.	ΓY
-----	----	----	----	-----	----

Permit covorage under 327 IAC 15-13 applies to all entities that:

- are not regulred to obtain an individual NPDES permit under 327 (AC 15-2-9(b);
- meet the general permit rule applicability requirements under 327 IAC 15-2-3;
- 3. do not have coverage under an individual MS4 permit; and
- operate, maintain, or otherwise have responsibility for an MS4 conveyance within a designated MS4 area.

1. Operator Namo: Duane Burrow			
2. Operator Title: Storm Water Manager			
10 Teach 4 (1) 1 (2) 10 Teach			
3. Represented Entity: The Greater Elkhart County MS4  4. Mailing Address  Address: 4230 Elkhart Road			····
⊠City Goshen □Town Of:	Zip: 46526	County: Elkhart	
5. Phone Number 574.875.3341			
6. Facsimile Number (if applicable): 574.875.3376			
7. E-mail Address (frapplicable); Dburrow@Elkhartcounty.com			
PART B: GENERAL INFORMATION FOR PRIMA	RY CONTACT PERSON	FOR THE MS4 AREA	
PART B: GENERAL INFORMATION FOR PRIMA  8. Is the primary contact person for the MS4 area the same as t			
8. Is the primary contact person for the MS4 area the same as t	he operator listed in f		
8. Is the primary contact person for the MS4 area the same as t  ⊠Yes* □No <sup>++</sup> * If yes, omit items #9-15 below and skip to	he operator listed in f		
8. Is the primary contact person for the MS4 area the same as t  Yes \Bo No** If yes, omit items #9-15 below and skip to  If no, fill out items #9-15 below.	he operator listed in f		
8. Is the primary contact person for the MS4 area the same as t  ⊠Yes* □No <sup>++</sup> * If yes, omit items #9-15 below and skip to	he operator listed in f		
8. Is the primary contact person for the MS4 area the same as t  Yes* No** * If yes, omit items #9-15 below and skip to  ** If no, fill out Items #9-15 below.  9. Contact Person Name:	he operator listed in f		
8. Is the primary contact person for the MS4 area the same as t  Yes* No** * If yes, omit items #9-15 below and skip to  ** If no, fill out Items #9-15 below.  9. Contact Person Name:	he operator listed in f		
8. Is the primary contact person for the MS4 area the same as t  Yes* No** If yes, omit items #9-15 below and skip to  "If no, fill out items #9-15 below.  Contact Person Name:  Contact Person Title:  Represented Entity*:  Mailing Address	he operator listed in f		
8. Is the primary contact person for the MS4 area the same as t  Yes* No** * If yes, omit items #9-15 below and skip to  ** If no, fill out items #9-15 below.  9. Contact Person Name:  10. Contact Person Title:	he operator listed in f	Part A?	
8. Is the primary contact person for the MS4 area the same as t  Yes* No** If yes, omit items #9-15 below and skip to  "If no, fill out items #9-15 below.  Contact Person Name:  Contact Person Title:  Represented Entity*:  Mailing Address	he operator listed in to Part C.	Part A?	
8. Is the primary contact person for the MS4 area the same as t  Yes* No** If yes, omit items #9-15 below and skip to  "If no, fill out items #9-15 below.  Contact Person Name:  Contact Person Title:  Represented Entity*:  Mailing Address	he operator listed in f	Part A?	
8. Is the primary contact person for the MS4 area the same as t    Yes*	he operator listed in to Part C.	County: CO	
8. Is the primary contact person for the MS4 area the same as t    Yes	he operator listed in to Part C.	Part A?	
8. Is the primary contact person for the MS4 area the same as t  Yes* No** If yes, omit items #9-15 below and skip to  "If no, fill out items #9-15 below.  Contact Person Name:  Contact Person Title:  Represented Entity!  Mailing Address Address:  City Town  Of:	he operator listed in to Part C.	County: CO	

<sup>&</sup>lt;sup>1</sup> 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, incipality, university, etc.

. . . . . . .

receiving reactive and copul			
and corresponding outfall design	ate storm water outfall receiving water gnations. Attach separate sheets as ne	cessary. If all receiving wa	iters and outfalls are not known a
ime of the NOI letter submittal, st	tato known ones and provide the informa		
Entity	Receiving W		Outfall(s)
	See the list of known receiving t	Valers in Attachment A	
<u> </u>		···································	
(/////		•	
····		<del></del>	
		···	
			u. w.e.
			<del></del>
	<del></del>	<del></del> -	··
			·
**************************************		<u> </u>	
	-		
		COUNTY (Section)	
	and the second s	(6)	
sponsible Individual Name:		#23 below.	
sponsible Individual Title:			
sponsible individual Title: ≲ponsible MS4 Entity			Number
sponsible individual Title:		21. Phone	Number:
sponsible individual Title: sponsible MS4 Entity g: municipality):			Number:
esponsible individual Title: sponsible MS4 Entity g, municipality): tial Receiving Waler(s):	ed an any of the recolving water(s)?	21. Phone	
sponsible individual Title: sponsible MS4 Entity g; municipality):  ial Receiving Waler(s):  s a TMDL study been completed and the impairment parameter tach separate sheets as neces as Yes*  In 18 June 19 J	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, noter(s) in the table provided below. sary) in itoms am. below.	21. Phone (To dotermine if a TMDL stu	dy has been completed, you may
sponsible individual Title: sponsible MS4 Entity g; municipality):  ial Receiving Water(s):  s a TMDL study been completed act IDEM's TMDL program area intify the impairment parameter ach separate sheets as neces feet.   No**  If yes, fill  "If no, om	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, noteer(s) in the table provided below.	21. Phone (To dotermine if a TMDL stu	dy has been completed, you may
sponsible individual Title: sponsible MS4 Entity g; municipality):  ial Receiving Water(s):  s a TMDL study been completed act IDEM's TMDL program area intify the impairment parameter ach separate sheets as neces feet.   No**  If yes, fill  "If no, om	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, note er(s) in the table provided below. sary) in items am. below. it items am. and advance to Part D.	21. Phone (To dotermine if a TMDL stu- e which outfall(s) is subj	dy has been completed, you may ect to effluent limitations and
sponsible individual Title: sponsible MS4 Entity g; municipality):  ial Receiving Water(s):  s a TMDL study been completed act IDEM's TMDL program area intify the impairment parameter ach separate sheets as neces feet.   No**  If yes, fill  "If no, om	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, note er(s) in the table provided below. sary) in items am. below. it items am. and advance to Part D.	21. Phone (To dotermine if a TMDL stu- e which outfall(s) is subj	dy has been completed, you may ect to effluent limitations and
sponsible individual Title: sponsible MS4 Entity g; municipality):  ial Receiving Water(s):  s a TMDL study been completed act IDEM's TMDL program area intify the impairment parameter ach separate sheets as neces feet.   No**  If yes, fill  "If no, om	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, note er(s) in the table provided below. sary) in items am. below. it items am. and advance to Part D.	21. Phone (To dotermine if a TMDL stu- e which outfall(s) is subj	dy has been completed, you may ect to effluent limitations and
sponsible individual Title: sponsible MS4 Entity g; municipality):  ial Receiving Water(s):  s a TMDL study been completed act IDEM's TMDL program area intify the impairment parameter ach separate sheets as neces feet.   No**  If yes, fill  "If no, om	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, note er(s) in the table provided below. sary) in items am. below. it items am. and advance to Part D.	21. Phone (To dotermine if a TMDL stu- e which outfall(s) is subj	dy has been completed, you may ect to effluent limitations and
sponsible individual Title: sponsible MS4 Entity g; municipality):  ial Receiving Water(s):  s a TMDL study been completed act IDEM's TMDL program area intify the impairment parameter ach separate sheets as neces fes*    No**   If yes, fill   '* If no, om	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, note er(s) in the table provided below. sary) in items am. below. it items am. and advance to Part D.	21. Phone (To dotermine if a TMDL stu- e which outfall(s) is subj	dy has been completed, you may ect to effluent limitations and
sponsible individual Title: sponsible MS4 Entity g; municipality):  ial Receiving Water(s):  s a TMDL study been completed act IDEM's TMDL program area intify the impairment parameter ach separate sheets as neces feet.   No**  If yes, fill  "If no, om	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, note er(s) in the table provided below. sary) in items am. below. it items am. and advance to Part D.	21. Phone (To dotermine if a TMDL stu- e which outfall(s) is subj	dy has been completed, you may ect to effluent limitations and
sponsible individual Title: sponsible MS4 Entity g; municipality):  ial Receiving Water(s):  s a TMDL study been completed act IDEM's TMDL program area intify the impairment parameter ach separate sheets as neces fes*    No**   If yes, fill   '* If no, om	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, note er(s) in the table provided below. sary) in items am. below. it items am. and advance to Part D.	21. Phone (To dotermine if a TMDL stu- e which outfall(s) is subj	dy has been completed, you may ect to effluent limitations and
sponsible individual Title: sponsible MS4 Entity g; municipality):  ial Receiving Water(s):  s a TMDL study been completed act IDEM's TMDL program area intify the impairment parameter ach separate sheets as neces fes*    No**   If yes, fill   '* If no, om	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, note er(s) in the table provided below. sary) in items am. below. it items am. and advance to Part D.	21. Phone (To dotermine if a TMDL stu- e which outfall(s) is subj	dy has been completed, you may ect to effluent limitations and
sponsible individual Title: sponsible MS4 Entity g; municipality):  ial Receiving Water(s):  is a TMDL study been completed and the individual parameter as neces as	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, note er(s) in the table provided below. sary) in items am. below. it items am. and advance to Part D.	21. Phone (To dotermine if a TMDL stu- e which outfall(s) is subj	dy has been completed, you may ect to effluent limitations and
esponsible individual Title: sponsible MS4 Entity g, municipality):  tial Receiving Waler(s):  as a TMDL study been completed in the individual to the individual title.	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, note er(s) in the table provided below. sary) in items am. below. it items am. and advance to Part D.	21. Phone (To dotermine if a TMDL stu- e which outfall(s) is subj	dy has been completed, you may ect to effluent limitations and
sponsible individual Title: sponsible MS4 Entity g, municipality):  tial Receiving Water(s):  s a TMDL study been completed and the individual representation of the impairment parameter tach separate sheets as necessarily if yes, fill "I foo, om	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, note er(s) in the table provided below. sary) in items am. below. it items am. and advance to Part D.	21. Phone (To dotermine if a TMDL stu- e which outfall(s) is subj	dy has been completed, you may act to effluent limitations and
esponsible individual Title: sponsible MS4 Entity g, municipality):  tial Receiving Waler(s):  is a TMDL study been completed in the individual Title:  in the impairment parameter in the impairment	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, note er(s) in the table provided below. sary) in items am. below. it items am. and advance to Part D.	21. Phone (To dotermine if a TMDL stu- e which outfall(s) is subj	dy has been completed, you may ect to effluent limitations and
esponsible individual Title: sponsible MS4 Entity g; municipality):  tial Receiving Waler(s):  t	ed on any of the receiving water(s)? (by phone at 1-317-308-3173.) If yes, note er(s) in the table provided below. sary) in items am. below. it items am. and advance to Part D.	21. Phone (To dotermine if a TMDL stu- e which outfall(s) is subj	dy has been completed, you may act to effluent limitations and

Attachment A
[To IDEM form 51270 Rule 13 Notice of Intent (NOI) Letter]

			Known outfall(s) that
	Enity Name	Known Receiving Water	have no
			specific
ATMICRIPATE PRODU		1	designations
	City of Elkhart	Christiana Creek	0
	City of Elkhart	East Lake	0
	City of Elkhart	Lilly Creek (Osolo Twp Ditch)	0
	City of Elkhart	Manning Ditch	0
	City of Elkhart	Pine Creek	0
	City of Elkhart	Puterbaugh Creek	0
	City of Elkhart	Elkhart River	0
	City of Elkhart	St. Joseph River	0
	City of Goshen	Elkhart River	0
	City of Goshen	Rock Run Creek Horn Ditch	0
	Elkhart County	Baugo Creek	0
	Elkhart County	Christiana Creek	1
	Elkhart County	Crawford Ditch	3
	Elkhart County	Cobus Creek	1
	Elkhart County	Gast Thornton Ditch	0
	Elkhart County	Horn Ditch	2
	Elkhart County	Yellow Creek	1
	Elkhart County	Elkhart River/Dry Run	0
	Elkhart County	Elkhart River	3
ii i s	Elkhart County	Little Elkhart River	0
	Elkhart County	Leedy Ditch	0
	Elkhart County	Pine Creek	2
	Elkhart County	Rock Run Creek	0
	Elkhart County	St. Joseph River	2
1100 1100	Elkhart County	Osolo Township Ditch	0
	Elkhart County	Shaffer Ditch	1
	Elkhart County	Sheep Creek	1
	Elkhart County	Menges Ditch	1 -
	Elkhart County	New Miller Stutsman Ditch	0
	Elkhart County	Washington Township Ditch	0
	Town of Bristol	St. Joseph River	0
	Town of Bristol	Little Elkhart River	0

MS4 Notice of Intent (NUI) Letter R/6-0

		PART D: MATERIALS TO BE SUBMITTED WITH THIS NOI LETTER
(Check applicat	when co ole" Is no	to the information in Parts A ,B, and C, an MS4 operator must provide the following:  mpleted, or check "NA" if an item is not applicable. For the first of the numbered items below, the requirement must be met and "not a
	iNA	
1) 🛛		A copy of the Storm Water Quality Management Plan - Part A: Initial Application Certification Submittal and Checklist.
2) 🛛		Proof of publication in a newspaper of largest circulation in the affected area.
3) 🖾		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 <u>IC 5-14-3</u> 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:	Duane Burrow					
Signature of Operator:	Duone	Burry	<u></u> .	 Date:	11/03/2003 (mm/dd/year)	

	Ikhart County			2.	City of Gos	nen				
J. (1	ily of Elkhart				Town of Br		_		. , ,	
5. El	khart County Soil and Water Conservation	on								
	istrict			<u>6.</u>				· <del></del>		
<u>7.                                    </u>										
9.										
11	(List entity names	above)		. 12		· -			****	_
into an a VQMP).	agreement or contract to satisfy the in	nplementat	ion requi	rements	in Parts B an	d C of the	e Storm	Water Q	uality Manag	jeme
stated in	n the agreement or contract, entities ag	gree to the	following	respons	sibilities					
d above	ck the boxes corresponding with respons ) entering into this agreement in the tabl	e below:		iereof, of	cach entity (e	ntity num	bers con	respond l	o entity name	nur
RESPO	DNSIBILITY	ENTIT	Y 2. 3.	4.	5. 6.	7.	8.	9. 10	), 11.	12.
a. Public	c Education and Outreach									
b. Public	c Involvement and Participation	Ø							i de di	
	Discharge Detection and Elimination		— ⊠ ⊠			П				
d. Const	truction Site Storm Water Run-off	of the second			<b>Ø</b> 0		a with the		Aggregation of the States	
	onstruction Storm Water Management in			•			<u> </u>			÷.
New Dev	velopment and Redevelopment		<b>X X</b>	$\boxtimes$						
Pollution	on Prevention and Good Housekeeping cipal Operations	⊠		⊠						<b>.</b>
g. Baseli	ine Characterization and On-Going	<b>X</b>	<b>×</b>	⊠	ПП		П	пг	П П 1	П
Monitorin	ng Plan			. ,					] []	— —
r. Omer.	The second of th	Ц.: ``,!	سان پ		ی ں	" . ولكار	رايد. التار			بــبا
Spe	ecify:									
	agreeing to accomplish only a portion	OI GIT EIO			4 area entity	2 is rest	ماطنعصت	for cond	ucting behav	viora
ity(s) is bility por rveys fo	agreeing to accomplish only a portion rion (e.g. entity 1 is responsible for stor item (a) in the table). Altach separa	orm drain n te sheats a See nicipal :	Attaci Title	d. hment ed ate Str	B om Sewe					A
ity(s) is bility por rveys fo	rtion (e.g. entity 1 is responsible for sto or item (a) in the table). Altach separa	orm drain n te sheets a See	Attaci Title	d. hment ed ate Str	B om Sewe					A
ity(s) is bility por rveys fo The (	rtion (e.g. entity 1 is responsible for sto or item (a) in the table). Altach separa	rm drain note sheets a See nicipal s Co-Per	Attacl Title Separa mitting	d. nment ed ate Str g Appr	B om Sewe	r Syst	em [M	1S 4] F	Program	
Ity(s) is billity por rveys for The Country this can and con and con its result in the canon con its result in the control of	rtion (e.g. entity 1 is responsible for storitem (a) in the table). Attach separa  Greater Elkhart County Mu  tement and the accompanying signatu	See nicipal : Co-Perures serve 3.	Attack Title Separa mitting as the re	nment ed ate Str g Appr quired co	B om Seweroach ertification that	r Syst	em [M	1S 4] For contra	Program  Lict has been of my knowle	dev edge
Ity(s) is will ty por rveys for the Control of the	rtion (e.g. entity 1 is responsible for storr item (a) in the table). Attach separate or item (a) in the table. Attach separate of the county Muster and the accompanying signals of the requirements of 327 IAC 15-1 certification, I hereby certify under penamplete. I am aware that there are significations violations."	ste sheats a See nicipal S Co-Per ares serve 3. alty of law a ifficant per	Attack Title Separa mitting as the re	nment ed ate Str g Appr quired of documer submitte	B om Sewer oach ertification that at and all attaing false infor	r Syst	em [M eement are, to t including	1S 4] F or contra the best of the pos	Program  Let has been of my knowle sibility of fin	dev edge e an
Ity(s) is still ty por rveys for the Control of the	rtion (e.g. entity 1 is responsible for storr item (a) in the table). Attach separate Greater Elkhart County Multernent and the accompanying signals por the requirements of 327 IAC 15-1 certification, I hereby certify under penamplete. I am aware that there are sign	ste sheats a See nicipal S Co-Per ares serve 3. alty of law a ifficant per	Attack Title Separa mitting as the re	nment ed ate Str g Appr quired of documer submitte	B om Seweroach entification that and all attaing false information.	r Syst ot an agri chments mation, i	em [M eement are, to t including	1S 4] For contraction the best of the pos	Program  Let has been of my knowle sibility of fin	dev edge e an
Ity(s) is illity por rveys for the Control of this control of	rtion (e.g. entity 1 is responsible for stor item (a) in the table). Attach separate or item (a) in the table. Attach separate tement and the accompanying signature por the requirements of 327 IAC 15-1 certification, I hereby certify under penamplete. I am aware that there are significations violations."	ste sheats a See nicipal S Co-Per ares serve 3. alty of law a ifficant per	Attack Title Separa mitting as the re	nmented ate Str g Appr quired of documer submitte	B om Sewer oach ertification that at and all attaing false infor	ot an agri chments mation, i	em [M eement arc, to t including	or contra the best of the pos	Program  Let has been of my knowle sibility of fin	dev edge e an
The Control of the Co	rtion (e.g. entity 1 is responsible for stor item (a) in the table). Altach separate or item (a) in the table). Altach separate of the county Musternent and the accompanying signature of the requirements of 327 IAC 15-1 sertification, I hereby certify under penamplete. I am aware that there are sign knowing violations."  Authorized Signature Date See Altachment C	ste sheats a See nicipal S Co-Per ares serve 3. alty of law a ifficant per	Attack Title Separa mitting as the re	nmented ate Str Appr quired contents submitted Entity 2.	B om Sewer oach ertification that and all attaing false Infor	ot an agri chments mation, i	em [M eement arc, to t including	or contra the best of the pos	Program  Let has been of my knowle sibility of fin	dev edge e an
The Control of the Co	rtion (e.g. entity 1 is responsible for stor item (a) in the table). Altach separate of item (a) in the table. Altach separate of item (a) in the table. Altach separate of item (a) in the table. Altach separate of item (a) in the requirements of 327 IAC 15-1 sertification, I hereby certify under penamplete. I am aware that there are sign knowing violations."  Authorized Signature Date See Altachment C	ste sheats a See nicipal S Co-Per ares serve 3. alty of law a ifficant per	Attack Title Separa mitting as the re	nmented ate Strag Appropried courses submitted 2.	B om Sewer oach ertification that and all attaing false Infor	ot an agrichments mation, it designates to ment Designates to ment F	em [M eement arc, to t including	or contra the best of the pos	Program  Let has been of my knowle sibility of fin	dev edge e an

# The Greater Elkhart County Municipal Separate Storm Sewer System (MS4) Program Description October 7, 2003

- I. State Designated MS4 Entities in Elkhart County that comprise the Greater Elkhart County MS4 Area (urbanized areas required to develop a storm water management program under a general NPDES permit):
  - 1. City of Elkhart
  - 2. City of Goshen
  - 3. Town of Bristol
  - 4. Elkhart County (the portions of the county outside of the Cities of Elkhart and Goshen and the Town of Bristol that are designated as urbanized areas)

(Exhibit Λ shows the Greater Elkhart County MS4 Area.)

#### II. State NPDES General Permitting Process

New State regulations (327 IAC 15-13) require MS4 Entities to apply for an NPDES permit under the general permit program and develop a Storm Water Quality Management Plan (SWQMP), a comprehensive written document that addresses storm water run-off quality within the MS4 Area. The SWQMP is divided into three different submittal parts:

## 1. Part A: Submission of a Notice of Intent Letter (NOI)

- a. This is the application for obtaining permit coverage under the general permit. The permit period is for five (5) years.
- b. Identifies the MS4 Operator as Duane Burrow, Elkhart County Storm Water Manager. The Storm Water Manager is responsible for development, implementation and enforcement of the minimum control measures for the MS4 Area.
- c. Identifies known receiving waters of storm water discharges within the MS4 Area.
- d. Identifies the implementation responsibilities for each MS4 Entity.
- e. Includes certification that any legally binding agreements between MS4 Entities have been obtained concerning individual responsibilities for implementation of the SWQMP.
- f. Includes estimated storm water budgets for each MS4 Entity.
- g. Due November 5, 2003.

ರಾ

## 2. Part B: Submission of a Baseline Characterization Report

- This report must characterize the water quality of all known receiving waters that receive storm water outfall discharges within the MS4 Area. The report shall include;
  - An investigation of land usage in the MS4 Area.
  - ✓ An assessment of structural and nonstructural Best Management Practice (BMP) locations and the structural condition of the BMPs.
  - ✓ Identification of known sensitive areas in the receiving streams.
  - ✓ A review of known existing and available monitoring data of the receiving streams.
  - Identification of areas having reasonable potential for, or actually, causing storm water quality problems based on available chemical, biological, physical, land use and complaint data.
  - ✓ As appropriate, the report may include recommendations for placement
    and implementation of additional BMPs within the MS4 Area.
- c. Each individual MS4 Entity is responsible for developing a Baseline Characterization Report for their specific segments of the receiving streams. These reports will be consolidated into one baseline submission.
- c. Due May 5, 2004.

#### 3. Part C: Program Implementation Plan

- a. The implementation plan will be a single document submitted by the Storm Water Manager, developed cooperatively with the individual MS4 Entities. The plan must contain the following:
  - ✓ An initial evaluation of all known structural and nonstructural storm water BMPs.
  - ✓ A detailed program description for each minimum control measure (MCM).
  - ✓ A timetable for program implementation.
  - ✓ A schedule for on-going characterization of the receiving waters either at, or
    in proximity to, identified outfall locations to evaluate BMP effectiveness
    and receiving water quality.
  - ✓ A narrative and mapped description of the MS4 area boundaries that indicate responsible MS4 entity areas for each MCM.
  - ✓ An estimate of the linear feet of MS4 conveyances within the MS4 Area, segregated by conveyance type, for example, by open ditch or pipe.
  - ✓ A summary of which structural BMP types will be allowed in new development and redevelopment for the MS4 Area.
  - ✓ A summary of storm water structural BMP selection criteria and, where appropriate, associated performance standards that must be met after installation to indicate BMP effectiveness.

- ✓ A summary of the current storm water budget expected or actual funding source, and a projection of the budget for each year within the five (5) year permit term.
- ✓ A summary of measurable goals for, at a minimum, each MCM. These
  measurable goals shall demonstrate results that relate to an environmental
  benefit.
- Completed certification forms, as appropriate, for each MCM.
- ✓ The identification of programmatic indicators listed below that are applicable to the implementation plan. Other relevant indicators may be used in place of those listed. If an indicator listed is not applicable to the plan, or if another relevant indicator is used, the operator shall provide rationale for the non-identification or substitution. Programmatic indicators do not need to be fully implemented at the time of the Part C submittal.
- b. Due November 5, 2004.

## III. <u>Implementation of the Storm Water Quality Management Plan and the Six Minimum Control Measures</u>

The SWQMP must address the following six Minimum Control Measures:

- 1. Public Education and Outreach
- 2. Public Participation and Involvement
- 3. Illicit Discharge Detection and Elimination
- 4. Construction Site Run-off Control
- 5. Post-construction Run-off Control
- 6. Pollution Prevention and Good Housekeeping

The permit application identifies the implementation responsibilities as summarized below.

#### 1. Pubic Education and Outreach MCM

This plan element will be implemented county-wide and coordinated by the Soil and Water Conservation District. The education program must be implemented by November 4, 2004.

## a. Existing/Ongoing Activities to be included in the SWQMP:

- ✓ Imprinted castings
  - City of Elkhart replaces with imprinted castings
  - Elkhart County does not use them
- ✓ School Curricula/Activities
  - Hoosier Riverwatch (SWCD)
  - Project WET (SWCD)

- Healthy Water/Healthy People (SWCD)
- Elkhart County Park programs
- · Goshen City Park programs
- Water Celebrations
- Elkhart EnviroCorps school programs, etc.
- Goshen H.S. and Elementary school programs

#### b. Future Activities

- ✓ Webpage updates, City's and County's
- ✓ General outreach
  - Targeted materials for construction contractors, excavators, residents, general public, commercial and industrial operations, etc.
- ✓ Public survey of awareness of storm water quality issues to assess knowledge and develop measurable goals to improve public awareness of storm water quality issues.
- ✓ Education materials distribution
  - An opportunity will be provided for all agencies and organizations interested in public education and outreach on storm water quality issues to network together. This coordinated effort will provide a more even distribution of education materials and programs to a broad spectrum of citizens throughout the county.

#### c. Programmatic Indicators

- ✓ Number or percentage of citizens that have an awareness of storm water quality issues.
- Number and location of storm drains marked or cast, segregated by marking method.

#### 2. Public Participation and Involvement MCM

This plan element will be implemented county-wide and coordinated by the Soil and Water Conservation District. The public participation program must be implemented by November 4, 2004.

## a. Existing/Ongoing Activities to be included in the SWQMP

- ✓ Hoosier Riverwatch
  - Volunteers conduct surface water quality monitoring.
- ✓ Elkhart EnviroCorps (Clean-up Events)
  - Adopt-A-River, clean-up events
  - Goshen Boys & Girls Club
- ✓ Storm drain stenciling projects

- · Goshen, with local schools
- City of Elkhart's and City of Goshen's CSO Long Term Control Plan Citizen Advisory Committees.
- ✓ Household Hazardous Waste Collection
  - Solid Waste Management District

#### b. Future Activities

- ✓ An initial assessment to identify interested individuals shall be completed, and specific outreach and reduction goals shall be identified. Goals will address relevant community participation in citizen panels, community clean-ups, citizen watch groups and drain marking projects, and public meeting notification.
- ✓ Ongoing updates to City and County Boards, Officials and Advisory Committees.
- ✓ Public meetings and workshops specific to storm water and water quality.
- ✓ Ordinance updates for the development and implementation of the MCMs.

#### c. Programmatic Indicators

- ✓ Number and description of meetings, training sessions, and events conducted to involve citizens in the storm water program.
- Number or percentage of citizens that participate in storm water quality improvement programs.
- Number of updated ordinances to assist in the development and implementation of the MCMs.

## 3. Illicit Discharge Detection and Elimination MCM

Illicit discharge program will be developed, implemented and enforced by each individual MS4 Entity within their individual MS4 areas. The illicit discharge program must be implemented by November 4, 2004.

#### a. Existing/Ongoing Activities to be included in the SWQMP.

- ✓ Goshen ordinance prohibiting connection to storm sewer.
- ✓ County Ground Water Protection Ordinance and Septic Ordinance.
- ✓ Implementation and enforcement of the County spill response program.
- ✓ Household hazardous waste disposal program (SWCD and SWMD).

#### b. Future Activities

 City of Elkhart adding language to prohibit connection to storm sewers in the Sewer Use and Rate Ordinance.

- ✓ Mapping of all known storm water outfalls and MS4 conveyances with ≥ 12" diameter pipes and open ditches with ≥ 2' bottom widths within 5 years.
- Develop plans to detect, address and eliminate illicit discharges into the MS4 conveyances.
  - Dry weather screening of above outfalls within 5 years.
- Must identify all active industrial facilities within the MS4 area that discharge into an MS4 conveyance.

#### c. Programmatic Indicators

- ✓ Estimated or actual linear feet or percentage of MS4 conveyances mapped and indicated on an MS4 area map.
- ✓ Number and location of MS4 outfalls mapped.
- ✓ Number and location of MS4 outfalls screened for illicit discharges.
- ✓ Number and location of illicit discharges detected.
- Number and location of illicit discharges eliminated.
- ✓ Estimated or actual amount of material, segregated by type, collected from household hazardous waste (HI-IW) collections in the MS4 area.
- ✓ Number and location of drop-off centers for automotive fluid recycling.
- ✓ Number or percentage of citizens that participate in the HHW collections.

## 4. Construction Site Storm Water Run-Off Control MCM

An erosion control program will be developed, implemented and enforced within the MS4 Area by Elkhart County through County Planning and the SWCD. This program must be implemented by November 4, 2004.

#### a. Existing/Ongoing Activities

✓ Existing 327 IAC 15-5 (5 acre rule) is being implemented county-wide by the SWCD and enforced by the DNR. This program will continue to be implemented and enforced in areas outside of the MS4 Area.

#### b. Future Activities

- ✓ Elkhart County will develop, implement and enforce a construction site erosion control program. The program elements will be implemented through a county ordinance and include the following;
  - BMP requirements
  - Erosion control plan submission, review, approval and inspection process to be implemented by the SWCD
  - Public information request and compliant procedure and enforcement to be implemented by Elkhart County Planning

- The ordinance may establish a Storm Water Appeals Board to mitigate situations concerning the implementation of the Construction Site Runoff Control program. Potential members of the Board may include the County Surveyor, the County Highway Engineer, the County Planning and Development Director, the Soil and Water Conservation District Chairman, a representative from each designated MS4 Entity (Elkhart, Goshen and Bristol) and a citizen at-large.
- ✓ MS4-operated project construction plans must include
  - traffic phasing plan if altering traffic routes
  - storm water control in utility relocation areas, material hauling and transportation routes, borrow pits, temporary staging areas, temporary disposal areas.

#### b. Programmatic Indicators

- Number of construction sites obtaining an erosion control permit in the MS4 area.
- ✓ Number of construction sites inspected.
- Number and type of enforcement actions taken against construction site operators.
- ✓ Number of public informational requests received concerning construction site erosion.

#### 5. Post-Construction Site Storm Water Run-Off Control MCM

Post-construction run-off control programs will be developed, implemented and enforced by each individual MS4 Entity within their areas of jurisdiction. This program must be implemented by November 4, 2005.

#### a. Existing/Current Activities

 City of Goshen, City of Elkhart and Elkhart County implement existing runoff and drainage control requirements through existing ordinances or policies.

#### b. Future Activities

- Where appropriate, expand existing programs to include procedures and requirements addressing the following:
  - Buffer strip and riparian zone preservation.
  - Filter strip creation.
  - Minimization of land disturbance and surface imperviousness.
  - Minimization of directly connected impervious areas.
  - · Maximization of open space.