



Stormwater Clearance Application
for Technical Review of a Construction Site Stormwater
Pollution Prevention Plan (SWPPP) - Greater Elkhart County MS4



Revised 07/24

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|---|-----------------|------------------------------|------------------|---------------|--|
| Project Name: | | | | | |
| Project Location Description: (e.g., NW corner of CR 11 and CR 28) | | | | | |
| Project Address (Required): | | | | | |
| Municipal Jurisdiction: <input type="checkbox"/> Bristol <input type="checkbox"/> Elkhart <input type="checkbox"/> Goshen <input type="checkbox"/> Middlebury <input type="checkbox"/> Nappanee <input type="checkbox"/> Elkhart County <input type="checkbox"/> Wakarusa | | | | | |
| Latitude & Longitude (Submit in Decimals): | | Hydrologic Unit Code: | | | |
| Civil Township: | Quarter: | Section: | Township: | Range: | |

| | | |
|--------------------------------------|---------------|-------------|
| Project Site Owner (Company): | | |
| Contact Person: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | email: | |

| | | |
|----------------------------|---------------|-------------|
| Plan Preparer Name: | | |
| Company Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | email: | |

| | | |
|---|---------------|-------------|
| On-site Erosion Control Supervisor (Required Field): | | |
| Company Name: | | |
| Address: | | |
| City: | State: | Zip: |
| <small>(A trained individual responsible for self-inspection and record-keeping as defined by the Construction Stormwater General Permit (INRA00000) Section 3.0(c) and Appendix B(66))</small> | | |
| Phone: | email: | |

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|--|--|--|
| Name of receiving water: | | |
| <small>(If stormwater is retained on site, name the nearest possible receiving water.)</small> | | |

| | | | |
|-------------------------------|--------------|---------------------------------|--------------|
| Total Project Acreage: | Acres | Acreage to be Disturbed: | Acres |
|-------------------------------|--------------|---------------------------------|--------------|

| | |
|--|--|
| Total Impervious Surface for Completed Project: | |
| <small>(As Defined by the Construction Stormwater General Permit (INRA00000) Section 5.2(a)(6)(F) including structures, roads, parking lots, and other similar improvements)</small> | |

Subject to penalty of law, the undersigned represents and certifies that the information and facts stated on this form are true, accurate, and complete.

| | |
|--|---------------------|
| Printed Name: _____ | Title: _____ |
| Signature of Project Site Owner*: _____ | |
| Date: _____ | |

| | | |
|------------------------------|----------------------------|-----------------------------|
| For Office Staff Only | | |
| Filing Fee: \$ _____ | PermiTrack: _____ | |
| Date Received: _____ | Sent to IDEM: _____ | Date Approved: _____ |

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|---|
| <p>Make Checks Payable to: Elkhart County Treasurer</p> <p>SUMBIT Application and Fee to the SWCD Office: at 59358 County Road 7, Elkhart, IN 46517</p> <p>Call 523-2030 for more information.</p> |
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