



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



**Project Name:**  
**Project Location Description:**  
(e.g. NW corner of CR 11 and CR 28)  
**Municipal Jurisdiction:**      Elkhart                  Goshen                  Nappanee                  Elkhart County  
**Latitude and 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:**                                  **Fax:**

**Plan Preparer Name:**  
**Company Name:**  
**Address:**  
**City:**                                  **State:**                                  **Zip:**  
**Phone:**                                  **Email:**                                  **Fax:**

**On-Site Erosion Control Supervisor (Required):**  
(A trained individual responsible for self-inspection and record-keeping as defined by 327 IAC 15-5-4(41))  
**Company Name:**  
**Address:**  
**City:**                                  **State:**                                  **Zip:**  
**Phone:**                                  **Email:**                                  **Fax:**

**Name of Receiving Water:**  
(If stormwater is retained on site, name the nearest possible receiving water)

**Total Project Acreage:**                                  **acres**                                  **Acreage to be Disturbed:**

**Total Impervious Surface for Completed Project:**  
(as defined by 327 IAC 15-5-4(16) including structures, roads, parking lots, and other similar improvements)

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:** \_\_\_\_\_

**Signatures of Project Site Owner\*:** \_\_\_\_\_                                  **Date:** \_\_\_\_\_

\*as defined by 327 IAC 15-5-4(30), normally a developer/person who has financial and operation control of construction activities, project plans, and specifications

**Make checks payable to: Elkhart County Treasurer**

**Submit Clearance Application and Fee to the SWCD Office—call 574-533-4383 ext 3 for more information**

**Submit Post-Construction Plans to the appropriate jurisdiction**

**For Office Use Only** Form Updated 3/2017

Filing Fee: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_                  Date Approved: \_\_\_\_\_                  Date Renewed: \_\_\_\_\_