

Stormwater Clearance Application for the Renewal of a Stormwater Pollution Prevention Plan (SWPPP) - Greater Elkhart County MS4



RENEWAL

Project Site Owner (Company)*: Contact Person: Address: City: Plan Preparer Name*: Company Name: Address: City: State: Zip: Plan Preparer Name*: Company Name: Address: City: State: Zip: Phone: Email: On-site Erosion Control Supervisor* (Required Field): Company Name: Address: City: State: Zip: Phone: Email: On-site Erosion Control Supervisor* (Required Field): Company Name: Address: City: State: Zip: Phone: Email: Name of receiving water: (If stormwater is retained on site, name the nearest possible receiving water.) Total Project Acreage: Acres Total Impervious Surface for Completed Project: Square Feet Abenfold by the Construction Stormwater General Pernit (INRA00000) Section 3.0(c) and Appendix B(66)) 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: Signature of Project Site Owner**: Date: Date:	Project Name*: (Required Field): Municipal Jurisdiction: Civil Township:	Bristol	Elkhart Quarter:	Goshen	Middlebury Section:	Nappanee Township:	Elkhart County Range:	
Company Name: Address: City: State: Zip: Phone: Email: On-site Erosion Control Supervisor* (Required Field): Company Name: Address: City: State: Zip: (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)) Phone: Email: Name of receiving water: (If stormwater is retained on site, name the nearest possible receiving water.) Total Project Acreage: Acres Total Impervious Surface for Completed Project: (As befined by the Construction Stormwater General Permit (INRA00000) Section 5.2(a)(6)(F) 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: Signature of Project Site Owner**: Date: Date: For Office Staff Only Renewal Fee: Date Denied	Contact Person: Address: City:		Email:	State:	Zip:			
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Signature of Project Site Owner**: Date: For Office Staff Only Renewal Fee: Date Denied	Total Impervious Surface for Comp		t:	n(6)(F) including st	Squar	e Feet		
For Office Staff Only Renewal Fee: Date: Date: Date:	Total Impervious Surface for Comp (As Defined by the Construction Stormwater General Subject to penalty of law, the undersignaccurate, and complete.	ral Permit (INRA00	t: 0000) Section 5.2(a)		Squar ructures, roads, parking lation and facts sta	e Feet ots, and other similar in	mprovements)	
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Make Checks Payable to: Elkhart County Treasurer
SUBMIT Application and Fee to the SWCD Office at:
59358 County Road 7, Elkhart, IN 46517 ~ call (574) 523-2030 for more information.