



RULE 13 NOTICE OF INTENT (NOI) LETTER

State Form 51270 (R4 / 4-08)
Form Approved by State Board of Accounts, 2003
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

For questions regarding this form, contact:
IDEM - Rule 13 Coordinator
100 North Senate Avenue, Rm 1255
MC 65-42
Indianapolis, IN 46204-2251
Phone: (317) 234-1601 or
(800) 451-6027, ext. 41601 (within Indiana)
Web Access:
<http://www.in.gov/idem> (Search for Stormwater)

- 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 upper-right.

APPLICABILITY

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

- are not required to obtain an individual NPDES permit under 327 IAC 15-2-9(b);
- meet the general permit rule applicability requirements under 327 IAC 15-2-3;
- 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.

APPLICATION TYPE (check one)

Initial NOI letter

Renewal NOI letter

PART A: GENERAL INFORMATION FOR MS4 OPERATOR

1. Operator Name: Robert Minarych

2. Operator Title: GENERAL MANAGER

3. Represented Entity¹: VALPARAISO LAKES AREA CONSERVANCY DISTRICT

4. Mailing Address
Address: 1805 Burlington Birch Road

City Of: VALPARAISO Zip: 46383 County: ROCK

5. Phone Number: 219-464-3770

6. Facsimile Number (if applicable): 219-531-7765

7. E-mail Address (if applicable): R.MINARYCH@VLACD.ORG

PART B: GENERAL INFORMATION FOR PRIMARY CONTACT PERSON FOR THE MS4 AREA

8. Is the primary contact person for the MS4 area the same as the operator listed in Part A?
 Yes* No** * If yes, omit items #9-15 below and skip to Part C.
** If no, fill out items #9-15 below.

9. Contact Person Name:

10. Contact Person Title:

11. Represented Entity¹:

12. Mailing Address
Address:

City Of: Zip: County:

13. Phone Number:

14. Facsimile Number (if applicable):

15. E-mail Address (if applicable):

¹ 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, municipality, university, etc.
PF Reason = NOI13