



## 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

### 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.

### 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)

### APPLICABILITY

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

1. are not required to obtain an individual NPDES permit under 327 IAC 15-2-9(b);
2. meet the general permit rule applicability requirements under 327 IAC 15-2-3;
3. do not have coverage under an individual MS4 permit; and
4. 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 Minarich		
2. Operator Title:	General Manager		
3. Represented Entity <sup>1</sup> :	Valparaiso Lakes Area Conservancy District		
4. Mailing Address Address:	1805 Burlington Birch Road		
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town	Of: Valparaiso	Zip: 46383	County: Porter
5. Phone Number:	219-464-3770		
6. Facsimile Number (if applicable):	219-531-7265		
7. E-mail Address (if applicable):	R.MINARICH@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?			
<input checked="" type="checkbox"/> Yes* <input type="checkbox"/> 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 Entity <sup>1</sup> :			
12. Mailing Address Address:			
<input type="checkbox"/> City <input type="checkbox"/> Town	Of:	Zip:	County:
13. Phone Number:			
14. Facsimile Number (if applicable):			
15. E-mail Address (if applicable):			

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

TABLE 1: RESPONSIBLE ENTITY						
Represented Entity Name	Entity Representative Name	Entity Representative Title	Mailing Address	Phone Number	Facsimile Number (if applicable)	E-mail Address (if applicable)
1. Valparaiso Lake Area Conservancy District	Riber Minerich	General Manager	Street address: 1805 Burlington Beach Road <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: Valparaiso Zip: 46383 County: Porter	219 464 3776	219 531 7765	R.Minerich@valcd.org
2. _____	_____	_____	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____ Street address: _____	_____	_____	_____
3. _____	_____	_____	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____ Street address: _____	_____	_____	_____
4. _____	_____	_____	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____ Street address: _____	_____	_____	_____
5. _____	_____	_____	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____ Street address: _____	_____	_____	_____
6. _____	_____	_____	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____ Street address: _____	_____	_____	_____
7. _____	_____	_____	<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____	_____	_____	_____

TABLE 2: SCHEDULE OF ACTIVITIES

Milestone Date	Activity Name
1. <u>October</u> <u>2008</u>	— Joint Soil Erosion Agreement
2. <u>April</u> <u>2009</u>	— Phosphate Letters / Alerts
3. <u>May</u> <u>2009</u>	— Indiana Lakes Management Society Sponsored Seminar
4. <u>December</u> <u>2008</u>	— Walgreen's Wildlands Acquisition / Golden Terrace
5. —	—
6. —	—
7. —	—
8. —	—
9. —	—
10. —	—

TABLE 3: PROPOSED BUDGET

→ ENTITY: Vulpaeiso Lakes Area Conservancy District

Control Measure/Item	Proposed Budget
1. Public Education and Outreach	— \$3500
2. Public Participation/Involvement	* \$1500
3. Illicit Discharge Detection and Elimination	* \$5000
4. Construction Site Run-Off Control	* \$5000
5. Postconstruction Run-Off Control	* \$5000
6. Municipal Operations Pollution Prevention and Good Housekeeping	* \$5000
7. On-Going Water Quality Characterization	— \$1000
8. Other	—
9. Funding Source(s)	— Property Taxes

\* These dollar amounts represent money as needed and a ratio of salaries of employees

VALPARAISO LAKES

PT4225

POST-TRIBUNE

(Government Unit)

To

Dr.

LAKE

County, Indiana 1433 E. 83RD AVE., MERRILLVILLE, IN 46410-6307

## PUBLISHER'S CLAIM

## LINE COUNT

Display Matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of the type in which the body of the advertisement is set) number of equivalent lines.

Head - number of lines.

Body - number of lines.

Tail - number of lines.

Total number of lines in notice

## COMPUTATION OF CHARGES

18.00

1

18.00

..... lines, ..... columns wide equals ..... equivalent

lines at ..... 3200

..... cents per line

\$ 5.76

Additional charge for notices containing rule or tabular work  
(50 percent of above amount)

Charge for extra proofs of publication  
(\$1.00 for each proof in excess of two)

5.76

TOTAL AMOUNT OF CLAIM

\$

## DATA FOR COMPUTING COST

Width of single column 6.8 ems

Size of type 5.5 point

1

Number of insertions

Pursuant to the provisions and penalties of Ch. 155, Acts 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid

Date August 25 18

Title

CREDIT MANAGER

## PUBLISHER'S AFFIDAVIT

State of Indiana )  
Lake County ) SS

Personally appeared before me a notary public in and for said county and state, the undersigned MARIBEL DELBREY

LEGAL CLERK

being duly sworn, says that he/she is

of the POST-TRIBUNE DAILY

newspaper of general circulation printed and published in the English language in the city of

MERRILLVILLE

In state and county

aforesaid, and that the printed matter attached hereto is a true copy, which was duly published

In said paper for 1 time the dates of publication being as follows.

8/25

Subscribed and sworn to before me this 25th day of August, 2018

January 16, 2016

Notary Public

My commission expires

PT4225 8:25  
PUBLIC NOTICE OF INTEREST  
The Valparaiso Lakes Conservancy District (INR 040103), 1905 Burlington Beach Road, Valparaiso, IN 46393 intends to discharge storm water into Flint Lake (#07120001050506) and Long Lake (#07120001050506) and is submitting a Notice of Intent letter to notify the Indiana Department of Environmental Management of our intent to comply with the requirements under 327 IAC-15-13 to discharge storm water run-off associated with municipal separate storm sewer systems.

**APPENDIX A: LEGALLY-BINDING AGREEMENT/CONTRACT CERTIFICATION FOR IMPLEMENTATION OF A SWQMP**

On 8/19/08 (date),

1. Northwestern Indiana Regional Planning  
Commission

3.

5.

7.

9.

11.

(List entity names above)

2.

4.

6.

8.

10.

12.

Entered into an agreement or contract to satisfy the implementation requirements in Parts B and C of the Storm Water Quality Management Plan (SWQMP).

As stated in the agreement or contract, entities agree to the following responsibilities

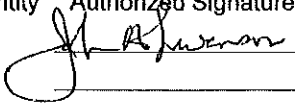
Please check the boxes corresponding with responsibilities, or portions thereof, of each entity (entity numbers correspond to entity name numbers listed above) entering into this agreement in the table below:

RESPONSIBILITY	ENTITY											
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
a. Public Education and Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Public Involvement and Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Illicit Discharge Detection and Elimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Construction Site Storm Water Run-off Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Postconstruction Storm Water Management in New Development and Redevelopment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pollution Prevention and Good Housekeeping for Municipal Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Baseline Characterization and On-Going Monitoring Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify:												

If any entity(s) is agreeing to accomplish only a portion of an aforementioned responsibility in the table, please elaborate below on the exact responsibility portion (e.g. entity 1 is responsible for storm drain marking in the MS4 area, entity 2 is responsible for conducting behavioral phone surveys for item (a) in the table). Attach separate sheets as needed.

The following statement and the accompanying signatures serve as the required certification that an agreement or contract has been developed and agreed upon per the requirements of 327 IAC 15-13.

"By signing this certification, I hereby certify under penalty of law that this document and all attachments are, to the best of my knowledge, 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."

Entity	Authorized Signature	Date
1.		8/26/08
3.		
5.		
7.		
9.		
11.		

Entity	Authorized Signature	Date
2.		
4.		
6.		
8.		
10.		
12.		



# INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

*We Protect Hoosiers and Our Environment.*

*Mitchell E. Daniels Jr.*  
Governor

*Thomas W. Easterly*  
Commissioner

100 North Senate Avenue  
Indianapolis, Indiana 46204  
(317) 232-8603  
Toll Free (800) 451-6027  
[www.idem.IN.gov](http://www.idem.IN.gov)

October 30, 2008

VIA CERTIFIED MAIL: 7002 0510 0002 7965 6341

Mr. Robert Minarich  
MS4 Operator  
Valparaiso Lakes Area Conservancy District  
1805 Burlington Beach Road  
Valparaiso IN 46383

Dear Mr. Minarich:

Re: NOTICE OF SUFFICIENCY (NOS)  
Rule 13 Permit Renewal  
INR040103 Municipal Separate Storm  
Sewer System (MS4)  
Porter County

The Renewal Notice of Intent (NOI) letter and Part A of the Storm Water Quality Management Plan submitted to the Indiana Department of Environmental Management (IDEM) are sufficient to comply with the Renewal NOI letter requirements of the NPDES general permit rule for storm water discharges associated with a municipal separate storm sewer system (MS4), 327 IAC 15-13 (Rule 13).

All requirements in the general permit rule must continue to be implemented on schedule. Coverage under the renewal NOI letter will begin on the date of expiration from the previous five (5) year permit term. Your original NOI letter was received on 11/05/2003. Your renewal coverage begins on 11/05/2008.

IDEM appreciates your efforts to date to move forward to address water quality impacts from storm water runoff in your community.

If you have any questions regarding this letter or require clarification on any issue, please contact Reggie Korthals at 317-234-1601 or by e-mail at [rkorthal@idem.IN.gov](mailto:rkorthal@idem.IN.gov).

Sincerely,

Marylou Renshaw, Chief  
Watershed Planning Branch  
Office of Water Quality

cc: Project File  
Reggie Korthals, MPA, IDEM Rule 13 Coordinator