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:

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[1]: Valparaiso Lakes Area Conservancy District
4. Mailing Address
   Address: 1805 Burlington Beach Road

☒ City ☐ Town Of: Valparaiso	Zip: 46383	County: Porter

5. Phone Number: 219-464-3770
6. Facsimile Number (if applicable): 219-531-7765
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?**

   ☒ **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 Entity[1]:
12. Mailing Address
    Address:

☐ City ☐ Town 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