



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:	Mayor Lloyd Winnecke		
2. Operator Title:	Mayor, City of Evansville		
3. Represented Entity ¹ :	City of Evansville		
4. Mailing Address	Address: 1 NW Martin Luther King Jr. Blvd.		
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town	Of: Evansville	Zip: 47708	County: Vanderburgh
5. Phone Number:	812-436-4962		
6. Facsimile Number (if applicable):			
7. E-mail Address (if applicable):	lwinnecke@evansville.in.gov		

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 type="checkbox"/> Yes* <input checked="" 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:	Karan Barnhill		
10. Contact Person Title:	Storm Water Coordinator		
11. Represented Entity ¹ :	City of Evansville - City Engineer's Office		
12. Mailing Address	Address: 1 NW Martin Luther King Jr. Blvd. Suite 321, Evansville, IN 47708		
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town	Of: Evansville	Zip: 47708	County: Vanderburgh
13. Phone Number:	812-436-4977		
14. Facsimile Number (if applicable):	812-436-4976		
15. E-mail Address (if applicable):	kbarnhill@evansville.in.gov		

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

PART C: GENERAL INFORMATION FOR MS4 ENTITIES

- 16. Receiving Water:** List all separate storm water outfall receiving waters for all entities seeking coverage under this NOI submittal and corresponding outfall designations. Attach separate sheets as necessary. If all receiving waters and outfalls are not known at the time of the NOI letter submittal, state known ones and provide the information in the corresponding annual report.

	Entity	Receiving Water	Outfall(s)
a.	City Of Evansville	Bayou Creek	See Attached Lisst
b.	City of Evansville	Bluegrass Creek	
c.	City of Evansville	Carpentier Creek	
d.	City of Evansville	Eagle Creek - Evansville	
e.	City of Evansville	Little Pigeon Creek	
f.	City of Evansville	Locust Creek - Headwaters	
g.	City of Evansville	Ohio - Evansville	
h.	City of Evansville	Ohio River - Kolb Ditch	
i.	City of Evansville	Ohio River - Mound Slough	
j.	City of Evansville	Pigeon Creek - Crawford Brandeis Ditch	
k.	City of Evansville	Pigeon Creek - Harper Ditch	
l.	City of Evansville	Pigeon Creek - Kleymeyer Park	
m.	City of Evansville	Pigeon Creek - Locust Creek - (Lower)	
n.	City of Evansville	Weinscheimer Ditch	
o.			
p.			

- 17. Do any outfalls discharge to another MS4 conveyance?** (These conveyances may either be regulated or non-regulated under Rule 13.)
If yes, provide the name of the responsible individual for the storm sewer and provide the name of the initial receiving water.

☒ Yes* ☐ No** * If yes, fill in items #18-22 below.
** If no, omit items #18-22, and advance to item #23 below.

18. Responsible Individual Name: John Stoll, PE

19. Responsible Individual Title: County Highway Engineer

20. Responsible MS4 Entity
(e.g. municipality): Vanderburgh County

21. Phone Number: 812-435-5773

22. Initial Receiving Water(s): various can be provided if needed. (See Attached for additional information for 18 - 21).

- 23. Has a TMDL study been completed on any of the receiving water(s)?** (To determine if a TMDL study has been completed, you may contact IDEM's TMDL program area by phone at 1-317-308-3173.) If yes, note which outfall(s) is subject to effluent limitations and identify the impairment parameter(s) in the table provided below.
(attach separate sheets as necessary)

☒ Yes* ☐ No** * If yes, fill in items a.-m. below.
** If no, omit items a.-m. and advance to Part D.

	Receiving Water	Outfall(s)	Parameter(s)
a.	Carpentier Creek	110, 112, 113, 118, 143, 144, 145, 146, 147, 148, 149, 150, 151, 153, 159, 160	E. coli
b.	Locust Creek	186, 187, 188, 189, 190,	E. coli
c.	Pigeon Creek	104, 105, 106, 111, 124, 125, 126, 127, 128, 129, 130, 131, 136, 152, 155, 161, 165, 166, 182, 185, 191, 192, 193, 194, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 2113, 214, 47, 48, 49, 50, 51, 52, 53, 55, 56, 57, 59, 60, 61, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 83, 97, 98,	E. coli
d.	Bayou Creek	107, 108, 109, 141, 142, 164	E. coli

e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			

PART C: GENERAL INFORMATION FOR MS4 ENTITIES

16. **Receiving Water:** List all separate storm water outfall receiving waters for all entities seeking coverage under this NOI submittal and corresponding outfall designations. Attach separate sheets as necessary. If all receiving waters and outfalls are not known at the time of the NOI letter submittal, state known ones and provide the information in the corresponding annual report.

	Entity	Receiving Water	Outfall(s)
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			
n.			
o.			
p.			

17. **Do any outfalls discharge to another MS4 conveyance?** (These conveyances may either be regulated or non-regulated under Rule 13.) If yes, provide the name of the responsible individual for the storm sewer and provide the name of the initial receiving water.

☐ Yes*☐ No**

* If yes, fill in items #18-22 below.

** If no, omit items #18-22, and advance to item #23 below.

18. Responsible Individual Name: Steve Sherwood

19. Responsible Individual Title: Assistant Engineer/Stormwater Director

20. Responsible MS4 Entity
(e.g. municipality): Warrick County

21. Phone Number: 812-897-6094

22. Initial Receiving Water(s): Various can be provided if needed

23. **Has a TMDL study been completed on any of the receiving water(s)?** (To determine if a TMDL study has been completed, you may contact IDEM's TMDL program area by phone at 1-317-308-3173.) If yes, note which outfall(s) is subject to effluent limitations and identify the impairment parameter(s) in the table provided below. (attach separate sheets as necessary)

☐ Yes*☐ No**

* If yes, fill in items a.-m. below.

** If no, omit items a.-m. and advance to Part D.

	Receiving Water	Outfall(s)	Parameter(s)
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			

PART C: GENERAL INFORMATION FOR MS4 ENTITIES

16. **Receiving Water:** List all separate storm water outfall receiving waters for all entities seeking coverage under this NOI submittal and corresponding outfall designations. Attach separate sheets as necessary. If all receiving waters and outfalls are not known at the time of the NOI letter submittal, state known ones and provide the information in the corresponding annual report.

	Entity	Receiving Water	Outfall(s)
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			
n.			
o.			
p.			

17. **Do any outfalls discharge to another MS4 conveyance?** (These conveyances may either be regulated or non-regulated under Rule 13.)
If yes, provide the name of the responsible individual for the storm sewer and provide the name of the initial receiving water.

☐ Yes*☐ No**

* If yes, fill in items #18-22 below.

** If no, omit items #18-22, and advance to item #23 below.

18. Responsible Individual Name: Chris Andrews

19. Responsible Individual Title: Manager Environmental Services Section, Indiana Department of Transportation

20. Responsible MS4 Entity
(e.g. municipality): Indiana Department of Transportation

21. Phone Number: 317-232-5219

22. Initial Receiving Water(s): Various can be provided if needed

23. **Has a TMDL study been completed on any of the receiving water(s)?** (To determine if a TMDL study has been completed, you may contact IDEM's TMDL program area by phone at 1-317-308-3173.) If yes, note which outfall(s) is subject to effluent limitations and identify the impairment parameter(s) in the table provided below.
(attach separate sheets as necessary)

☐ Yes*☐ No**

* If yes, fill in items a.-m. below.

** If no, omit items a.-m. and advance to Part D.

	Receiving Water	Outfall(s)	Parameter(s)
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			

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

On _____ (date),

1. _____
3. _____
5. _____
7. _____
9. _____
11. _____

2. _____
4. _____
6. _____
8. _____
10. _____
12. _____

(List entity names above)

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 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 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.	_____	_____
3.	_____	_____
5.	_____	_____
7.	_____	_____
9.	_____	_____
11.	_____	_____

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

PART D: MATERIALS TO BE SUBMITTED WITH THIS NOI LETTER

► In addition to the information in Parts A, B, and C, an MS4 operator must provide the following.

(Check when completed, or check "NA" if an item is not applicable. For the first of the numbered items below, the requirement must be met and "not applicable" is not provided as an option.):

X	NA	ITEM
1) <input checked="" type="checkbox"/>	---	A copy of the Storm Water Quality Management Plan – Part A: Initial Application Certification Submittal and Checklist .
2) <input checked="" type="checkbox"/>	---	Proof of publication in a newspaper of largest circulation in the affected area ¹ .
3) <input type="checkbox"/>	<input checked="" type="checkbox"/>	Certification that appropriate legally-binding agreements or contracts between MS4 entities have been obtained (see APPENDIX A).

PART E: APPLICATION FEE

- Upon submission of this NOI letter, the MS4 Operator shall pay a fee in the amount of fifty dollars (\$50). Make all checks and money orders payable to "IDEM".
- Pursuant to 327 IAC 15, the fee is **NOT**:
 - Transferable from one (1) MS4 operator to another;
 - Transferable from one (1) person to another;
 - Transferable to any other type of permit issued by IDEM; or
 - Refundable.

Unless requested by the MS4 operator and approved by IDEM within three (3) days of submittal to IDEM or prior to the NOI letter processing by IDEM, whichever is earlier.

PART F: CERTIFICATION AND SIGNATURE

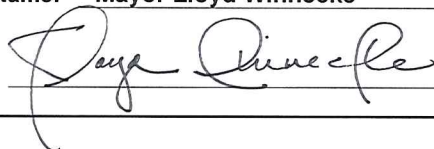
- Allow a minimum of four (4) weeks for processing the NOI letter information and receipt of your Notice of Sufficiency.
- Make sure you have completed all appropriate sections of this NOI letter and have included all required addenda. Sign and date the NOI letter and return it to the address shown on page one (1) of this NOI letter. Incomplete or incorrect NOI letters may result in a delay in processing and issuance of your Notice of Sufficiency.
- All information requested in this NOI letter is MANDATORY for the administration and processing of your permit pursuant to 327 IAC 15-13. All data received will be regarded as a public record subject to disclosure in accordance with [IC 5-14-3](#) and 327 IAC 12.1.

► The Operator listed in "Part A: GENERAL INFORMATION FOR MS4 OPERATOR" must sign the following certification statement:

"By signing this NOI letter, I hereby certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, 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."

Type or print Operator Name: Mayor Lloyd Winnecke

Signature of Operator: _____



Date: _____

07/12/2018
(mm/dd/year)

¹ The notice must be published one (1) time in at least one (1) newspaper of general circulation in each of the counties comprising the MS4 area represented by the entities seeking coverage under this NOI letter submittal. The publication of notice must, at a minimum, include the language specified in 327 IAC 15-13-6(a)(4).



**RULE 13 STORM WATER QUALITY
MANAGEMENT PLAN (SWQMP) -
PART A: INITIAL APPLICATION CERTIFICATION
SUBMITTAL AND CHECKLIST**

State Form 51277 (R3 / 4-08)

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 for compliance with a general NPDES permit pursuant to 327 IAC 15-13.
- This completed form must be submitted with a complete NOI letter.
- Return this form, and any required addenda by mail to the IDEM Rule 13 Coordinator at the address listed in the box on the upper-right.

PART A: STORM WATER QUALITY MANAGEMENT PLAN CHECKLIST

► Please check the appropriate box when the requirements for each numbered item have been met.

X	NA	ITEM
<input checked="" type="checkbox"/>		1. On page 2 of this form (TABLE 1: RESPONSIBLE ENTITY), provide a listing of entities that are covered under the attached NOI letter submittal. Duplicate the table if more entries are necessary and attach to this form.
<input checked="" type="checkbox"/>		2. On page 3 of this form (TABLE 2: SCHEDULE OF ACTIVITIES), provide an itemized schedule of activities related to SWQMP implementation, with a corresponding milestone date. Duplicate the table if more entries are necessary and attach to this form.
<input checked="" type="checkbox"/>		3. At a minimum, the schedule complies with the compliance schedule found in 327 IAC 15-13-11.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. On page 4 of this form (TABLE 3: PROPOSED BUDGET), provide an actual or estimated, proposed, itemized budget for the storm water program. Duplicate the table if more entity entries are necessary and attach to this form.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. For NOI letter submittals covering multiple entities, the budget allocation is separated by each entity covered under this NOI letter submittal.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. The budget identifies funding sources.
<input checked="" type="checkbox"/>		7. The "SWQMP – Part A: Initial Application" was submitted within 90 days of Rule 13's effective date or within 180 days of becoming aware of changed entity designation conditions.
<input checked="" type="checkbox"/>		8. The "SWQMP – Part A: Initial Application" has been certified by a Qualified Professional and the MS4 Operator.

PART B: CERTIFICATION AND SIGNATURE

► The Qualified Professional and MS4 Operator (referenced in PART A, Item #8 of this form) must sign the following certification statement and provide the pertinent NPDES permit number:

"By signing this form, I hereby certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, 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."

Name of Qualified Professional: Karan Barnhill
(typed or printed)

NPDES Permit #: INR040
0057

Signature of Qualified Professional: 

Date: 7-30-18
(mm/dd/year)

Name of MS4 Operator: Mayor Lloyd Winnecke
(typed or printed)

Signature of MS4 Operator: 

Date: 07/12/2018
(mm/dd/year)

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.	City of Evansville	Brent Schmitt	City Engineer	Street address: 1 NW Martin Luther King Jr. Blvd. Room 321 <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: Evansville _____ Zip: 47708 County: Vanderburgh _____	812-436-4977 _____	812-436-4976 _____	baschmitt@evansville.in.gov
2.	City of Evansville	Karan Barnhill	Storm Water Coordinator/Inspector _____	Street address: 1 NW Martin Luther King Jr. Blvd. Room 321 <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: Evansville _____ Zip: 47708 County: Vanderburgh _____	812-436-4977 _____	812-436-4976 _____	kbarnhill@evansville.in.gov
3.	City of Evansville _____	Mayor Lloyd Winnecke	Mayor of City of Evansville	Street address: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: Evansville _____ Zip: 47708 County: Vanderburgh _____	812-436-4962 _____	812-436-4966 _____	lwinnecke@evansville.in.gov
4.	_____	_____	_____	Street address: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____	_____	_____	_____
5.	_____	_____	_____	Street address: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____	_____	_____	_____
6.	_____	_____	_____	Street address: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____	_____	_____	_____
7.	_____	_____	_____	Street address: <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.	throughout Term of Permit	Storm Water Quality Management Plan
2.	With NOI Letter	Part A Initial Application Submitted
3.	Throughout term of permit	Storm Water Management Web Page
4.	Throughout term of Permits	Printed Flyers and Pamphlets
5.	Ongoing update throughout term of permit	Storm Sewer Mapping - As Infrastructure changes.
6.	Throughout term of permit	Post Construction Site Planning
7.	Throughout term of permit	Water Quality Monitoring
8.	Throughout term of permit	Construction Site Monitoring
9.	Throughout term of permit	Review of Construction Site Storm Water Pollution Prevention Permits
10.	Throughout term of permit	Street Sweeping and Inlet Cleaning

TABLE 2: SCHEDULE OF ACTIVITIES

	Milestone Date	Activity Name
1.	Throughout term of Permit	Illicit Discharge Enforcement
2.	Throughout term of Permit	Outfall Inspections
3.	Throughout term of Permit	Structural BMP Inspections
4.	Throughout term of Permit	Public Education and Outreach at Schools and Day Camps
5.	Throughout term of permit	Coordination with other Agencies (ie SWCE and Solid Waste District Vanderburgh County) regarding Public Education and Outreach Activities, Public Involvement and Good Housekeeping
6.	Throughout term of permit	Preparation and Recording Data for Annual Report and Monthly Reports
7.	Throughout term of permit	Record keeping of construction inspections, outfall inspections, BMP inspections and filing of data.
8.	Throughout term of permit	Household Hazardous Waste "Toxaway Day"
9.	_____	_____
10.	_____	_____

TABLE 3: PROPOSED BUDGET

↑ ENTITY: City of Evansville - The total sbelow are percentages used to illustrate our five year permit totals.

Control Measure/Item		Proposed Budget
1.	Public Education and Outreach	20%
2.	Public Participation/Involvement	20%
3.	Illicit Discharge Detection and Elimination	5%
4.	Construction Site Run-Off Control	10%
5.	Postconstruction Run-Off Control	10%
6.	Municipal Operations Pollution Prevention and Good Housekeeping	10%
7.	On-Going Water Quality Characterization	15%
8.	Other	10%
9.	Funding Source(s)	The City of Evansville will be utilizing existing budgeted funds to manage the stormwater program. The storm water coordinator networks with other existing departments ot manage all necessary elements for the six minimm control measures.

Evansville
COURIER & PRESS
PART OF THE USA TODAY NETWORK

Affidavit of Publication

**PROOF OF PUBLICATION
OF LEGAL ADVERTISEMENT**

Account Number:
EXE71 / 120179

**STATE OF WISCONSIN
BROWN COUNTY**

CITY ENGINEERS OFFICE RM 321
ROBIN MORRIS CITY ENGINEERS OFFICE RM 321
1 NW MARTIN LUTHER KING BLVD

EVANSVILLE, IN 47708

RE: The City of Evansville has been desi
CITY ENGINEERS OFFICE RM 321
AD: 2069857

I Kevin Eany who being sworn, is employee of the **Evansville Courier Company**, publisher of **The Evansville Courier** a daily newspaper published in the city of Evansville, in said county and state and that the legal advertisement, of which the attached is a true copy, was printed in its issues of:

EC-Evansville Courier & Press 07/19/18 Thu

Kevin Eany 7-30-18
Signed Date

Subscribed and sworn to before me this date:

7-30-18
Date

Vicky Felty Notary Public
Notary is a Resident of Brown County, State of Wisconsin

My Commission expires: 9-19-21

70 lines @ 1 time(s) = \$28.70



> Affidavit

Prescribed by State of Board Accounts

120179 CITY ENGINEERS OFFICE RM 321

(Governmental Unit)

General Form No. 99P (Rev. 2009A)

To Evansville Courier & Press

Vanderburgh County, Indiana PO Box 268, Evansville, IN 47702

PUBLISHER'S CLAIM

LINE COUNT

Display Master (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

70.0

0

70.0

0

70.0

COMPUTATION OF CHARGES

70.0 lines, 1 columns wide equals 70.0 equivalent lines at 1.93 per line

\$28.70

Additional charges for notices with typing, rule or tabular work

\$0.00

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

\$0.00

TOTAL AMOUNT OF CLAIM

\$28.70

DATA FOR COMPUTING COST

Width of single column in picas 9p0

Number of insertions 1

Size of type 7 pnts

Pursuant to the provisions and penalties of IC 5-11-10-1, 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.

I also certify that the printed matter attached hereto is a true copy, of the same column width and type size, which was duly published in said paper 1 times.
The dates of publication being as follows:

EC-Evansville Courier & Press 07/19/18 Thu

Ad ID 2069857

Additionally, the statement checked below is true and correct:

☐ Newspaper does not have a Web site.☒ Newspaper has a Web site and this public notice was posted on the same day it was
published in the newspaper.☐ Newspaper has a Web site, but due to technical problem or error, public notice was
posted on _____☐ Newspaper has a Web site but refuses to post the public notice

Date _____

Name: _____

Title: _____

Attach copy of advertisement here

The City of Evansville has been designated by the Indiana Department of Environmental Management as a Municipal Separate Storm Sewer System (MS4) entity pursuant to 327 IAC 15-13. Administrative activities for this program will be directed from their offices located at Civic Center Complex, 1 NW Martin Luther King Jr. Blvd., Evansville, Indiana. Additionally, Evansville intends to discharge storm water into the following watersheds:

Watershed
14-Digit Hydrologic Unit
Code
Bayou Creek
05140202070020
Bluegrass Creek - Firlick
Creek
05140202040070
Carpentier Creek
05140202050010
Eagle Creek (Evansville)
05140202010020
Little Creek-Wolf Creek
05120113110100
Little Pigeon Creek
05140202040090
Locust Creek - Headwaters
05140202040110
Ohio-Evansville
05140202010030
Ohio River-Kolb Ditch
05140201160040
Ohio River - Mound Slough
05140202050020
Pigeon Creek-Crawford
Brandeis Ditch
05140202040010
Pigeon Creek-Harper Ditch
05140202040080
Pigeon Creek-Kleymeyer
Park
05140202040100
Pigeon Creek-Locust Creek
(Lower)
05140202040120
Weinsheimer Ditch
05140202030060

Further, as required by 327 IAC 15-31, the City of Evansville is submitting a Notice of Intent (NOI) Letter to notify the Indiana Department of Environmental Management of the City's intent to comply with the requirements under 327 IAC 15-13 to discharge storm water runoff associated with municipal separate storm sewer systems.
(Courier & Press, July 19, 2018) hspaxlp

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