

PART C: OTHER CONTACTS

Application Preparer:

(Complete Items (1) and (2) below and only complete Item (3) if different than the information listed in Part A or Part B)

(1) Contact Name (Individual): First Name: Andrew Last Name: Utz
 (2) MS4 or Company Name: Commonwealth Engineers, Inc.
 (3) Mailing Address and Contact Information:
 Address 1: 6325 Digital Way
 Address 2: Suite 101 City: Indianapolis State: IN Zip: 46278
 Phone: (463) 900-1177 Cell Phone: Email: autz@contactcei.com

Consultant:

Not Applicable
 The MS4 has retained a consultant to assist with the program
 (Complete Items (1) through (3) if different than the information listed for the Application Preparer)

(1) Contact Name: (Individual): First Name: Last Name:
 (2) Company Name:
 (3) Mailing Address and Contact Information:
 Address 1:
 Address 2: City: State: State Abbreviation: Zip:
 Phone: Cell Phone: Email:

PART D: MS4 GENERAL INFORMATION (Primary Permittee Only (Co-permittees will provide in Appendix A))

(1) Primary Receiving Water: Fall Creek
 (2) Coverage Area (Acres): 3,962
 (3) Population: 4,717
 (4) Funding Sources: Stormwater Fee
 (5) Stormwater Fees: A Stormwater User fee of \$12.00 per ERU per month
 Not Applicable
 Yes, the fees are based on or calculated on (provide a brief description):

(6) Administration of the Minimum Control Measures:

Minimum Control Measure	Primary MS4 will Administer	Another MS4 (List Entity) will Administer	A Third Party (List Entity) will Administer	Legally Binding Agreement
Public Education	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Madison County Stormwater Quality Partnership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Public Involvement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Madison County Stormwater Quality Partnership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Illicit Discharge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Madison Co. SWCD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Post-construction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Madison Co. SWCD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Good Housekeeping	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

PART E: MS4 CO-PERMITTEE INFORMATION

(1) Is the MS4 listed as Primary applying for permit coverage that will include co-permittees?

Yes (List the MS4 entities below) No (Proceed to Part F)

- (a) (f)
- (b) (g)
- (c) (h)
- (d) (i)
- (e) (j)

Part F: GENERAL DISCHARGE INFORMATION FOR MS4 ENTITIES

(1) Hydrologic Unit Codes (12 Digit) associated with the MS4 area including those associated with co-permittees.
(Attach separate sheets as necessary.)

Hydrologic Unit Code (12 Digit)	Name of MS4 or MS4s
(a) 051202010806	Town of Pendleton
(b) 051202010808	Town of Pendleton
(c) 051202010804	Town of Pendleton
(d)	
(e)	
(f)	
(g)	
(h)	

(2) Primary Hydrologic Unit Code selected from the list above:

(3) Receiving Waters: List all separate stormwater system outfall receiving waters. The receiving waters must represent all entities seeking coverage under this NOI. (Attach separate sheets as necessary.)

	Receiving Water	Approved TMDL (Name the TMDL)	Identify if the Water is on the current 303d (List Impairments Below)
(a)	Fall Creek	West Fork White River, Muncie to Hamilton-Marion County Line	E. Coli, Impaired Biotic Communities, FCA for PCBs
(b)	Foster Branch		E. Coli, Impaired Biotic Communities, FCA for PCBs
(c)	Prairie Creek		E. Coli, Impaired Biotic Communities, FCA for PCBs
(d)			
(e)			
(f)			
(g)			
(h)			
(i)			
(j)			
(k)			
(l)			
(m)			
(n)			
(o)			
(p)			

(4) Do any outfalls within the MS4 discharge to another MS4 conveyance?
(These conveyances may either be regulated or non-regulated under the MS4 General Permit.)

Yes No

If yes, provide the name of the responsible MS4 entity for the storm system and provide the name of the initial receiving water.

Outfall Discharges Directly to a MS4 (List the MS4):	Initial Receiving Water
(a)	
(b)	
(c)	
(d)	

Part G: Public Notification

The designated entities have notified the public of their intent to submit an application to IDEM to obtain permit coverage as a MS4. The notification was achieved by one of the two options below (select the option utilized):

- A notification was placed on the MS4 web page or community calendar for 30 days prior to submittal of the NOI. The notification included the information required in the MS4GP as required by 6.1 (b)(2).
- A notification was placed on a local newspaper of general circulation for a minimum of one (1) day. The notification included the information required in the MS4GP as required by 6.1 (b)(2).

Part H: INFORMATION TO BE SUBMITTED WITH THE NOI

In addition to the information in Parts A through G and applicable appendices a MS4 operator must provide:

- (1) Proof that a notice was posted to the MS4 web page / community calendar or in a newspaper with the greatest circulation in the affected MS4 area.
- (2) Application Fee (the MS4 Operator shall pay a fee in accordance with IC 13-18-20-12 and Section 6.4 and 6.5 of the MS4GP).
- (3) Certification that appropriate legally-binding agreements or contracts between MS4 entities have been obtained.

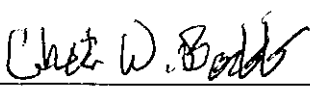
Part I: CERTIFICATION AND SIGNATURE

The Primary MS4 Operator listed in Part A must sign the following certification statement:

I swear or affirm under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified in IC 13-30-10, that the statements and representations in this notification are true, accurate, and complete.

"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: Chet Babb

Signature of Operator: 

Date: 6/3/2022
(mm/dd/year)

The NOI must be signed by an individual who has the appropriate signatory authority as required by 40 CFR 122.22. Wet ink signatures are required.

Appendix A: Co-permittees (Complete this form for each Co-Permittee)

(1) Name of MS4 Co-Permittee:

MS4 Operator (An individual): First: _____ Last: _____ Title: _____
 Address 1: _____
 Address 2: _____ City: _____ State: Indiana Zip: _____
 Phone: _____ Cell Phone: _____ Email: _____
 MS4 Coordinator (An individual): First: _____ Last: _____ Title: _____
 Address 1: _____
 Address 2: _____ City: _____ State: Indiana Zip: _____
 Phone: _____ Cell Phone: _____ Email: _____

(2) MS4 Information for Co-permittee:

MS4 (Co-permittee) Population: _____
 MS4 (Co-Permittee) Primary Receiving Water: _____
 Funding Sources: _____
 Does the MS4 have a Stormwater Fee: Yes No
 If Yes, provide a general description of how the fee is calculated (*i.e. impervious surface, etcetera*)

(3) Administration of the Minimum Control Measure:

Minimum Control Measure	Co-Permittee Listed Above will Administer	Another MS4 (List Entity) will Administer	A Third Party (List Entity) will Administer	Legally Binding Agreement
Public Education	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Illicit Discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-construction	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Good Housekeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

(4) Co-permittee Certification:

I swear or affirm under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified in IC 13-30-10, that the statements and representations in this notification are true, accurate, and complete.

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 MS4 Operator Name: _____

Signature of MS4 Operator (co-Permittee): _____ Date: _____

The NOI must be signed by an individual who has the appropriate signatory authority as required by 40 CFR 122.22. Wet ink signatures are required. (mm/dd/year)

Appendix B: Additional Program Contacts Administering Minimum Control Measures (Optional)
(Add additional Pages as needed)

MS4 Representative	Administering the Following MCMs
Name (Individual): First Name: Brandi Last Name: Frazier MS4 or Company Name: Madison County Soil and Water Conservation District Address: 182 W 300 N City: Anderson State: Indiana Zip: 46012 Phone: (765) 644-4249 Cell Phone: _____ Email: brandi.frazier@in.nacdnet.net	<input type="checkbox"/> Public Education <input type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Post-Construction <input type="checkbox"/> Good Housekeeping
Name (Individual): First Name: _____ Last Name: _____ MS4 or Company Name: Madison County Stormwater Quality Partnership Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell Phone: _____ Email: _____	<input checked="" type="checkbox"/> Public Education <input checked="" type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge <input type="checkbox"/> Construction <input type="checkbox"/> Post-Construction <input type="checkbox"/> Good Housekeeping
Name (Individual): First Name: _____ Last Name: _____ MS4 or Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell Phone: _____ Email: _____	<input type="checkbox"/> Public Education <input type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge <input type="checkbox"/> Construction <input type="checkbox"/> Post-Construction <input type="checkbox"/> Good Housekeeping
Name (Individual): First Name: _____ Last Name: _____ MS4 or Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell Phone: _____ Email: _____	<input type="checkbox"/> Public Education <input type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge <input type="checkbox"/> Construction <input type="checkbox"/> Post-Construction <input type="checkbox"/> Good Housekeeping
Name (Individual): First Name: _____ Last Name: _____ MS4 or Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell Phone: _____ Email: _____	<input type="checkbox"/> Public Education <input type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge <input type="checkbox"/> Construction <input type="checkbox"/> Post-Construction <input type="checkbox"/> Good Housekeeping
Name (Individual): First Name: _____ Last Name: _____ MS4 or Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell Phone: _____ Email: _____	<input type="checkbox"/> Public Education <input type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge <input type="checkbox"/> Construction <input type="checkbox"/> Post-Construction <input type="checkbox"/> Good Housekeeping