



## MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) NOTICE OF INTENT (NOI)

State Form 51270 (R5 / 3-22)  
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 to obtain permit coverage under the MS4 General Permit MS4 GP - (INR040000)
- Please type or print in ink.
- Return this form, required addenda, and payment by mail to the IDEM Stormwater Program at the address listed below.

IDEM, Stormwater Program  
100 North Senate Avenue  
IGCN Rm 1255  
Indianapolis, IN 46204-2251

**For questions regarding this form, contact:**

Phone: (317) 234-1601 or  
(800) 451-6027, ext. 41601 (within Indiana)

Stormwater Program Email: Stormwat@idem.IN.gov

**Web Access:**

<http://www.in.gov/idem> (Search for Stormwater)

MS4 General Permit (MS4GP) may be obtained at:

<https://www.in.gov/idem/stormwater/municipal-separate-storm-sewer-systems-ms4/>

**APPLICABILITY****Permit coverage under the MS4 General Permit 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

☐ Renewal NOI

• NPDES Number:

☐ Amended NOI

• NPDES Number:

**Part A: GENERAL INFORMATION FOR PRIMARY MS4 OPERATOR**

(1) MS4 Name (Primary):	County:		
(2) Operator Name (Individual):	First:	Last:	
(3) Operator Title:			
(4) Mailing Address and Contact Information:			
Address 1:			
Address 2:		City:	State: Indiana Zip:
Phone:	Cell Phone:	Email:	

**Part B: MS4 COORDINATOR (MS4 Listed in Part A)**

(1) Is the MS4 Coordinator the same person as the MS4 Operator listed in Part A?			
<input type="checkbox"/> Yes (Do not complete items 2 through 5) <input type="checkbox"/> No (Complete Items 2 through 5)			
(2) Name of MS4 or Name of Company:			
(3) Contact Name (Individual):	First:	Last:	
(4) Contact Title:			
(5) Mailing Address and Contact Information:			
Address 1:			
Address 2:		City:	State: Indiana Zip:
Phone:	Cell Phone:	Email:	

**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: Last Name:
- (2) MS4 or Company Name:
- (3) Mailing Address and Contact Information:
- Address 1:
- Address 2: City: State: Zip:
- Phone: Cell Phone: Email:

**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:
- (2) Coverage Area (Acres):
- (3) Population:
- (4) Funding Sources:
- (5) Stormwater Fees:
- ☐ 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 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

**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)	
(b)	
(c)	
(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)			
(b)			
(c)			
(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 <i>(List the MS4):</i>	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:** \_\_\_\_\_

**Signature of Operator:** \_\_\_\_\_ **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 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
<b>Public Education</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Public Involvement</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Illicit Discharge</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Construction</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Post-construction</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Good Housekeeping</b>	<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:	Last Name:		<input type="checkbox"/> Public Education
MS4 or Company Name:			<input type="checkbox"/> Public Involvement
Address:			<input type="checkbox"/> Illicit Discharge
City:	State:	Zip:	<input type="checkbox"/> Construction
Phone:	Cell Phone:	Email:	<input type="checkbox"/> Post-Construction
			<input type="checkbox"/> Good Housekeeping
Name (Individual): First Name:	Last Name:		<input type="checkbox"/> Public Education
MS4 or Company Name:			<input type="checkbox"/> Public Involvement
Address:			<input type="checkbox"/> Illicit Discharge
City:	State:	Zip:	<input type="checkbox"/> Construction
Phone:	Cell Phone:	Email:	<input type="checkbox"/> Post-Construction
			<input type="checkbox"/> Good Housekeeping
Name (Individual): First Name:	Last Name:		<input type="checkbox"/> Public Education
MS4 or Company Name:			<input type="checkbox"/> Public Involvement
Address:			<input type="checkbox"/> Illicit Discharge
City:	State:	Zip:	<input type="checkbox"/> Construction
Phone:	Cell Phone:	Email:	<input type="checkbox"/> Post-Construction
			<input type="checkbox"/> Good Housekeeping
Name (Individual): First Name:	Last Name:		<input type="checkbox"/> Public Education
MS4 or Company Name:			<input type="checkbox"/> Public Involvement
Address:			<input type="checkbox"/> Illicit Discharge
City:	State:	Zip:	<input type="checkbox"/> Construction
Phone:	Cell Phone:	Email:	<input type="checkbox"/> Post-Construction
			<input type="checkbox"/> Good Housekeeping
Name (Individual): First Name:	Last Name:		<input type="checkbox"/> Public Education
MS4 or Company Name:			<input type="checkbox"/> Public Involvement
Address:			<input type="checkbox"/> Illicit Discharge
City:	State:	Zip:	<input type="checkbox"/> Construction
Phone:	Cell Phone:	Email:	<input type="checkbox"/> Post-Construction
			<input type="checkbox"/> Good Housekeeping
Name (Individual): First Name:	Last Name:		<input type="checkbox"/> Public Education
MS4 or Company Name:			<input type="checkbox"/> Public Involvement
Address:			<input type="checkbox"/> Illicit Discharge
City:	State:	Zip:	<input type="checkbox"/> Construction
Phone:	Cell Phone:	Email:	<input type="checkbox"/> Post-Construction
			<input type="checkbox"/> Good Housekeeping