

## NOI Letter



Joseph E. Kernan  
Governor

Lori F. Kaplan  
Commissioner

100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-6015  
(317) 232-8603  
(800) 451-6027  
[www.IN.gov/idem](http://www.IN.gov/idem)

December 18, 2003

The Honorable Fred Isch  
Mayor  
City of Decatur  
City Hall  
225 West Monroe Street  
Decatur, Indiana 46733-1606

Re: **NOTICE OF SUFFICIENCY (NOS)**

Dear Storm Water General Permit Applicant:

The 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 NOI letter requirements of the NPDES general permit rule for storm water discharges associated with municipal separate storm sewer systems (MS4s), 327 IAC 15-13 (Rule 13).

An NPDES general permit identification number is being assigned to each MS4 operator that has submitted an NOI letter to comply with Rule 13. **This number is your identification permit number and should be included on any correspondence or amended NOI letter submitted to IDEM relating to the Rule 13 general permit.** The general permit number assigned to this MS4 operator is: **INR040055**.

Copies of Rule 13 and the associated Rule 13 guidance document are available on the Web at <http://www.IN.gov/idem/water/npdes/permits/wetwthr/storm/rule13.html>. If requested, a hard copy of the rule and/or guidance document can be mailed to you. All requirements in the general permit rule must be implemented on schedule. This compliance schedule starts from the date IDEM receives your NOI letter. Your NOI letter was received on **November 3, 2003**. If you have any questions regarding this letter or the storm water general permit requirements, please contact Mr. Mark Balazs at 317/234-1601 or 1-800-451-6027 ext. 41601.

Sincerely,

Bruno Pigott, Chief  
Permits Branch  
Office of Water Quality

**COMMONWEALTH ENGINEERS, INC.**

Vendor ID: IDEM Cashier, IDEM  
Check Amount : 50.00

Check #: 31185 **31185**  
Date: 10/31/2003

Invoice #	Date	Invoice Amount	Gross Payment	Discount	Net Payment	Notes
16234	10/30/2003	\$50.00	\$50.00		\$50.00	Decatur Permit (D03103-01)

**COMMONWEALTH ENGINEERS, INC.**

7256 COMPANY DRIVE  
INDIANAPOLIS, INDIANA 46237-9212

BANK ONE, NA  
WWW.BANKONE.COM

**31185**  
**31185**

20-1/740

CHECK NO.

DATE  
10/31/2003

AMOUNT  
**\$50.00**

**THE SUM OF FIFTY DOLLARS 00/100 ONLY**

Cashier, IDEM  
P. O. BOX 7060  
INDIANAPOLIS, IN 46207-7060

PAY  
TO THE  
ORDER  
OF

*[Handwritten Signature]*  
AUTHORIZED SIGNATURE

⑈031185⑈ ⑆074000010⑆ 192155307⑈

Security features. Details on back



# RULE 13 NOTICE OF INTENT (NOI) LETTER

State Form 51270 (R / 7-03)  
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  
P.O. Box 6015  
Indianapolis, IN 46206-6015  
Phone: (317) 234-1601 or  
(800) 451-6027, ext. 41601 (within Indiana)  
Web Access:  
<http://www.in.gov/idem/water/npdes/permits/wetw/hr/storm/rule13.html>

- 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.

NOV 3 3 9 PM '03  
OFFICE OF WATER MANAGEMENT

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)	
<input checked="" type="checkbox"/>	Initial NOI letter
<input type="checkbox"/>	Renewal NOI letter

## PART A: GENERAL INFORMATION FOR MS4 OPERATOR

1. Operator Name:	Fred Isch		
2. Operator Title:	Mayor		
3. Represented Entity <sup>1</sup> :	City of Decatur		
4. Mailing Address	Address: City Hall 225 W. Monroe Street		
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town	Of: Decatur	Zip: 46733-1606	County: Adams
5. Phone Number:	(260) 724-7171		
6. Facsimile Number (if applicable):	(260) 724-7213		
7. E-mail Address (if applicable):			

## 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:	Anne Butcher		
10. Contact Person Title:	Wastewater Superintendent		
11. Represented Entity <sup>1</sup> :	City of Decatur		
12. Mailing Address	Address: City Hall 225 W. Monroe Street		
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town	Of: Decatur	Zip: 46733-1606	County: Adams
13. Phone Number:	(260) 724-4218		
14. Facsimile Number (if applicable):	(260) 724-4219		
15. E-mail Address (if applicable):	dwwtp@adamswells.com		

<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

**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 Decatur	Holthouse Ditch - Kohne Ditches	Numbering System Being Developed
b.	City of Decatur	St. Mary's River - Borum Run	Same as Above
c.	City of Decatur	St. Mary's River - Decatur	Same as Above
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.

Responsible Individual Name: Thomas L. Duncan, P.E.

19. Responsible Individual Title: Manager - Environmental Services Section, INDOT

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

21. Phone Number: 317-232-5512

22. Initial Receiving Water(s): To be Determined

**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.			

