



# 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:

- are not required to obtain an individual NPDES permit under 327 IAC 15-2-9(b);
- meet the general permit rule applicability requirements under 327 IAC 15-2-3;
- do not have coverage under an individual MS4 permit; and
- 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:	Mr. Gerry Scheub		
2. Operator Title:	President of Board of Commissioners		
3. Represented Entity <sup>1</sup> :	Lake County		
4. Mailing Address Address: 2293 N. Main Street			
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town	Of:	Crown Point	Zip: 46307
5. Phone Number:	219-755-3745		
6. Facsimile Number (if applicable):	219-755-3750		
7. E-mail Address (if applicable):	scheugj@lakecountyin.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:	Mr. George Van Til		
10. Contact Person Title:	Lake County Surveyor		
11. Represented Entity <sup>1</sup> :	Lake County		
12. Mailing Address Address: 2293 N. Main Street			
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town	Of:	Crown Point	Zip: 46307
13. Phone Number:	219-755-3755		
14. Facsimile Number (if applicable):	219-755-3750		
15. E-mail Address (if applicable):	surveyor@lakecountyin.org		

<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.