



**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

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/>

- 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

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: **INR040092**
- Amended NOI
• NPDES Number:

Part A: GENERAL INFORMATION FOR PRIMARY MS4 OPERATOR

- (1) MS4 Name (Primary): City of Terre Haute (Co-Permit) County: Vigo
- (2) Operator Name (Individual): First: Duke Last: Bennett
- (3) Operator Title: Mayor, City of Terre Haute
- (4) Mailing Address and Contact Information:
Address 1: Terre Haute City Hall
Address 2: 17 Harding Avenue City: Terre Haute State: Indiana Zip: 47807
Phone: 812-244-2303 Cell Phone: Email: duke.bennett@terrehaute.in.gov

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?
 Yes (Do not complete items 2 through 5) No (Complete Items 2 through 5)
- (2) Name of MS4 or Name of Company: City of Terre Haute (Co-permit)
- (3) Contact Name (Individual): First: Alicia Last: Barnard
- (4) Contact Title: Industrial Pretreatment Supervisor / MS4 Coordinator
- (5) Mailing Address and Contact Information:
Address 1: Terre Haute Wastewater Utility
Address 2: 3200 South State Road 63 City: Terre Haute State: Indiana Zip: 47802
Phone: 812-244-5511 Cell Phone: 812-242-0943 Email: alicia.barnard@terrehaute.in.gov

PART C: OTHER CONTACTS					
Application Preparer: <i>(Complete Items (1) and (2) below and only complete Item (3) if different than the information listed in Part A or Part B)</i>					
(1) Contact Name (Individual): First Name: Alicia Last Name: Barnard					
(2) MS4 or Company Name: Terre Haute (Co-permit)					
(3) Mailing Address and Contact Information:					
Address 1:					
Address 2:		City:		State:	Zip:
Phone:		Cell Phone:		Email:	
Consultant:					
<input checked="" type="checkbox"/> Not Applicable					
<input type="checkbox"/> The MS4 has retained a consultant to assist with the program <i>(Complete Items (1) through (3) if different than the information listed for the Application Preparer)</i>					
(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:
Phone:		Cell Phone:		Email:	Zip:

PART D: MS4 GENERAL INFORMATION (Primary Permittee Only (Co-permittees will provide in Appendix A))				
(1) Primary Receiving Water: Wabash River				
(2) Coverage Area (Acres): 22,502.4				
(3) Population: 60,163				
(4) Funding Sources: General taxpayer funds and general facility budgets				
(5) Stormwater Fees:				
<input checked="" type="checkbox"/> Not Applicable				
<input type="checkbox"/> Yes, the fees are based on or calculated on <i>(provide a brief description):</i>				
(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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Involvement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City Eng & Vigo SWCD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Post-construction	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City Eng & Vigo 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) City of Terre Haute | (f) Honey Creek - Vigo Conservancy District |
| (b) Vigo County | (g) Ivy Tech Community College of Terre Haute |
| (c) Town of Seelyville | (h) Indiana State University |
| (d) Town of West Terre Haute | (i) |
| (e) Rose - Hulman Institute of Technology | (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.)

MS4 Names	HUC Codes
(a) Terre Haute	(05120111) 0603, 0605, 0704, 0702
(b) Vigo County	(05120111) 0604, 0406, 0504, 0405, 0603, 0605, 0404, 0902, 0703, 1104, 0904, 0701, 0702, 0704
(c) Seelyville	(05120111) 0603, 0404
(d) West Terre Haute	(05120111) 0504, 0605
(e) Rose-Hulman Institute of Tech.	(05120111) 0603
(f) Honey Creek-Vigo CD	(05120111) 0704
(g) Ivy Tech	(05120111) 0704, 1104
(h) Indiana State University	(05120111) 0605

(2) Primary Hydrologic Unit Code selected from the list above: 051201110605 (Izaak Walton Lake - Wabash River)

(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) Wabash and Erie Canal	Wabash River Nutrient and Pathogen TMDL (Mainstem)	E. coli, pH, PCBs in Fish Tissue
(b) Otter Creek	Otter Creek Watershed E. coli TMDL	E. coli, Biological Integrity, Sulphate, pH
(c) Gundy Ditch		
(d) Swope Ditch		
(e) East Little Sugar Creek		
(f) Sugar Creek		Biological Integrity
(g) Little Lost Creek		
(h) Lost Creek		
(i) Snake Creek		
(j) Clear Creek		
(k) Wabash River	Wabash River Nutrient and Pathogen TMDL (Mainstem)	E. coli, PCBs in Fish Tissue, Nutrients, Biological Integrity
(l) Thompson Ditch		
(m) Honey Creek		E. coli, PCBs in Fish Tissue
(n) Little Honey Creek		
(o) Hayworth Sough		
(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: DUKE A BENNETT MAYOR

Signature of Operator:  Date: 6/6/22
(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: Vigo County
 MS4 Operator (An individual): First: Chris Last: Switzer Title: President, County Commissioners
 Address 1: 650 S. 1st St.
 Address 2: _____ City: Terre Haute State: Indiana Zip: 47807
 Phone: 812-231-6200 Cell Phone: _____ Email: Chris.switzer@vigo county.in.gov
 MS4 Coordinator (An individual): First: Larry Last: Robbins Title: County Engineer
 Address 1: 121 Oak St.
 Address 2: _____ City: Terre Haute State: Indiana Zip: 47807
 Phone: 812-462-3419 Cell Phone: _____ Email: Larry.robbins@vigo county.in.gov

(2) MS4 Information for Co-permittee:
 MS4 (Co-permittee) Population: 105,994
 MS4 (Co-Permittee) Primary Receiving Water: Wabash River
 Funding Sources: Local Economic Development funding
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Involvement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input 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		Vigo County SWCD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Post-construction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vigo County 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

(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: Chris Switzer

Signature of MS4 Operator (co-Permittee): [Handwritten Signature] Date: 06/28/2022

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: Seelyville

MS4 Operator (An individual): First: Jeremy Last: Jessie Title: Town Manager
 Address 1: P.O. Box 249
 Address 2:
 Phone: City: Seelyville State: Indiana Zip: 47878
 Cell Phone: 812-208-5231 Email: Jessie@seelyville-in.gov
 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: 1100
 MS4 (Co-Permittee) Primary Receiving Water: Sulfer creek, HUC 51201110404
 Funding Sources: Storm water Fee
 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)
\$5.01 per customer in Town limits

(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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Involvement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input 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		Vigo County SWCD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Post-construction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vigo County 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

(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: Jeremy Jessie

Signature of MS4 Operator (co-Permittee): [Signature] Date: 06/10/2022
 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: West Terre Haute

MS4 Operator (An individual): First: Shane Last: Smith Title: Town Board President
 Address 1: 500 W National Ave
 Address 2: City: West Terre Haute State: Indiana Zip: 47885
 Phone: 812 533 1053 Cell Phone: 812 240 2294 Email:
 MS4 Coordinator (An individual): First: James Last: Crowley Title: Utility Supervisor
 Address 1: 500 W National Ave
 Address 2: City: West Terre Haute State: Indiana Zip: 47885
 Phone: 812 240 2294 Cell Phone: Email:

(2) MS4 Information for Co-permittee:

MS4 (Co-permittee) Population: 3300

MS4 (Co-Permittee) Primary Receiving Water: East Little Creek - Sugar Creek 051201110504
Issac Walton Lake - Wabash River 051201110605

Funding Sources: Stormwater Fee

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)
Flat Fee

(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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Involvement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input 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		Vigo County SWCD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Post-construction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vigo County 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

(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: Shane Smith

Signature of MS4 Operator (co-Permittee): [Signature] Date: 6-12-22
 (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: Rose-Hulman Institute of Technology
 MS4 Operator (An individual): First: MATT Last: DAVIS Title: VP for Finance
 Address 1: 5500 WABASH AVE
 Address 2: City: TERRE HAUTE State: Indiana Zip: 47803
 Phone: 812-877-8421 Cell Phone: Email: davis3@rose-hulman.edu
 MS4 Coordinator (An individual): First: JACK Last: CAMPBELL Title: Senior Director, Safety Security
 Address 1: 5500 WABASH AVE
 Address 2: City: TERRE HAUTE State: Indiana Zip: 47803
 Phone: 812-877-8124 Cell Phone: 812-208-2332 Email: CampbellJ@rose-hulman.edu

(2) MS4 Information for Co-permittee:
 MS4 (Co-permittee) Population: 2,600
 MS4 (Co-Permittee) Primary Receiving Water: Lost Creek watershed 051201110603 and Stone Quarry Branch Hay Creek 051201110702
 Funding Sources: overall campus budget
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Involvement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input 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		Vigo County SWCD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Post-construction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vigo County 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

(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: Matthew Davis
Rose-Hulman Institute of Technology

Signature of MS4 Operator (co-Permittee): Matthew Davis Date: 6/22/22

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: Honey Creek-Vigo Conservancy District

MS4 Operator (An individual): First: Richard K. Last: Jenkins Title: Board Chair

Address 1: Honey Creek-Vigo County Conservancy District

Address 2: 333 Ohio Street City: Terre Haute State: Indiana Zip: 47807

Phone: 812-232-4311 Cell Phone: Email: rj@rjbuilders.net

MS4 Coordinator (An individual): First: Craig Last: McKee Title: Board Counsel

Address 1: 333 Ohio Street

Address 2: City: Terre Haute State: Indiana Zip: 47807

Phone: 812-917-2809 Cell Phone: Email: cmmckee@wilkinsonlaw.com

(2) MS4 Information for Co-permittee:

MS4 (Co-permittee) Population: 4,613; Area of HC-VCCD: 4,329 acres

MS4 (Co-Permittee) Primary Receiving Water: Wabash River

Funding Sources: District General Fund

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 checked="" type="checkbox"/> No	City of Terre Haute & Vigo County SWCD		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Public Involvement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City of Terre Haute & Vigo County SWCD		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Illicit Discharge	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Contract this work out	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Construction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City of Terre Haute & Vigo County SWCD		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Post-construction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City of Terre Haute & Vigo County SWCD		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Good Housekeeping	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Contract this work out	<input checked="" 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: Richard K. Jenkins, Board Chair

Signature of MS4 Operator (co-Permittee) 

Date: 6/15/2012
(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: IvyTech
 MS4 Operator (An individual): First: Sam Last: Johnson Title: Dir of Facilities
 Address 1: 8000 S Education Drive
 Address 2: _____ City: TERRE HAUTE State: Indiana Zip: 47802
 Phone: 812 298 2266 Cell Phone: 812 243 3571 Email: Sjohnson349@ivytech.edu
 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: 3000 per year
 MS4 (Co-Permittee) Primary Receiving Water: Thompson Ditch - Honey Creek 051201110704
Headwaters Prairie Creek 05120111104
 Funding Sources: State Apportionment
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Involvement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input 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		Vigo County SWCD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Post-construction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vigo County 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

(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: Samuel Johnson
 Signature of MS4 Operator (co-Permittee): [Signature] Date: 10/27/2022
 (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: Indiana State University
 MS4 Operator (An individual): First: Bryan Last: Duncan Title: Exec. Dir. of Capital Planning + Construction
 Address 1: 951 Sycamore St.
 Address 2: _____ City: Terre Haute State: Indiana Zip: 47809
 Phone: 812-237-8100 Cell Phone: 812-240-9324 Email: bryan.duncan@iustate.edu
 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: 10,000
 MS4 (Co-Permittee) Primary Receiving Water: Combined Sewer System in Isaac Walton-Wabash River Watershed
 Funding Sources: State appropriation and student fees
 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)
HUC 0120110605

(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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Involvement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input 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 type="checkbox"/> No		City Eng & Vigo SWCD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Post-construction	<input type="checkbox"/> Yes <input type="checkbox"/> No		City Eng & Vigo 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

(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: _____ Diann McKee

Signature of MS4 Operator (co-Permittee): _____ Diann McKee Date: 6/15/22
 (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 B: Additional Program Contacts Administering Minimum Control Measures (Optional) <i>(Add additional Pages as needed)</i>	
MS4 Representative	Administering the Following MCMs
Name (Individual): First Name: _____ Last Name: _____ MS4 or Company Name: City of Terre Haute Engineering Department Address: 17 Harding Avenue City: Terre Haute State: IN Zip: 47807 Phone: 812-244-4903 Cell Phone: _____ Email: _____	<input type="checkbox"/> Public Education <input type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Post-Construction <input type="checkbox"/> Good Housekeeping
Name (Individual): First Name: _____ Last Name: _____ MS4 or Company Name: Vigo County Soil and Water Conservation District Address: 3241 South 3rd Place City: Terre Haute State: IN Zip: 47802 Phone: 812-232-0193 x 3 Cell Phone: _____ Email: _____	<input type="checkbox"/> Public Education <input type="checkbox"/> Public Involvement <input type="checkbox"/> Illicit Discharge <input checked="" type="checkbox"/> Construction <input checked="" 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

283053

TRIBUNE STAR

0 P.O. BOX 149
TERRE HAUTE, IN 47808

I hereby certify that the attached advertisement of PUBLIC NOTICE THE CITY OF
in space of 78.11 lines was published in the TRIBUNE STAR
On :

05/25/2022

Subscribed and sworn to before me this

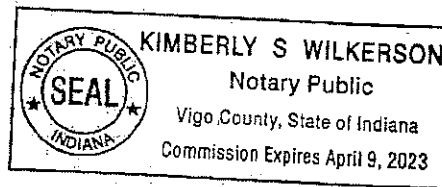
23rd day of June, 2022



notary public

Kimberly S. Wilkerson

4/9/22



PUBLIC NOTICE

The City of Terre Haute, Vigo County, the Town of Seelyville, the Town of West Terre Haute, Indiana State University, Ivy Tech Community College of Terre Haute, Rose-Hulman Institute of Technology, and the Honey Creek-Vigo Conservancy District are renewing their National Pollutant Discharge Elimination System (NPDES) Municipal Separate Storm Sewer System (MS4) permit coverage. The joint permittees are submitting a Notice of Intent (NOI) letter to the Indiana Department of Environmental Management (IDEM) to notify IDEM of their intent to comply with the requirements of the MS4 General Permit to discharge stormwater runoff.

The City of Terre Haute intends to discharge stormwater into the following watersheds: Lost Creek (051201110603), Izaak Walton Lake-Wabash River (051201110605), Stone Quarry Branch-Honey Creek (051201110702), and Thompson Ditch-Honey Creek (051201110704).

Vigo County intends to discharge stormwater into the following watersheds: South Salt Creek-Wabash River (051201110604), Waterworks Creek-Otter Creek (051201110405), East Little Sugar Creek-Sugar Creek (051201110504), Gundy Ditch (051201110405), Lost Creek (051201110603), Izaak Walton Lake-Wabash River (051201110605), Sulphur Creek (051201110404), South Lake-Clear Creek (051201110902), Paint Mill Lake (051201110703).

Headwaters Prairie Creek (051201111104), Hawks Creek-Wabash River (051201110904), Headwaters Honey Creek (051201110701), Stone Quarry Branch-Honey Creek (051201110702), and Thompson Ditch-Honey Creek (051201110704).

Seelyville intends to discharge stormwater into the following watersheds: Lost Creek (051201110603) and Sulphur Creek (051201110404).

West Terre Haute intends to discharge stormwater into the following watersheds: East Little Sugar Creek-Sugar Creek (051201110504) and Izaak Walton Lake-Wabash River (051201110605).

Rose-Hulman Institute of Technology intends to discharge stormwater into the following watersheds: Lost Creek (051201110603) and Stone Quarry Branch-Honey Creek (051201110702).

The Honey Creek-Vigo Conservancy District intends to discharge stormwater into the following watershed: Thompson Ditch-Honey Creek (051201110704).

Ivy Tech Community College of Terre Haute intends to discharge stormwater into the following watersheds: Thompson Ditch-Honey Creek (051201110704) and Headwaters Prairie Creek (051201111104).

Indiana State University intends to discharge stormwater into the following watershed: Izaak Walton Lake-Wabash River (051201110605).
283053-1/5-5/25/2022-hspaxlp

Ad text : PUBLIC NOTICE

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TRIBUNE STAR
P.O. BOX 149
TERRE HAUTE IN 47808-0149
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Fax (812) 231-4347

ORDER CONFIRMATION (CONTINUED)

Salesperson: LORI GAITHER

Printed at 06/23/22 09:52 by pbowe

Acct #: 75041

Ad #: 283053

Status: Expired

PUBLIC NOTICE

The City of Terre Haute, Vigo County, the Town of Seelyville, the Town of West Terre Haute, Indiana State University, Ivy Tech Community College of Terre Haute, Rose-Hulman Institute of Technology, and the Honey Creek-Vigo Conservancy District are renewing their National Pollutant Discharge Elimination System (NPDES) Municipal Separate Storm Sewer System (MS4) permit coverage. The joint permittees are submitting a Notice of Intent (NOI) letter to the Indiana Department of Environmental Management (IDEM) to notify IDEM of their intent to comply with the requirements of the MS4 General Permit to discharge stormwater runoff.

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Source	Tribune Star
Category	Legal Notices
Published Date	May 25, 2022

Notice Details

PUBLIC NOTICE The City of Terre Haute, Vigo County, the Town of Seelyville, the Town of West Terre Haute, Indiana State University, Ivy Tech Community College of Terre Haute, Rose-Hulman Institute of Technology, and the Honey Creek-Vigo Conservancy District are renewing their National Pollutant Discharge Elimination System (NPDES) Municipal Separate Storm Sewer System (MS4) permit coverage. The joint permittees are submitting a Notice of Intent (NOI) letter to the Indiana Department of Environmental Management (IDEM) to notify IDEM of their intent to comply with the requirements of the MS4 General Permit to discharge stormwater runoff. The City of Terre Haute intends to discharge stormwater into the following watersheds: Lost Creek (051201110603), Izaak Walton Lake-Wabash River (051201110605), Stone Quarry Branch-Honey Creek (051201110702), and Thompson Ditch-Honey Creek (051201110704). Vigo County intends to discharge stormwater into the following watersheds: South Salt Creek-Wabash River (051201110604), Waterworks Creek-Otter Creek (051201110406), East Little Sugar Creek-Sugar Creek (051201110504), Gundy Ditch (051201110405), Lost Creek (051201110603), Izaak Walton Lake-Wabash River (051201110605), Sulphur Creek (051201110404), South Lake-Clear Creek (051201110902), Paint Mill Lake (051201110703), Headwaters Prairie Creek (051201111104), Hawks Creek-Wabash River (051201110904), Headwaters Honey Creek (051201110701), Stone Quarry Branch-Honey Creek (051201110702), and Thompson Ditch-Honey Creek (051201110704). Seelyville intends to discharge stormwater into the following watersheds: Lost Creek (051201110603) and Sulphur Creek (051201110404). West Terre Haute intends to discharge

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MS4 Permitting Agreement

Indiana Department of Environmental Management
National Pollutant Discharge Elimination System
Municipal Separate Storm Sewer System General Permit

This MS4 Permitting Agreement, hereinafter referred to as “Agreement”, is entered into this 27 day of June, 2022, by and between the following entities:

City of Terre Haute	Vigo County
Town of West Terre Haute	Town of Seelyville
Indiana State University	Rose-Hulman Institute of Technology
IvyTech Community College	Honey Creek-Vigo Conservancy District

Background and Purpose of the Agreement

The Federal Clean Water Act requires stormwater discharges from certain types of urbanized areas to be regulated under the National Pollutant Discharge Elimination System (NPDES) program. In 1990, Phase I of these requirements became effective, and municipalities with a population served by a Municipal Separate Storm Sewer System (MS4) of 100,000, or more, were regulated.

In 1999, Phase II became effective, and any entity responsible for an MS4 conveyance, regardless of population size, could potentially be regulated. The Indiana Department of Environmental Management (IDEM) identified entities that required permit coverage. The geographic proximity of eight designated entities in the Terre Haute area presented an opportunity to work together to carry out their agreed responsibilities across jurisdictional boundaries while developing and implementing a uniform, cost effective, storm water management program.

On December 18, 2021, IDEM replaced the MS4 regulations of 327 IAC 15-13 (Rule 13) with a MS4 General Permit for Phase II entities. As in previous permit terms, entities working together as co-permittees are required to execute a legally binding agreement. This Agreement, which has been executed by authorized representatives of each entity, is created to meet the requirement for a legally binding agreement under section 6.4 of the MS4 General Permit and an Inter-local Agreement under I. C. 36-1-7-3.

Organizational Structure of Joint Permittees

The City of Terre Haute will function as the lead permittee with Vigo County, Seelyville, West Terre Haute, Rose-Hulman Institute of Technology, IvyTech Community College, Indiana State University and the Honey Creek-Vigo Conservancy District as Joint Permittees.

The City of Terre Haute will have overall coordination authority and management responsibility for the MS4 General Permit compliance program.

All permitted entities party to this Agreement are responsible for implementing the storm water management program components of the Storm Water Quality Management Plan within each of their respective MS4 jurisdictional areas in order to achieve compliance with the MS4 General Permit. A joint board comprised of qualified representatives from each of the Permittees shall oversee the implementation of this Agreement. The board will function as the management committee for the MS4 General Permit compliance program. Each member shall be responsible for communicating with their own project team and managing compliance efforts as necessary to meet their commitments.

Each Permittee shall designate its representative to participate on this board and each board member shall be responsible for attending all board meetings. Board members that are occasionally unable to attend board meetings shall send a representative. It is however, expected that official board members will attend the majority of board meetings.

Authorization of Lead and Joint Permittees to Enter Into This Agreement

The Lead Permittee and each Joint Permittee represents that it is qualified and authorized to enter into the Agreement and to carry out the duties provided herein. All certify, by executing this Agreement, that entering into this Agreement will not be in violation of law, existing contract, judgment, consent decree, ordinance, edict (judicial or administrative) to which the Lead Permittee or Joint Permittee is bound.

Obligation to Comply with the MS4 General Permit

The Lead Permittee and each Joint Permittee are required by the MS4 General Permit to perform managerial, operational, and administrative tasks identified in the permit. These tasks include implementation of ordinances, regulations or policies to control the discharge of pollutants to Waters of the State, characterization of water bodies, structural and programmatic best management practices to implement and enforce permit conditions, and inspections, record keeping and reporting. The compliance schedule required by the permit is for a period of five years from the date of permit issuance.

The permit is comprised of three parts:

- Part A: Initial Application
- Part B: Baseline Characterization
- Part C: Program Implementation

The permit encourages cooperation between and among the Lead Permittee and Joint Permittees and requires that a single Annual Report be submitted to IDEM. All submittals to IDEM required by the MS4 General Permit will be prepared by the Lead Permittee. All Joint Permittees party to this Agreement, agree to provide all necessary information such that the Lead Permittee can prepare submittals to IDEM in a timely fashion and in accordance with the compliance schedule.

Each Permittee will be required to provide information to other Permittees during revisions and implementation of the MS4 General Permit compliance program. The success, and hence

regulatory status, of the compliance program is dependent on each of the Permittees providing information in a responsive, complete and timely manner. Additionally, success of the program is dependent on the clarity of information requests.

The following guidelines shall be followed to achieve effective information exchange:

1. Information requests shall be in writing and shall include the desired date that the requested information shall be provided. The specific desired format for such information shall be clearly stated.
2. Information shall be provided in the desired format and within the requested time frame. If it is not possible to meet either of these requirements, written notification shall be made to the requester within 30 days or within the requested time frame, whichever is sooner.

The Lead Permittee and all Joint Permittees are mutually responsible for ensuring compliance with the terms and conditions of the permit.

By entering into this Agreement the Lead Permittee and each Joint Permittee agrees to share all information as necessary to achieve and maintain compliance with the MS4 General Permit.

Inter-Jurisdictional Access

All parties to this Agreement grant all other parties the status of a designated representative in the event that a Permittee/party to this Agreement must conduct operations related to compliance with the subject permit in the jurisdiction another Permittee/party to this Agreement.

Equitable Balance of Costs

All parties to this Agreement shall be responsible for their own funds and/or in-kind services for implementation of the MS4 General Permit compliance program within their jurisdictional MS4 areas.

Limitations on Liability

The Lead Permittee and each Joint Permittee is liable for compliance with the terms and conditions of the permit by timely and appropriate completion of the tasks for which such Permittee has been assigned responsibility.

Where an enforcement action resulting from noncompliance is brought against the Lead Permittee and/or Joint Permittees, the Permittee(s) with the responsibility for the task(s) for which the enforcement action is brought will be solely the subject of such enforcement action and be responsible for all costs and actions necessary to meet the conditions of the enforcement action irrespective of jurisdictional boundaries.

Indemnification by Permittees

Each Permittee hereby covenants and agrees to take, use, provide and make, all proper, necessary and sufficient precautions, safeguards and protections against occurrence or happenings of any accidents, injuries or damages to any person or property in performing or failing to perform the tasks assigned to such Permittee, and to be responsible for an to indemnify and save harmless the other Permittees from the payment of sums of money by reason of all or any accidents, injuries, or damages that may occur in the progress of any work performed or arising out of the alleged failure to perform any work, under this Agreement by such Permittees, and shall be solely responsible for and indemnify and save harmless the other Permittees for all fines, penalties and loss incurred under this Agreement for or by reason of the violation of any ordinance or regulation, or the laws of the State of Indiana or of the United States of America in performing the tasks assigned to such Permittee.

Each Joint Permittee agrees that the Permittee who had the responsibility for a task has the authority to control any litigation arising as a result of the performance or omission to perform such task.

Termination of Agreement

The Lead Permittee is entitled to terminate this Agreement and Joint Permittees shall be released from any obligations under this Agreement if the Lead Permittee is unable to collect information from any or all Joint Permittees to make timely and complete submission to IDEM.

The Lead Permittee has the authority to terminate a Joint Permittee's participation in this Agreement if (1) the Joint Permittee is not performing the responsibilities stipulated in this Agreement or the Storm Water Quality Management Plan or (2) the Joint Permittee is not providing services that are owed to the other Permittees or (3) the Joint Permittee is responsible for an action that results in an enforcement action.

Should the Lead Permittee remove a Joint Permittee from this Agreement, the Agreement between the remaining Joint Permittees shall remain intact. The remaining Permittees shall meet to divide the work of the removed Permittee as necessary to satisfy permit conditions within the geographic area of the remaining Permittees to this Agreement that is regulated by the MS4 General Permit and the remaining Permittees shall amend this Agreement accordingly.

The Lead Permittee agrees to provide written notice to all Joint Permittees in the event of its decision to terminate this Agreement or to terminate the participation of a Joint Permittee. In all cases, the effective date of termination shall be not less than 60 days from the date of the written notification in the event the basis for the termination is not cured within that time period. The terminated party agrees to provide all services that it owes through the effective date of the Agreement termination.

Any Permittee is entitled to terminate its participation in this Agreement if (1) any or all Joint Permittees do not perform the duties for which they are responsible in accordance with this Agreement or the Storm Water Quality Management Plan or (2) any or all Joint Permittees terminate their involvement in this Agreement or (3) an adverse court decision is rendered. In the event of termination of participation by less than all Permittees, the Agreement shall be amended to remove the terminated Permittee(s) and shall remain in effect between the remaining Permittees. In any case of Agreement termination by all Permittees, each Permittee shall be responsible to provide any services that are owed by such Permittees through the effective date of Agreement termination.

Joint Permittees are entitled to terminate the involvement of the Lead Permittee in this Agreement if the Lead Permittee does not meet its obligations as stipulated in this Agreement and is removed from participation as provided above by the acts of a majority of the Joint Permittees.

Should a Joint Permittee terminate its participation in this Agreement, or its participation is terminated by the Lead Permittee, the exiting Joint Permittee agrees to provide all services that it owes through the effective date of the Agreement termination and will become responsible for compliance with the MS4 General Permit within its regulated Jurisdictional area(s) individually, separate from the Joint Permittee group, on the date of termination.

Should this Agreement be terminated or expire, each Permittee shall be responsible for further compliance with the NPDES MS4 Storm Water Discharge Permit within its regulated jurisdictional area(s).

Review and Revision of Agreement

This Agreement is subject to periodic review and revision as determined to be necessary by a majority of Joint Permittees.

Term of Agreement

The term of this Agreement shall extend through the term of the MS4 General Permit, which is five (5) years. At the end of the term of the permit, permit coverage renewal will be required. Each party to this Agreement may elect to renew this Agreement or pursue permit compliance independently. Should the Lead Permittee or a Joint Permittee elect to pursue compliance independently it shall provide written notice to all parties to this Agreement at least one (1) year prior to the end of the current permit term. In the event that written notice is provided less than one (1) year prior to the end of current permit term, the exiting party's responsibilities as specified in this Agreement shall continue for one (1) year from the date of the written notification.

Execution of Agreement

By execution of this Agreement, each party agrees to the terms and conditions above on the date of the final signature.

City of Terre Haute, Indiana, MS4 Operator:


Debra Padgett, Wastewater Utility Director

6/27/22
Date

Vigo County, Indiana, MS4 Operator:


Larry Robbins, Vigo County Engineer

6/27/2022
Date

Town of West Terre Haute, Indiana, MS4 Operator:


Jim Crowley, Street & Utility Superintendent

6/27/2022
Date

Town of Seelyville, Indiana, MS4 Operator:


Jeremy Jesse, Town Manager

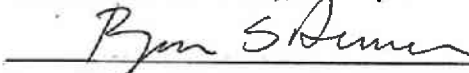
6/13/2022
Date

Honey Creek-Vigo Conservancy District, MS4 Operator:


Richard Jenkins, Honey Creek-Vigo Cons. Dist. Chair

6/7/2022
Date

Indiana State University, MS4 Operator:


Bryan Duncan, Dir. Capital Planning & Improvements

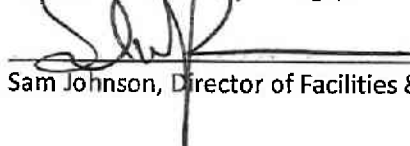
6/15/22
Date

Rose-Hulman Institute of Technology, MS4 Operator:

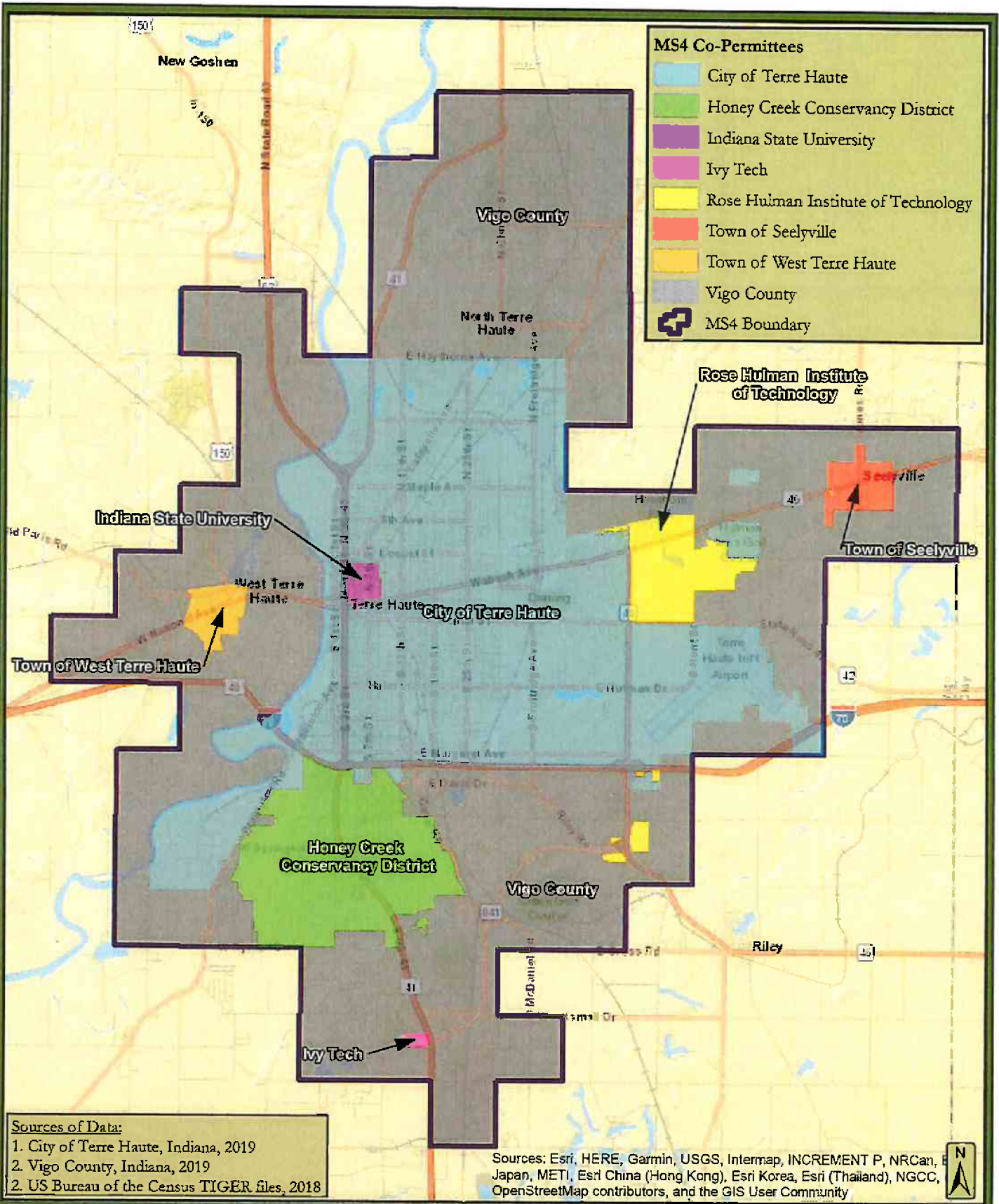

Matt Davis, Vice-President for Finance

6/22/22
Date

Ivy Tech Community College, MS4 Operator:


Sam Johnson, Director of Facilities & Maintenance

6/27/2022
Date



Sources of Data:
 1. City of Terre Haute, Indiana, 2019
 2. Vigo County, Indiana, 2019
 2. US Bureau of the Census TIGER files, 2018

Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, OpenStreetMap contributors, and the GIS User Community

CB
BURKE
 Christopher B. Burke Engineering, LLC
 PNC Center, Suite 1368 South
 115 West Washington Street
 Indianapolis, Indiana 46204
 (t) 317.266.8000 (f) 317.632.3306

PROJECT: SWQMP - Part B Updates
 City of Terre Haute, IN (& co-Permittees)
 TITLE: MS4 Boundary

PROJECT NO. 06/2019
 APPROX. SCALE 1"=10,000'
 DATE: 06/2019
 EXHIBIT 1

Table 2-1: Receiving Waters & Potential Receiving Waters

Jurisdiction(s)	Receiving Water(s)
Vigo County	Wabash and Erie Canal
Vigo County	Otter Creek
Vigo County	Gundy Ditch
Vigo County	Swope Ditch
Vigo County	East Little Sugar Creek
Vigo County, Town of West Terre Haute	Sugar Creek
City of Terre Haute	Little Lost Creek
Vigo County, Rose-Hulman Institute of Technology, City of Terre Haute	Lost Creek
Vigo County, Town of Seelyville	Snake Creek
Vigo County	Clear Creek
Vigo County, City of Terre Haute	Wabash River
Vigo County, City of Terre Haute, Honey Creek CD	Thompson Ditch
Vigo County, Honey Creek CD	Honey Creek
Vigo County	Little Honey Creek
Vigo County	Hayworth Slough

(Source: USGS NHD, 2018)

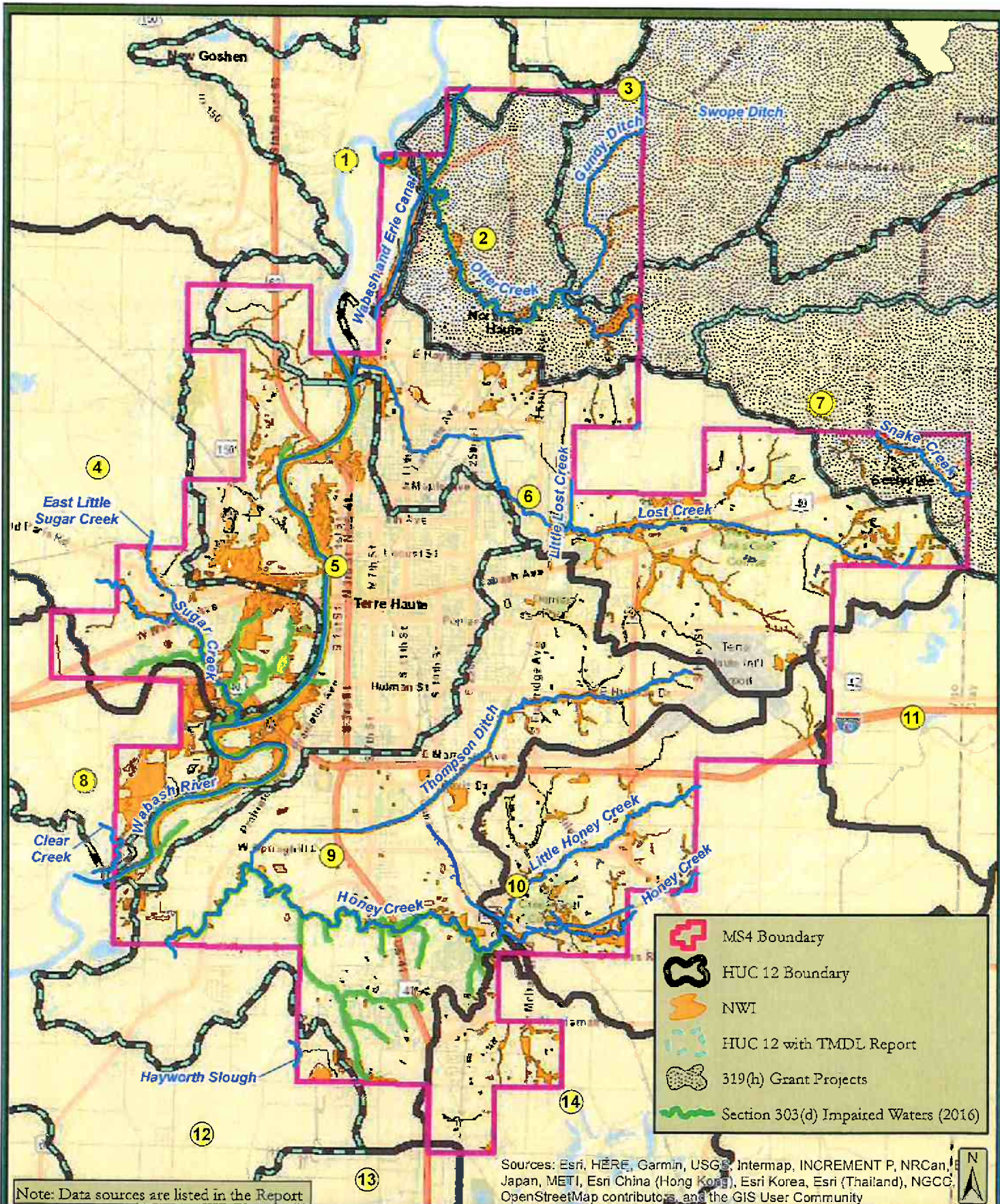
2.2.1 Watersheds

The 12-digit Hydrologic Units Codes (HUC or HUCs) and the acreage within the MS4 boundaries are listed in Table 2-2. By using 12-digit HUCs (instead of the 14-digit HUCs requested within other sections of Rule 13) data is more easily correlated between sources of water quality data such as the 303(d), watershed management plans, and other IDEM data sources.

Table 2-2: 12-Digit HUCs

Map ID	HUC NAME	HUC	Acreage*
1	South Salt Creek-Wabash River	51201110604	2,042
2	Waterworks Creek-Otter Creek	51201110406	6,183.6
3	Gundy Ditch	51201110405	2,218.6
4	East Little Sugar Creek-Sugar Creek	51201110504	4,117.6
5	Izaak Walton Lake-Wabash River	51201110605	12,476.2
6	Lost Creek	51201110603	13,663.9
7	Sulphur Creek	51201110404	1,622.6
8	South Lake-Clear Creek	51201110902	1,565.7
9	Thompson Ditch-Honey Creek	51201110704	16,620.7
10	Stone Quarry Branch-Honey Creek	51201110702	6,684.2
11	Headwaters Honey Creek	51201110701	165.3
12	Hawks Creek-Wabash River	51201110904	567.9
13	Headwaters Prairie Creek	51201111104	35.7
14	Paint Mill Lake	51201110703	2,095.7
TOTAL			70,059.7

*Acreage reflects watershed area located within MS4 Boundary
(Source: USGS Water, 2019)



Note: Data sources are listed in the Report

Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, OpenStreetMap contributors, and the GIS User Community

CB
BURKE

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 115 West Washington Street
 Indianapolis, Indiana 46204
 (t) 317.266.8000 (f) 317.632.3306

PROJECT: SWQMP - Part B Updates
 City of Terre Haute, IN (& co-Permittees)

TITLE: Waterways and Watersheds

PROJECT NO. 18-0350	APPROX. SCALE 1"=10,000'
DATE: 06/2019	
EXHIBIT 2	

Indiana Department of Environmental Management,
Office of Water Quality
100 North Senate Avenue
IGCN, Room 1255
Indianapolis, Indiana 46204

DESIGNATION MS4 AUTHORIZED REPRESENTATIVE

MS4 Entity: City of Terre Haute

I, the undersigned, do hereby certify that I meet the definition of a Signatory Authority as provided in 40 CFR 122.22 and I am the Operator of a National Pollutant Discharge Elimination System (NPDES) general permit to regulate discharges of stormwater from designated Municipal Separate Storm Sewer System (MS4) entities into waters of the State of Indiana.

The individual, or position, listed below is hereby designated as a duly authorized representative with overall responsibility for the environmental matters of the MS4 General Permit.

Authorized Representative Information:

Name or Title of Position: Debra Padgett, Wastewater Utility Director

Company: Terre Haute Wastewater Utility Phone: 812-244-5504


Address: 3200 South State Road, Terre Haute, Indiana 47802

Reports and documents required by the MS4 General Permit, and other information requested by the U.S. Environmental Protection Agency or the Indiana Department of Environmental Management, may be signed by my duly authorized representative in accordance with the certification below:

I 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.

If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the MS4 General Permit, a new authorization satisfying the requirements of 40 CFR 122.22 will be submitted to the Indiana Department of Environmental Management prior to or together with any reports or information to be signed by an authorized representative.

Printed Name: Duke Bennett Title: Mayor of Terre Haute

Signature:  Date: 6/6/22

Indiana Department of Environmental Management,
Office of Water Quality
100 North Senate Avenue
IGCN, Room 1255
Indianapolis, Indiana 46204

DESIGNATION MS4 AUTHORIZED REPRESENTATIVE

MS4 Entity: Vigo County

I, the undersigned, do hereby certify that I meet the definition of a Signatory Authority as provided in 40 CFR 122.22 and I am the Operator of a National Pollutant Discharge Elimination System (NPDES) general permit to regulate discharges of stormwater from designated Municipal Separate Storm Sewer System (MS4) entities into waters of the State of Indiana.

The individual, or position, listed below is hereby designated as a duly authorized representative with overall responsibility for the environmental matters of the MS4 General Permit.

Authorized Representative Information:

Name or Title of Position: President County Commissioners

Company: Vigo County Phone: 812-231-6200

Address: 650 S. 1st St. Terre Haute, IN 47807

Reports and documents required by the MS4 General Permit, and other information requested by the U.S. Environmental Protection Agency or the Indiana Department of Environmental Management, may be signed by my duly authorized representative in accordance with the certification below:

I 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.

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Printed Name: Chris Switzer Title: President

Signature: X [Signature] Date: 06/28/22

Indiana Department of Environmental Management,
Office of Water Quality
100 North Senate Avenue
IGCN, Room 1255
Indianapolis, Indiana 46204

DESIGNATION MS4 AUTHORIZED REPRESENTATIVE

MS4 Entity: Town of Seelyville

I, the undersigned, do hereby certify that I meet the definition of a Signatory Authority as provided in 40 CFR 122.22 and I am the Operator of a National Pollutant Discharge Elimination System (NPDES) general permit to regulate discharges of stormwater from designated Municipal Separate Storm Sewer System (MS4) entities into waters of the State of Indiana.

The individual, or position, listed below is hereby designated as a duly authorized representative with overall responsibility for the environmental matters of the MS4 General Permit.

Authorized Representative Information:

Name or Title of Position: Jeremy Jessie

Company: Town of Seelyville Phone: 812-208-5231

Address: P.O. Box 249 Seelyville, IN 47878

Reports and documents required by the MS4 General Permit, and other information requested by the U.S. Environmental Protection Agency or the Indiana Department of Environmental Management, may be signed by my duly authorized representative in accordance with the certification below:

I 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.

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Printed Name: Jeremy Jessie Title: Town Manager

Signature:  Date: 6-10-22

Indiana Department of Environmental Management,
Office of Water Quality
100 North Senate Avenue
IGCN, Room 1255
Indianapolis, Indiana 46204

DESIGNATION MS4 AUTHORIZED REPRESENTATIVE

MS4

Entity:

Town of West Terre Haute

I, the undersigned, do hereby certify that I meet the definition of a Signatory Authority as provided in 40 CFR 122.22 and I am the Operator of a National Pollutant Discharge Elimination System (NPDES) general permit to regulate discharges of stormwater from designated Municipal Separate Storm Sewer System (MS4) entities into waters of the State of Indiana.

The individual, or position, listed below is hereby designated as a duly authorized representative with overall responsibility for the environmental matters of the MS4 General Permit.

Authorized Representative Information:

Name or Title of Position: Utility Superintendent

Jim Crowley

Company: Town of West Terre Haute

Phone: 812 240 2294

Address: 500 W National Ave W Terre Haute IN 47885

Reports and documents required by the MS4 General Permit, and other information requested by the U.S. Environmental Protection Agency or the Indiana Department of Environmental Management, may be signed by my duly authorized representative in accordance with the certification below:

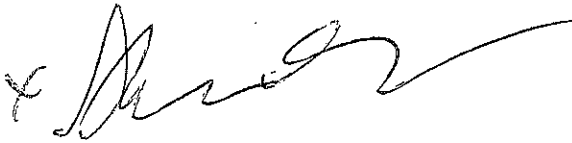
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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.

If an authorization is no longer accurate because a different individual or position has

responsibility for the overall operation of the MS4 General Permit, a new authorization satisfying the requirements of 40 CFR 122.22 will be submitted to the Indiana Department of Environmental Management prior to or together with any reports or information to be signed by an authorized representative.

Printed Name: *Shane Smither*

Title: *Town Board President*

Signature: 

Date: *6-12-22*

Indiana Department of Environmental Management,
Office of Water Quality
100 North Senate Avenue
IGCN, Room 1255
Indianapolis, Indiana 46204

DESIGNATION MS4 AUTHORIZED REPRESENTATIVE

MS4 Entity: Rose-Hulman Institute of Technology

I, the undersigned, do hereby certify that I meet the definition of a Signatory Authority as provided in 40 CFR 122.22 and I am the Operator of a National Pollutant Discharge Elimination System (NPDES) general permit to regulate discharges of stormwater from designated Municipal Separate Storm Sewer System (MS4) entities into waters of the State of Indiana.

The individual, or position, listed below is hereby designated as a duly authorized representative with overall responsibility for the environmental matters of the MS4 General Permit.

Authorized Representative Information:

Name or Title of Position: Jake Campbell, Senior Director Safety & Security

Company: Rose-Hulman-Institute of Technology Phone: 812-877-8124

Address: 5500 Wabash Ave Terre Haute, IN 47803

Reports and documents required by the MS4 General Permit, and other information requested by the U.S. Environmental Protection Agency or the Indiana Department of Environmental Management, may be signed by my duly authorized representative in accordance with the certification below:

I 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.

If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the MS4 General Permit, a new authorization satisfying the requirements of 40 CFR 122.22 will be submitted to the Indiana Department of Environmental Management prior to or together with any reports or information to be signed by an authorized representative.

Printed Name: Matthew Davis Title: Vice President for Finance

Signature: Matthew Davis Date: 6/22/22

Indiana Department of Environmental Management,
Office of Water Quality
100 North Senate Avenue
IGCN, Room 1255
Indianapolis, Indiana 46204

DESIGNATION MS4 AUTHORIZED REPRESENTATIVE

MS4 Entity: Honey Creek-Vigo Conservancy District

I, the undersigned, do hereby certify that I meet the definition of a Signatory Authority as provided in 40 CFR 122.22 and I am the Operator of a National Pollutant Discharge Elimination System (NPDES) general permit to regulate discharges of stormwater from designated Municipal Separate Storm Sewer System (MS4) entities into waters of the State of Indiana.

The individual, or position, listed below is hereby designated as a duly authorized representative with overall responsibility for the environmental matters of the MS4 General Permit.

Authorized Representative Information:

Name or Title of Position: Richard K. Jenkins, Board Chair

Company: HC-VCD Phone: 812-232-4311

Address: c/o 333 Ohio Street, Terre Haute, IN 47807

Reports and documents required by the MS4 General Permit, and other information requested by the U.S. Environmental Protection Agency or the Indiana Department of Environmental Management, may be signed by my duly authorized representative in accordance with the certification below:

I 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.

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Printed Name: Richard K. Jenkins Title: CHAIRPERSON

Signature:  Date: 6/7/2022

Indiana Department of Environmental Management,
Office of Water Quality
100 North Senate Avenue
IGCN, Room 1255
Indianapolis, Indiana 46204

DESIGNATION MS4 AUTHORIZED REPRESENTATIVE

MS4 Entity: Indiana State University

I, the undersigned, do hereby certify that I meet the definition of a Signatory Authority as provided in 40 CFR 122.22 and I am the Operator of a National Pollutant Discharge Elimination System (NPDES) general permit to regulate discharges of stormwater from designated Municipal Separate Storm Sewer System (MS4) entities into waters of the State of Indiana.

The individual, or position, listed below is hereby designated as a duly authorized representative with overall responsibility for the environmental matters of the MS4 General Permit.


Authorized Representative Information:

Name or Title of Position: Bryan Duncan, Exec. Dir. of Capital Planning and Construction
Company: Indiana State University Phone: 812-237-8195
Address: 951 Sycamore Street, Terre Haute, IN 47809

Reports and documents required by the MS4 General Permit, and other information requested by the U.S. Environmental Protection Agency or the Indiana Department of Environmental Management, may be signed by my duly authorized representative in accordance with the certification below:

I 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.

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Printed Name: Dawn McKee Title: SR VP Finance & Admin/Treasurer
Signature:  Date: 6/15/2022