



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

PART A: GENERAL INFORMATION FOR MS4 OPERATOR			
1. Operator Name:	William A. Dory, Jr.		
2. Operator Title:	Mayor		
3. Represented Entity ¹ :	City of Greencastle		
4. Mailing Address	Address: 1 North Locust Street, P.O. Box 607		
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town	Of: Greencastle, IN	Zip: 46135	County: Putnam
5. Phone Number:	765-653-3100		
6. Facsimile Number (if applicable):	765-653-8707		
7. E-mail Address (if applicable):	bdory@cityofgreencastle.com		

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:	Scott Zimmerman		
10. Contact Person Title:	City Planner/MS4 Coordinator		
11. Represented Entity ¹ :	City of Greencastle		
12. Mailing Address	Address: 1 North Locust Street, P.O. Box 607		
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town	Of: Greencastle	Zip: 46135	County: Putnam
13. Phone Number:	765/653-7719		
14. Facsimile Number (if applicable):	765/653-8707		
15. E-mail Address (if applicable):	szimmerman@cityofgreencastle.com		

¹ 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 Greencastle	Big Walnut Creek (HUC 05120203020070)	mapped and screened
b.	City of Greencastle	DeWeese Branch of Deer Creek (HUC 05120203050060)	mapped and screened
c.	City of Greencastle	Owl Creek (HUC 05120203050030)	mapped and screened
d.	DePauw University	Big Walnut Creek (HUC 05120203020070)	mapped and screened
e.	DePauw University	DeWeese Branch of Deer Creek (HUC 05120203050060)	mapped and screened
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.

18. Responsible Individual Name: _____

19. Responsible Individual Title: _____

20. Responsible MS4 Entity (e.g. municipality): _____

21. Phone Number: _____

22. Initial Receiving Water(s): _____

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.			

PART D: MATERIALS TO BE SUBMITTED WITH THIS NOI LETTER

► In addition to the information in Parts A, B, and C, an MS4 operator must provide the following.
(Check when completed, or check "NA" if an item is not applicable. For the first of the numbered items below, the requirement must be met and "not applicable" is not provided as an option.):

	X	NA	ITEM
1)	<input checked="" type="checkbox"/>	---	A copy of the Storm Water Quality Management Plan – Part A: Initial Application Certification Submittal and Checklist.
2)	<input checked="" type="checkbox"/>	---	Proof of publication in a newspaper of largest circulation in the affected area ¹ .
3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Certification that appropriate legally-binding agreements or contracts between MS4 entities have been obtained (see APPENDIX A).

PART E: APPLICATION FEE

- Upon submission of this NOI letter, the MS4 Operator shall pay a fee in the amount of fifty dollars (\$50). Make all checks and money orders payable to "IDEM".
- Pursuant to 327 IAC 15, the fee is **NOT**:
 - Transferable from one (1) MS4 operator to another;
 - Transferable from one (1) person to another;
 - Transferable to any other type of permit issued by IDEM; or
 - Refundable.

Unless requested by the MS4 operator and approved by IDEM within three (3) days of submittal to IDEM or prior to the NOI letter processing by IDEM, whichever is earlier.

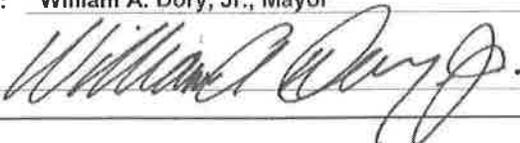
PART F: CERTIFICATION AND SIGNATURE

- Allow a minimum of four (4) weeks for processing the NOI letter information and receipt of your Notice of Sufficiency.
- Make sure you have completed all appropriate sections of this NOI letter and have included all required addenda. Sign and date the NOI letter and return it to the address shown on page one (1) of this NOI letter. Incomplete or incorrect NOI letters may result in a delay in processing and issuance of your Notice of Sufficiency.
- All information requested in this NOI letter is MANDATORY for the administration and processing of your permit pursuant to 327 IAC 15-13. All data received will be regarded as a public record subject to disclosure in accordance with IC 5-14-3 and 327 IAC 12.1.

► The Operator listed in "Part A: GENERAL INFORMATION FOR MS4 OPERATOR" must sign the following certification statement:

"By signing this NOI letter, 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: William A. Dory, Jr., Mayor

Signature of Operator: 

Date: 12/5/18
(mm/dd/yyyy)

¹ The notice must be published one (1) time in at least one (1) newspaper of general circulation in each of the counties comprising the MS4 area represented by the entities seeking coverage under this NOI letter submittal. The publication of notice must, at a minimum, include the language specified in 327 IAC 15-13-6(a)(4).

APPENDIX A: LEGALLY-BINDING AGREEMENT/CONTRACT CERTIFICATION FOR IMPLEMENTATION OF A SWQMP

On October 15, 2003 (date),

- | | |
|---------------------------------|----------------------|
| 1. City of Greencastle, Indiana | 2. DePauw University |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |
| 11. | 12. |
- (List entity names above)

Entered into an agreement or contract to satisfy the implementation requirements in Parts B and C of the Storm Water Quality Management Plan (SWQMP).

As stated in the agreement or contract, entities agree to the following responsibilities

Please check the boxes corresponding with responsibilities, or portions thereof, of each entity (entity numbers correspond to entity name numbers listed above) entering into this agreement in the table below.

RESPONSIBILITY	ENTITY											
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
a. Public Education and Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
b. Public Involvement and Participation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
c. Illicit Discharge Detection and Elimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
d. Construction Site Storm Water Run-off Control	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
e. Postconstruction Storm Water Management in New Development and Redevelopment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
f. Pollution Prevention and Good Housekeeping for Municipal Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Baseline Characterization and On-Going Monitoring Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Specify:	Pollution Prevention and Good Housekeeping for University Operations, Funding for Implementation of the Permit											

If any entity(s) is agreeing to accomplish only a portion of an aforementioned responsibility in the table, please elaborate below on the exact responsibility portion (e.g. entity 1 is responsible for storm drain marking in the MS4 area, entity 2 is responsible for conducting behavioral phone surveys for item (a) in the table). Attach separate sheets as needed.

DePauw University will only be responsible for illicit discharge detection and elimination on properties owned by the University.
DePauw University will only be responsible for construction site stormwater run-off control on properties owned by the University.
DePauw University will only be responsible for post-construction stormwater management for new and re-development of University owner properties.

The following statement and the accompanying signatures serve as the required certification that an agreement or contract has been developed and agreed upon per the requirements of 327 IAC 15-13.

"By signing this certification, I hereby certify under penalty of law that this document and all attachments are, to the best of my knowledge, 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."

Entity	Authorized Signature	Date	Entity	Authorized Signature	Date
1.	_____	_____	2.	_____	_____
3.	_____	_____	4.	_____	_____
5.	_____	_____	6.	_____	_____
7.	_____	_____	8.	_____	_____
9.	_____	_____	10.	_____	_____
11.	_____	_____	12.	_____	_____



**RULE 13 STORM WATER QUALITY
MANAGEMENT PLAN (SWQMP) -
PART A: INITIAL APPLICATION CERTIFICATION
SUBMITTAL AND CHECKLIST**
State Form 51277 (R3 / 4-08)
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 for compliance with a general NPDES permit pursuant to 327 IAC 15-13.
 - This completed form must be submitted with a complete NOI letter.
 - Return this form, and any required addenda by mail to the IDEM Rule 13 Coordinator at the address listed in the box on the upper-right.

PART A: STORM WATER QUALITY MANAGEMENT PLAN CHECKLIST

► Please check the appropriate box when the requirements for each numbered item have been met.

X	NA	ITEM
<input checked="" type="checkbox"/>		1. On page 2 of this form (TABLE 1: RESPONSIBLE ENTITY), provide a listing of entities that are covered under the attached NOI letter submittal. Duplicate the table if more entries are necessary and attach to this form.
<input checked="" type="checkbox"/>		2. On page 3 of this form (TABLE 2: SCHEDULE OF ACTIVITIES), provide an itemized schedule of activities related to SWQMP implementation, with a corresponding milestone date. Duplicate the table if more entries are necessary and attach to this form.
<input checked="" type="checkbox"/>		3. At a minimum, the schedule complies with the compliance schedule found in 327 IAC 15-13-11.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. On page 4 of this form (TABLE 3: PROPOSED BUDGET), provide an actual or estimated, proposed, itemized budget for the storm water program. Duplicate the table if more entity entries are necessary and attach to this form.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. For NOI letter submittals covering multiple entities, the budget allocation is separated by each entity covered under this NOI letter submittal.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. The budget identifies funding sources.
<input checked="" type="checkbox"/>		7. The "SWQMP – Part A: Initial Application" was submitted within 90 days of Rule 13's effective date or within 180 days of becoming aware of changed entity designation conditions.
<input checked="" type="checkbox"/>		8. The "SWQMP – Part A: Initial Application" has been certified by a Qualified Professional and the MS4 Operator.

PART B: CERTIFICATION AND SIGNATURE

► The Qualified Professional and MS4 Operator (referenced in PART A, Item #8 of this form) must sign the following certification statement and provide the pertinent NPDES permit number:

"By signing this form, I hereby certify under penalty of law that this document was 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."

Name of Qualified Professional: Scott Zimmerman, City Planner NPDES Permit #: INR040 102
(typed or printed)

Signature of Qualified Professional:  Date: 12/05/18
(mm/dd/year)

Name of MS4 Operator: William A. Dory, Jr., Mayor
(typed or printed)

Signature of MS4 Operator:  Date: 12/05/18
(mm/dd/year)

TABLE 1: RESPONSIBLE ENTITY

Represented Entity Name	Entity Representative Name	Entity Representative Title	Mailing Address	Phone Number:	Facsimile Number (if applicable)	E-mail Address (if applicable)
1. <u>City of Greencastle</u>	<u>Scott Zimmerman</u>	<u>City Planner</u>	Street address: 1 N. Locust <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: <u>Greencastle</u> Zip: <u>46135</u> County: <u>Putnam</u>	<u>765-653-7719</u>		<u>szimmerman@cityofgreencastle.com</u>
2. <u>DePauw University</u>	<u>Chris Hoffa</u>	<u>DIRECTOR, SYSTEMS OPERATIONS</u>	Street address: 801 S. Jackson <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: <u>Greencastle</u> Zip: <u>46135</u> County: <u>Putnam</u>	<u>765-658-4125</u>		<u>christhoffa@depauw.edu</u>
3. _____	_____	_____	Street address: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____	_____	_____	_____
4. _____	_____	_____	Street address: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____	_____	_____	_____
5. _____	_____	_____	Street address: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____	_____	_____	_____
6. _____	_____	_____	Street address: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____	_____	_____	_____
7. _____	_____	_____	Street address: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of: _____ Zip: _____ County: _____	_____	_____	_____

TABLE 2: SCHEDULE OF ACTIVITIES

	Milestone Date	Activity Name
1.	<u>December 2018</u>	<u>Submit NOI and Part A</u>
2.	<u>January, 2019</u>	<u>Adopt Storm Water Management Plan which recommends creation of storm water utility</u>
3.	<u>January, 2019</u>	<u>Begin educational programs through Clear Choice Clean Water contract</u>
4.	<u>April, 2019</u>	<u>Submit updated SWQMP Part B</u>
5.	<u>November, 2019</u>	<u>Submit updated SWQMP Part C</u>
6.	<u>On-going</u>	<u>Implement all Part C Identified BMP Activities for all 6 Minimum Control Measures</u>
7.	<u>2020</u>	<u>Submit Biennial Report (Permit Year 2)</u>
8.	<u>2022</u>	<u>Submit Biennial Report (Permit Year 4)</u>
9.	_____	_____
10.	_____	_____

TABLE 3: PROPOSED BUDGET

⇒ ENTITY: City of Greencastle

		Proposed Budget
Control Measure/Item		
1.	Public Education and Outreach	--
2.	Public Participation/Involvement	--
3.	Illicit Discharge Detection and Elimination	--
4.	Construction Site Run-Off Control	--
5.	Postconstruction Run-Off Control	--
6.	Municipal Operations Pollution Prevention and Good Housekeeping	--
7.	On-Going Water Quality Characterization	--
8.	Other	Up to \$40,000 in 2018-2019 for development of Greencastle Stormwater Management Plan
9.	Funding Source(s)	The overall estimated operating budget for the City of Greencastle comes from General Operating Funds and an annual payment of \$15,000 from DePauw University.

PUBLISHER'S AFFIDAVIT

**State of Indiana
Putnam County**

SS:

Personally appeared before the undersigned, who, being duly sworn, says that he is Publishers Representative of The Banner Graphic, a newspaper of general circulation, printed and published in the city of Greencastle, Indiana in the county aforesaid, and upon his oath further saith that the notice, of which the attached 9th day of November, 2018.

Diana Dick *Diana Dick*

Subscribed and sworn to before me, this 9th day of November, 2018.

Catherine D. Lesko *Catherine D. Lesko*

Notary Public

My Commission Expires: October 19, 2023

00 Dollars and 00 Cents in full for publishing the above notice.

Date:

Amount taxed: \$ _____

The City of Greencastle, IN - 1 N. Locust Street, Greencastle, IN 46135 and DePauw University - 313 S. Locust Street, Greencastle, IN 46135 intend to discharge storm water into the Big Walnut Creek (HUC 05120203020070), DeWeese Branch of Deer Creek (HUC 05120203050060), and Owl Creek (HUC 05120203050030) watersheds, and is submitting a Notice of Intent letter to notify the Indiana Department of Environmental Management of our intent to comply with the requirements under 327IAC 15-13 to discharge storm water run-off, associated with municipal separate storm sewer systems (MS4).
Submitted by:
Scott Zimmerman
City Planner
(765) 653-7719
szimmerman@cityofgreencastle.com
hspxlp November 9-18

CATHERINE D LESKO
Seal
Notary Public - State of Indiana
Putnam County
My Commission Expires Oct 19, 2023

(Government Unit)

To: Banner Graphic

Putnam County, Indiana

P.O. Box 509, Greencastle, Indiana 46135

PUBLISHERS'S CLAIM

FEDERAL ID# 36-4303355

LINE COUNT

Display Matter (Must not exceed two actual lines, neither of which shall
 Total more than four solid lines of type in which the body of the
 Advertisement is set)—number of equivalent lines..... **42**
 Head—number of lines
 Body—number of lines
 Tail—number of lines
 Total number of lines in notice**42**

COMPUTATION OF CHARGES

2 lines x 21 columns wide equals 42 equivalent lines
 at ..2986 cents per line**\$12.54**
 Additional charge for notices containing rule or tabular word
 (50 percent of above amount.....\$ _____
 Charge for extra proofs of publication (\$1.00 for each proof
 In excess of two).....\$ _____
 TOTAL AMOUNT OF CLAIM.....**\$12.54**

DATA FOR COMPUTING COST

Width for single column 9.5 cms
 Number of insertions 1
 Size of type 7 point

Pursuant to the provisions and penalties of Chapter 155, Acts 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, and
 Allowing all just credits, and that no part of the same has been paid.

Diana Dick

Title: PUBLISHER'S

Date: November 7, 2018

REPRESENTATIVE

PUBLISHERS AFFIDAVIT

The City of Greencastle, IN -- 1 N. Locust Street, Greencastle, IN 46135 and DePauw University -- 313 S. Locust Street, Greencastle, IN 46135 intend to discharge storm water into the Big Walnut Creek (HUC 05120203020070), DeWeese Branch of Deer Creek (HUC 05120203050060), and Owl Creek (HUC 05120203050030) watersheds, and is submitting a Notice of Intent letter to notify the Indiana Department of Environmental Management of our intent to comply with the requirements under 327IAC 15-13 to discharge storm water run-off, associated with municipal separate storm sewer systems (MS4).
 Submitted by:
 Scott Zimmerman
 City Planner
 (765) 653-7718
 szimmerman@cityofgreencastle.com
 hspaxlp November 9-11

State of Indiana)
) ss:
 Putnam County)

Personally appeared before me, a notary public in and for said county and state, the undersigned Diana Dick who, being duly sworn, says that she is
 Publisher's Representative of the Banner Graphic newspaper of general
 Circulation printed and published in the English language in the (city) (town) of
Greencastle in state and county afore-said, and that the printed matter attached
 Hereto is a true copy, which was duly published in said paper for 1 time(s), the
 Date(s) of publication being as follows:

November 9, 2018

Diana Dick

Subscribed and sworn to before me this November 9, 2018

Catherine D. Lesko

Catherine D. Lesko, Notary Public

My commission expires: October 19, 2023

CATHERINE D LESKO
 Seal
 Notary Public - State of Indiana
 Putnam County
 My Commission Expires Oct 19, 2023

Interlocal Agreement
The City of Greencastle and the Putnam Soil and Water Conservation District

This agreement is entered into by and between the City of Greencastle, through its Board of Public Works and Safety (the City) and the Putnam County Soil and Water Conservation District (SWCD).

WHEREAS, the federal Clean Water Act has authorized the Environmental Protection Agency (EPA) and the Indiana Department of Environmental Management (IDEM) to regulate certain types of storm water discharges under the National Pollutant Discharge Elimination System (NPDES);

WHEREAS, the City has been designated as Municipal Separate Storm Sewer (MS4) entities under Phase 2 of the NPDES permit;

WHEREAS, the City desires to comply with 327 IAC 15-5 (Rule 5) and 327 IAC 13-15 (Rule 13) Stormwater General Permit requirement; and

WHEREAS, there is a need to provide guidance and enforcement to developers, landowners and contractors regarding erosion and sediment control;

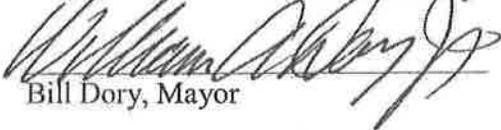
NOW THEREFORE, for the mutual covenants contained herein, and other valuable consideration, the parties agree as follows:

1. The City shall be responsible for conducting plan reviews and site inspections for areas located within the City limits.
2. For MS4-owned projects, the City shall submit the Notice of Intent (NOI) to IDEM and to SWCD, for review. The City and the University will perform and record the required self-monitoring inspection information.
3. The City shall be responsible for conducting plan reviews for non single-family residential projects in the two-mile fringe and reporting deficiencies to the owner and to SWCD.
4. The SWCD shall be responsible for conducting site inspections for non single-family residential projects outside the City limits and within the two-mile fringe.
5. The standards to be applied and enforced on developers are outlined by the Indiana Stormwater Quality Manual, IDEM, and the City of Greencastle Code.
6. The City and SWCD shall have employees trained annually on Rule 5 and Rule 13 requirements.
7. The City shall be responsible for enforcement penalties to owners, developers and/or contractors regarding soil and erosion control violations within the City limits.
8. The SWCD shall be responsible for enforcement penalties to landowners, developers and contractors regarding soil and erosion control violations outside the City limits.

9. This Agreement shall not prohibit either party from charging fees to landowners, developers and/or contractors associated with the implementation of this agreement.
10. The SWCD shall indemnify and hold the City harmless from and against any liability, claims, demands or expenses, including reasonable attorney's fees, for damages to the property of or injuries, including death, to the City its employees or an other person arising from or in connection with the acts or omissions of the SWCD in the performance of the work described herein, or use of City property, except for such liability, claim or demand due to the sole negligence of the City. The SWCD further agrees to indemnify, defend and hold harmless the City, its agents and employees from all claims and suits of whatever type, including court costs, attorney fees and other expenses, caused by an act or omission of the SWCD, its agents, officers, employees, subcontractors arising out of this Agreement.
11. Each party hereto, in the performance of this Agreement, will be acting in an individual capacity and not as an agent, an employee, a partner, a joint venturer, or an associate of the other. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.
12. This Agreement constitutes the entire agreement by and between the other parties with respect to the matters contained herein and superseded all prior oral or written representations and agreements. This agreement may only be modifies by an amendment signed by both parties.
13. This Agreement may be terminated by either party upon 60 days written notice.
14. This agreement will be revisited when the City of Greencastle/DePauw University MS4 renews its NPDES permit and may be revised, renewed, or terminated.

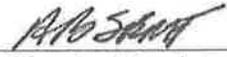
Signed and executed this 21ST day of NOVEMBER, 2019.

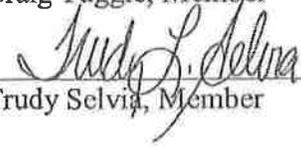
City of Greencastle
Board of Public Works and Safety


Bill Dory, Mayor

Putnam County Soil and Water
Conservation District


Kerry Williams, Board Chairman


Craig Tuggle, Member


Trudy Selvia, Member

Agreement for Provision of MS4 Services

This agreement is entered into by and between the City of Greencastle (the City) and DePauw University (the University).

WHEREAS, the federal Clean Water Act has authorized the Environmental Protection Agency (EPA) and the Indiana Department of Environmental Management (IDEM) to regulate certain types of storm water discharges under the National Pollutant Discharge Elimination System (NPDES);

WHEREAS, the City and the University have been designated as Municipal Separate Storm Sewer (MS4) entities under Phase 2 of the NPDES permit; and

WHEREAS, the City and the University desire to comply with 327 IAC 15-5 (Rule 5) and 327 IAC 13-15 (Rule 13) Stormwater General Permit requirement.

NOW THEREFORE, for the mutual covenants contained herein, and other valuable consideration, the parties agree as follows:

1. This Agreement shall be in effect upon execution and shall terminate in August 2019.
2. The City and the University shall continue to develop and implement programs and procedures to comply with IDEM's General Permit Requirements.
3. The Mayor of the City of Greencastle will serve as the MS4 Operator. The MS4 Operator and his/her designees shall be responsible for the general administration of the MS4 Program; including preparing and filing the required reports to IDEM.
4. The University will provide a Representative to aid the MS4 Operator and his/her designees in making critical decisions with regard to the MS4 Program.
5. The University Representative will be responsible for tracking and submitting the required documentation for IDEM audits and reports for all projects occurring on property owned by DePauw University.
6. The City and the University shall provide staff to implement the MS4 Program, as needed or required.
7. The City and the University are responsible for the submittal and compliance with the Notice of Intent (NOI) required by IDEM for construction projects that disturb one (1) acre or more of land. The NOI must be submitted to IDEM with the required documentation and to the Putnam County Soil and Water Conservation District (SWCD). A copy of the plans will be forwarded to the City for review.
8. The University shall pay the City a minimum of \$15,000.00 annually to implement and administer the MS4 Program. This does not include expenses related to IDEM mandated or special projects. Payment shall be made annually by September 1st.
9. As determined by the University's Representative(s) and the City's Board of Public Works and Safety, shared expenses may be needed by the City and/or the University for IDEM mandated or special projects related to the MS4 Program. The City and the University agree to fund the total cost of the MS4 Program.

10. Each party hereto, in the performance of the Agreement, will be acting in an individual capacity and not as an agent, an employee, a partner, a joint venturer or an associate of the other. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.

IN WITNESS WHEREOF, the parties, through duly authorized representatives enter into this agreement on this 24 day of October, 2018. The parties having read and understood the foregoing terms of the Agreement do by their respective signatures dated below hereby agree to the terms thereof.

City of Greencastle
Board of Public Works and Safety


William A. Dory, Jr., Mayor

DePauw University


Robert R. Leonard,
Vice President of Finance and Administration


Craig Tuggle, Member


Trudy Selvia, Member

