



**RULE 13 –
Certification of the Plan To Detect, Address, and
Eliminate Illicit Discharges for the Illicit Detection and
Elimination MCM**

State Form 51271 (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 to comply with section 14(g) of 327 IAC 15-13.
 - The implementation plan for this MCM must be implemented within three hundred sixty-five (365) days of the Notice of Intent (NOI) letter submittal date.
 - Submit this completed form when the plan has been developed and implemented.
 - Return this completed and signed form, and any required addenda by mail to the IDEM Rule 13 Coordinator at the address listed in the box on the upper-right.

CERTIFICATION AND SIGNATURE

The State of Indiana requires _____ (MS4 Operator) to develop and implement a plan to detect and eliminate illicit discharges, including illegal dumping, into the MS4. As part of this plan, outfall systems within the regulated MS4 area must be mapped throughout the five-year permit term. The plan must be implemented within three hundred sixty-five (365) days of the Notice of Intent (NOI) letter submittal date.

► The following statement, required by the State of Indiana, and the accompanying signature serve as the required certification that the program has been developed and implemented per the requirements of 327 IAC 15-13 and authorized under NPDES permit number INR040 _____.

"I certify, under penalty of law, that this plan and all required materials were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the above statement 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."

Authorized Signature¹: _____ **Date:** _____
(mm/dd/year)

Title²: _____
(typed or printed)

¹The "authorized signature" required above must be either that of the MS4 operator, or, if another entity is responsible for this MCM, the responsible individual.

²The "title" must either be "MS4 operator", or, if a responsible individual signs, the title of that individual and associated MS4 entity represented (for example, mayor of the City of Indianapolis).