

# Stormwater Pollution Prevention Plan (SWPPP) Application



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|--|--|---|
| <input type="checkbox"/> Conceptual      | <input type="checkbox"/> Grading                                     | <input type="checkbox"/> Demolition   |
| <input type="checkbox"/> Final           | <input type="checkbox"/> Foundation                                  | <input type="checkbox"/> Transportation                                     |
| <input type="checkbox"/> Erosion Control | <input type="checkbox"/> Post-Construction Pollution Prevention Plan |   |
| (Check all that apply)                   |  | <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Water Main |

**Lowell Stormwater and MS4 Department**  
 501 East Main Street  
 Lowell, IN 46356-0157  
 Telephone Number: (219) 696-7794 ext 23  
 Fax Number: (219) 696-7796  
[Chendrix@lowell.net](mailto:Chendrix@lowell.net)

**Project Name:** \_\_\_\_\_

**Project Location/Address Description:** \_\_\_\_\_

**Latitude: W** \_\_\_\_\_ **Hydrologic Unit Code:** \_\_\_\_\_

**Longitude: N** \_\_\_\_\_

**Civil Township: West Cre      Quarter:      Section: 22      Township: 33N      Range: 9W**

**Project Site Owner Name (Company)\*:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Plan Preparer:** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**On-site Erosion Control Supervisor:** \_\_\_\_\_

*(A trained individual responsible for self-inspection and record-keeping as defined by 327 IAC 15-5-4)*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of receiving water/point of discharge:** \_\_\_\_\_

*(If stormwater is retained on site, name the nearest possible receiving water.)*

**Total Project Acreage:** \_\_\_\_\_ **Acres**      **Acreage to be Disturbed:** \_\_\_\_\_ **Acres**

**Total Impervious Surface for Completed Project:** \_\_\_\_\_ **Square Feet**

*(as defined by 327 IAC 15-5-4(16) including structures, roads, parking lots, and other similar improvements)*

**Signature of Project Site Owner\*:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*\*as defined by 327 IAC 15-5-4, normally a developer or person who has financial and operational control of construction activities and project plans and specifications*

**For Office Staff Only**

<b>Date Received</b> _____	<b>Date Approved</b> _____
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