



**Town of Porter
Stormwater Management Board
303 Franklin Street
Porter, Indiana 46304**

MINUTES FROM THE MEETING MARCH 24, 2015

The meeting was opened at 5:00 pm with President Greg Stinson leading the Pledge of Allegiance.

Officers Present- Greg Stinson, Jim Eriksson, Daniel Colbert. Also at the meeting was Tammie Sufana, Brenda Brueckheimer

Motion to approve the minutes for January 27, 2015 as presented was made by Daniel Colbert, second by Jim Eriksson.

Motion passed 3-0

Motion to approve the minutes of February 24, 2015 as presented was made by Jim Eriksson, second by Daniel Colbert.

Motion passed 3-0

Motion to approve the Claims for February 16-March 20, 2015 accounts payable voucher in the amount of \$5,710.38 as submitted by Daniel Colbert, second by Jim Eriksson.

Motion passed 3-0

Treasurers Report – We open the month of March just shy of \$360,000.00 in the account.

Motion to approve the Treasurers report as submitted was made by Jim Eriksson, second by Daniel Colbert.

Motion passed 3-0

Brenda Brueckheimer, Director of Public Works-Brenda is working with Mike Barry on Ms. Fulton's easement and having a meeting about her donating it to the town. Brenda is requesting approval for \$5350.00 to remove 3 large trees that will be in way of drainage easement project.

Motion was made to approve the removal of the 3 large trees for a cost of \$5350.00 by

Jim Eriksson, second by Daniel Colbert.
Motion passed 3-0

MS4 update thank you for allowing Brian Bugajski go to the annual meeting for her. It was nice that they requested him seeing he helped with the audit.

Brenda would like to ask the board to look for a logo for the storm board.

Last week the sweeper was out in the down town area while it was nice to start cleaning the storm drains. As soon as it warms it will be out more we definitely need storm drain cleaning.

Old Business-NONE

New Business-Motion was made to approve invoice 14-098-03 for Chief Circle drainage was made by Daniel Colbert, second by Jim Eriksson.
Motion passed 3-0

Motion was made to approve invoice 14-079-08 for miscellaneous services was made by Jim Eriksson, second by Daniel Colbert.
Motion passed 3-0

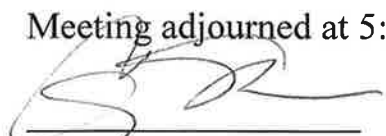
Motion was made to approve invoice 14-093-03 for Dunes Forest Knoelke was made by Daniel Colbert, second by Jim Eriksson
Motion passed 3-0


Public Comments-NONE

A motion to adjourn was made by Daniel Colbert, second by Jim Eriksson.
Motion passed 3-0

Next meeting is April 28, 2015

Meeting adjourned at 5:17 p.m.




President, Greg Stinson

Vice President, Jim Eriksson

A stylized, cursive handwritten signature in black ink, appearing to read 'DCC' followed by a long horizontal flourish.

Treasurer, Daniel Colbert

A cursive handwritten signature in black ink, appearing to read 'Tammie Sufana'.

Secretary, Tammie Sufana

Monthly Stormwater Management Board Budget Report				
Previous Balance	359268.62			Date
Income				03/31/15
1. Rate Billing	13747.63			
2. Other				
Total Cash				
Approved Bills	5050.82			
Balance	367965.43			
Disbursements	Budget	Bills	Balance	Year to Date
Personal Services				
Board Salaries	2,000.00		2,000.00	
Board Secretary	750.00	50	600.00	150
Utility Clerk	11,000.00	784.62	8,253.83	2746.17
MS-4 Eng.	14,000.00	647.76	11,731.10	2268.9
Supplies				
General Office	1,250.00		1,250.00	
Billing and Accounting	1,000.00		1,000.00	
Computer Updates				
Computer Software	1,000.00		1,000.00	
Maintenance				
Services and Charges				
Engineering Services	35,000.00	3505.64	16,627.02	18372.98
Planning Services				
Contract Lab. Services				
NIRPC Contract	5,000.00		826.00	4174
Town Attorney Service				
NPDES Permit				
MS4 Annual Report				
Printing and Advertising				
Insurance				
Utility				
Rentals	500.00		500.00	
Other	500.00	8.8	479.79	20.21
Construction Control				
Post Construction Control				
Training and Education	3,000.00	54	2,946.00	54
Capital Outlays				
Land				
Building				
Ditch Projects				
Drain Projects				
Other				
Equipment Purchasing				
Project Cumulative Fund	155,000.00		155,000.00	
Totals	230,000.00	5050.82	202213.74	27786.26

327 IAC 15-13-17 MS4 Storm Water Permit Municipal Operations and Good Housekeeping Audit/Inspection	Authority: <i>This audit/inspection was conducted pursuant to 327 IAC 15-13-22 and is consistent with the requirements of 327 IAC 15-13-17.</i>
MS4 Name: Town of Porter	MS4 Permit Number: INR040115
MS4 Operator: Town Council – Greg Stinson, President	County: Porter
MS4 Permit Coordinator: Brenda Brueckheimer, Director of Public Works	Others Attending the Audit: Brian Bugajski, Parks Director
Audit / Inspection Information	
Questions or inquires concerning this report should be directed to:	
Ms. Reggie Korthals MS4 Coordinator Office of Water Quality - IDEM	Phone: 317-234-1601 Toll Free: 1-800-451-6027 E-Mail: rkorthal@idem.IN.gov
Audit / Inspection Date: 2/13/2015	Report Distributed: <input checked="" type="checkbox"/> E-Mail <input type="checkbox"/> Mail <input type="checkbox"/> Certified
Definitions: <ul style="list-style-type: none"> <u>Satisfactory (S)</u>: The item currently meets permit compliance <u>Marginal (M)</u>: A concern has been identified that could become a problem area; corrective action is recommended to remain in compliance <u>Unsatisfactory (UN)</u>: A violation has been identified and all or part of permit is not in compliance; corrective action is required <u>Not Applicable (N/A)</u>: Does not apply to the MS4 at the time of the audit 	

SECTION A: Measureable Goals – Documentation Review			
PROVIDED	NOT PROVIDED	S, M, UN, NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	1. Provide MS4 measurable goals for the MCM with specific reduction percentages and Timetables (Included in the SWQMP Part C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	2. Provide a list of all municipal owned and operated facilities (Identify those with Industrial Permits (Rule 6)
SECTION B: Employee Training – Documentation Review			
PROVIDED	NOT PROVIDED	S, M, UN, NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	1. Provide documentation of employee pollution prevention training
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	2. Provide materials used, sign-in sheets, agenda.
SECTION C: Storm Water Infrastructure – Document Review			
PROVIDED	NOT PROVIDED	S, M, UN, NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	1. Provide documentation that mapping and characterization of MS4 system is current.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	2. Provide a map of the facility that includes conveyances and outfalls.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	3. Provide documentation of catch basin cleaning and material disposal

MS4 Name: Town of Porter
Permit Number: INR040115

SECTION G: Public Streets Operation and Maintenance – Document Review			
PROVIDED	NOT PROVIDED	S, M, UN, NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	1. Provide Street Sweeping Schedule.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	2. Provide a copy of the SOP for street sweeping (include procedures for proper disposal of material).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	3. Provide documentation for the following maintenance activities: a. Roadside shoulder stabilization. b. Roadside ditch stabilization. c. Planning and proper care of roadside vegetation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	4. Provide documentation on use and storage of deicing materials and identify snow removal storage areas.
SECTION H: Pesticide, Herbicide, and Fertilizer Application and Management – Documentation Review			
PROVIDED	NOT PROVIDED	S, M, UN, NA	
		S	1. Does the MS4 apply restricted pesticides/herbicides that require certification by the Indiana State Chemist Office? If so, are proper certifications in place. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		S	2. Were the individual(s) responsible for application identified and a copy of their certification form provided? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	3. Provide BMP documentation for fertilizer use.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	4. Provide documentation of applicator training for storm water pollution prevention.
SECTION I: Facility Inspection			
<p>If the permit audit generates the need for a facility site inspection, a separate facility report will be attached to this report.</p> <ul style="list-style-type: none"> Not required at the time of the audit 			
SECTION J: Comments			
<ul style="list-style-type: none"> The Town of Porter provided all required documentation. The permit information requested was well organized and demonstrated compliance. The MS4 coordinator has a solid knowledge of state and federal storm water requirements and permit regulations. 			
SECTION K: Audit Follow-up			
<p><input checked="" type="checkbox"/> The permittee is in compliance with the requirements of 327 IAC 15-13-17 and shall continue to implement SWQMP BMPs for proper pollution prevention and good housekeeping. No further action at this time.</p> <p><input type="checkbox"/> All items marked as marginal and/or unsatisfactory must be corrected on or before __/__/__.</p>			

MS4 Name: Town of Porter
Permit Number: INR040115

<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	4. Provide documentation of storm water structure maintenance and material disposal
SECTION D: Flood Management – Documentation Review			
PROVIDED	NOT PROVIDED	S, M, UN, NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	1. Provide an inventory of flood management structures.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	2. Provide documentation of inspections of structures.
SECTION E: Facility Maintenance – Document Review			
PROVIDED	NOT PROVIDED	S, M, UN, NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	1. Provide a tracking documentation used for the following activities as appropriate: a. Litter pick-up. b. Remediation of outfall scouring. c. Proper storage and spill containment of concentrated solutions, acids, alkalis, oils or other polluting materials.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	2. Provide a copy of in-field inspection sheets used for maintenance inspections performed in the field.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	3. Provide a copy of the procedure for maintenance activities.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	4. Provide a copy of the facility SWPPP or program outline
			5. Did the facility manager/superintendent attend the audit? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	6. Provide a copy of the materials inventory for the facility (Part of the SWPPP)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA	7. Provide management procedure for stockpile storage, maintenance, and disposal
<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA	8. Provide management procedure for composting materials, if applicable
SECTION F: Vehicle Maintenance and Fueling – Documentation Review			
PROVIDED	NOT PROVIDED	S, M, UN, NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	1. Was there a designated vehicle maintenance area?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	2. Were vehicle maintenance practices implemented and documented?
			3. Do inside drains go to a storm water conveyance or sanitary sewer? <input type="checkbox"/> Storm Water <input checked="" type="checkbox"/> Sanitary
<input checked="" type="checkbox"/>	<input type="checkbox"/>	S	4. Did vehicle washing areas have BMPs in place?
			5. Were spill kits available and located within the vehicle maintenance area and fueling area? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <i>In maintenance area, no fueling facility, fueling is done commercially</i>
<input type="checkbox"/>	<input type="checkbox"/>	NA	6. Provide documentation of fuel spills and clean-up.
<input type="checkbox"/>	<input type="checkbox"/>	NA	7. Provide documentation of fuel facility inspections.
		NA	8. Were fuel overflow and tank protection in place? YES <input type="checkbox"/> NO <input type="checkbox"/>
		NA	9. Were BMPs for storm drains located in or near the fueling area in place? YES <input type="checkbox"/> NO <input type="checkbox"/>
		NA	10. Were employees with access and use of the fueling facility provided spill prevention training? YES <input type="checkbox"/> NO <input type="checkbox"/>