



**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEMI PUBLIC AND MINOR MUNICIPAL PERMIT APPLICATION**

State Form 54924 (R2 / 7-22)
Approved by State Board of Accounts, 2022
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
SEMI PUBLIC AND MINOR MUNICIPAL
PERMIT APPLICATION PACKAGE**

This is an application for a National Pollutant Discharge Elimination System (NPDES) permit to discharge treated sanitary wastewater from a semi-public, minor municipal, State, or Federally owned wastewater treatment facility. Facilities with design flows of one (1) million gallons per day (MGD), or greater, are considered major facilities and must complete a Major Municipal Discharger Application.

Included in this package is a checklist noting all items to be submitted with the application. Please ensure that all items appearing on the checklist are accurately completed and submitted to avoid delays and/or denial of the application. Also included in this application package is an application form, a potentially affected persons form, instructions for completion of these forms, and information regarding the application fee.

The following information **must** be included as part of the NPDES permit application:

- Completed, signed Application Form
- One hundred dollar (\$100) New Permit or Renewal Permit Application Fee;
Fifty dollar (\$50) Modification Application Fee (as required by 327 IAC 5-3-17)
- Potentially Affected Persons List
- Topographic map showing plant and outfall(s) location(s)
- Additional facility diagrams, Combined Sewer Overflow (CSO) listings, etc. necessary to adequately describe facility

Return Completed Application, Fee and Associated Materials to:

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Municipal NPDES Permits Section
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

I. NAME OF FACILITY _____

II. CURRENT NPDES PERMIT NUMBER IN00 _____ (New applicants will be assigned a number later.)

III. MAILING ADDRESS

Address: _____

City: _____ State: _____ ZIP: _____

IV. OWNER OR LEGALLY RESPONSIBLE PARTY (TOWN BOARD/COUNCIL PRESIDENT, MAYOR, SUPERINTENDENT)

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail address: _____ Telephone number: (____) ____ - _____

V. WASTEWATER TREATMENT PLANT CERTIFIED OPERATOR

Name: _____ Certification number: _____

Classification: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail address: _____ Work telephone number: (____) ____ - _____

VI. RESIDENT MANAGER OR PERSON IN CHARGE ON SITE

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail address: _____ Telephone number: (____) ____ - _____

VII. CONSULTANT / ENGINEER: (IF APPLICABLE)

Name: _____ Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail address: _____ Telephone number: (____) ____ - _____

NPDES SEMI PUBLIC AND MINOR MUNICIPAL INSTRUCTION SHEET

These instructions are provided to clarify the requirements of the NPDES Semi Public and Minor Municipal Permit Application. Each numbered statement corresponds to the numbered items in the application.

1. Check the appropriate box to indicate the type of ownership:

Semi-Public: any facility not municipally, state, or federally owned (i.e., mobile home parks, schools, restaurants, etc.)

Minor Municipal: any municipally owned facility with a design flow of less than 1 million gallons per day (MGD) (towns, cities)

State Owned: a facility owned by a state agency (state parks, state prisons, etc.)

Federally Owned: a facility owned by a federal agency (military installation, national park, federal penitentiary, etc.)

2. Type of permit requested:

New: the facility has never operated under an NPDES permit

Renewal: the facility is currently operating under a current or expired NPDES permit

Modification: the facility is operating under an NPDES permit but has made or is making significant changes (i.e., treatment process, or amount of flow)

3. Fill in issuance and expiration dates for current or expired NPDES permits.
4. List the actual physical location of the plant so that a person who has never been there can pinpoint it on a map. The description should include street names and addresses, county road numbers, and/or U.S. Geological Survey quadrangle name, section, township and range when applicable.
5. Insert the appropriate volumes in million gallons per day (MGD).

The Average Design Flow is defined as the volume of flow which the facility is designed to treat.

The Average Flow is defined as the average monthly volume of flow through the facility. This number is obtained by averaging the reported flows from the last twelve (12) months of operation.

The Maximum Flow is defined as the maximum amount of flow that the facility is designed to treat.

6. Check the appropriate type of sewer system. If the system is combined storm and sanitary sewers, then also include the percentage of the sewer system that is combined.
7. A Bypass Point is defined as any point in the system where wastewater can be intentionally diverted to avoid treatment at the facility. Check the appropriate box to indicate whether such points exist. Also, list the corresponding 3-digit ID number of each bypass, a detailed location description, and the receiving stream. If more than three (3) bypass points exist, attach a supplemental sheet to this application.
8. An Overflow Point is defined as any point in the collection system where wastewater can be unintentionally discharged from the collection system. Check the appropriate box to indicate whether such points exist. Also, list the corresponding 3-digit ID number of each overflow, a detailed location description, and the receiving stream. If more than three (3) overflow points exist, attach a supplemental sheet to this application.
9. Enter the number of existing plant outfalls other than bypass or overflow points. List all outfalls by their 3-digit ID numbers and provide a detailed description of their location (preferably using longitude and latitude) and their respective receiving streams. Mark each point on a topographic map.

10. Check whether the facility discharges within two (2) miles upstream of any lake, reservoir, or sinkhole. If it does, provide the name of the lake, reservoir, or state that it enters a sinkhole. The distance is to be calculated from the actual outfall point to the receiving stream's entry point to any lake, reservoir, or sinkhole.
11. Check whether the facility discharges within forty (40) miles upstream of any lake, reservoir, or sinkhole. If it does, provide the name of the lake, reservoir, or state that it enters a sinkhole. The distance is to be calculated from the actual outfall point to the receiving stream's entry point to any lake, reservoir, or sinkhole.
12. Enter the distance from this facility to the nearest publicly-owned treatment works measured as a straight line from facility to facility. Also, identify the name of the treatment facility.
13. List the name of the stream receiving the facility's discharge. If the receiving stream is an unnamed ditch, swale, or field tile, then also list the first named water body that the receiving stream flows into (i.e., an unnamed ditch to Blue River).
14. Identify any industries which contribute industrial process wastewater to the collection system. Also, estimate the percentage of total volume of influent that industrial wastewaters comprise and check all the contaminants that have the potential to be present in the industrial wastewaters.
15. If the facility is a municipal treatment facility with significant industrial flow, or is a new facility, enter the population served as well as the population equivalent. The population equivalent is defined by 327 IAC 5-22-3(9) as the calculated population which would contribute a particular amount of biochemical oxygen demand (BOD) per day, using the base of seventeen-hundredths (0.17) pounds of five (5) day BOD per capita per day.
16. If the facility is a semi-public treatment facility, enter the number of customers served.
17. Check the box that describes the level of treatment provided by the treatment facility. Note that any treatment facility designed to remove ammonia is considered to provide advanced treatment.
18. Indicate whether the facility operates as a controlled or continuous discharger. A controlled discharge is defined by 327 IAC 5-1-2-(8) as a discharge of wastewater from a wastewater treatment plant which is designed and operated to control the volume of discharge, either by manual adjustment or by an automated control mechanism, such that the discharge rate does not exceed a prescribed fraction of the stream flow rate at any given time.
19. Check all treatment processes currently in operation at the facility.
20. Check the type of disinfection utilized by the facility, as well as the application method used (i.e., Chlorine tablets, Chlorine gas, etc.). Do the same for the dechlorination question. If the facility utilizes ultra-violet (UV) light disinfection, also indicate whether a UV light intensity meter is installed. If another method of disinfection is utilized, or none at all, please explain.
21. Check the type of sludge handling method(s) utilized. If another method is used, explain.
22. Check the method of sludge disposal utilized. For land application of solid or liquid wastes, include the land application permit number as well. If another method of disposal is utilized, please explain.
23. List any recent, on-going, or proposed construction or change in treatment processes. Describe the construction or changes in detail, including the IDEM construction permit number and month of issuance. Add additional sheets, if necessary.
24. Describe the facility in detail including all equipment, processes and layout. Include a flow diagram, and a copy of a topographic map marking the location of the facility, all combined sewer overflow (CSO) and bypass points, and all plant outfalls.

**NPDES SEMI PUBLIC AND MINOR MUNICIPAL
PERMIT APPLICATION**

NAME OF FACILITY: _____

NPDES PERMIT NUMBER: IN00 _____

1. Facility Type:

- Semi-Public Minor Municipal State Owned Federally Owned

2. Type of Permit Action Requested:

- New Renewal Modification

3. If Facility has an Existing Permit:

Date of Issuance (*month/day/year*): ___/___/___ Date of Expiration (*month/day/year*): ___/___/___

4. Facility Location: List the actual physical location of the plant so that a person who has never been there can pinpoint it on a map. The description should include street names and addresses, county road numbers, and/or U.S. Geological Survey quadrangle name, section, township and range when applicable.

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

5. Facility Capacity: Please answer the following questions in million gallons per day (MGD):

Average Design Flow _____ Average Flow _____ Maximum Flow _____

6. Collection System: (*check one of the following*)

- 100 % Sanitary Sewers Combined Storm and Sanitary Sewers

If combined, what percentage of collection system is combined? ____%

7. Does the treatment system contain any bypass points? Yes No

If Yes, provide the bypass ID number(s) and corresponding location(s). (*Attach additional sheets, if necessary.*)

ID number: _____ Location: _____

Receiving Stream: _____

ID number: _____ Location: _____

Receiving Stream: _____

ID number: _____ Location: _____

Receiving Stream: _____

8. Does the treatment system contain any overflow points? Yes No

If Yes, provide the bypass ID number(s) and corresponding location(s). (*Attach additional sheets, if necessary.*)

ID number: _____ Location: _____
Latitude/Longitude: _____
Receiving Stream: _____
ID number: _____ Location: _____
Latitude/Longitude: _____
Receiving Stream: _____

9. Facility Outfalls:

Number of separate plant outfalls (other than bypass or overflow points): _____

List all separate plant outfalls below: (*Attach additional sheets, if necessary.*)

ID number: _____ Location: _____
Latitude/Longitude: _____
Receiving Stream: _____
ID number: _____ Location: _____
Latitude/Longitude: _____
Receiving Stream: _____

10. Does the facility discharge within two (2) miles upstream of a lake, reservoir, or sinkhole?

Yes No If Yes, name of lake, reservoir, or sinkhole _____

11. Does the facility discharge within forty (40) miles upstream of a lake or reservoir?

Yes No If Yes, name of lake, reservoir, or sinkhole _____

12. What is the distance from this facility to the nearest publicly-owned treatment works? _____ Miles

What is the name of this facility? _____

13. Receiving Stream:

Name of receiving stream: (*If the immediate receiving stream is an unnamed ditch, swale, or field tile, so specify, but also give the name of the stream to which it is tributary.*) _____

14. Waste Contributors:

Both Municipal and Non-Municipal:

List all industrial process water contributors: _____

Percentage of flow due to industry: _____ %

Does the discharge contain or have the potential to contain the following? (*Check all that apply.*)

Al Cd Cr Cu Pb Hg Zn CN Ni Phenols

Others: _____

15. Municipal:

Population Served: _____ Population Equivalent: _____

NPDES PERMIT NUMBER: IN00 _____

16. Semi-Public: (Enter the number of customers currently served by the facility.)

Number of students: K thru 6 _____ Higher grades: _____
Number of mobile home units: _____ Number of campground lots, or motel units: _____
Beds: (If facility serves as a nursing home, hospital, etc.) _____
Commercial Establishments: _____

17. Treatment Description:

Type of Treatment:

Primary Secondary Advanced

18. Is your facility designed to operate as a controlled discharger? Yes No

19. Treatment Processes: (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Regular Activated Sludge | <input type="checkbox"/> Rotating Biological Contactors | <input type="checkbox"/> Anaerobic Digestion |
| <input type="checkbox"/> Two Day Lagoon | <input type="checkbox"/> Extended Aeration | <input type="checkbox"/> Aerobic Digestion |
| <input type="checkbox"/> Phosphorus Removal | <input type="checkbox"/> Oxidation Ditch | <input type="checkbox"/> Nitrification |
| <input type="checkbox"/> Rapid Sand Filter | <input type="checkbox"/> Sequential Batch Reactor | <input type="checkbox"/> Aerated Lagoons |
| <input type="checkbox"/> Microstrainer | <input type="checkbox"/> Post Aeration | <input type="checkbox"/> Trickling Filter |
| <input type="checkbox"/> Waste Stabilization Lagoon | <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Flow Meter |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Constructed Wetland | |
- If other processes are used, please check and explain as part of the facility description in item 24.

20. Disinfection:

- Chlorination Type/Method: _____
- Dechlorination Type/Method: _____
- Ultra-violet Light If ultra-violet light is used, is a UV light intensity meter installed? Yes No
- Other Method: (Please explain.) _____

21. Sludge Handling/Disposal:

Handling: (Check all that apply.)

- Sludge Thickener Sludge Drying Beds Belt Dryer Sludge Lagoons Composting
- Other types of Dewatering: (Please explain.) _____

22. Disposal: (Check all that apply.)

- Land Application Liquid Permit Number _____ Land Application Dried Permit Number _____
- Landfill Incineration Stockpile Hauling (hauler name) _____
- Other: _____

23. Facility Construction/Modification:

Is the facility proposing any new construction or facility modification at this time?

Yes No

If Yes, describe in detail the nature of the construction including proposed time tables, IDEM Construction Permit Approval Number, and date of construction approval:

24. Facility Description:

Provide a narrative description of the wastewater treatment facility detailing equipment and plant layout. Providing a separate, detailed flow diagram or design summary is also recommended.

Signature Block:

This application **must** be signed by a person in responsible charge (such as the owner, partner, a corporate officer, school board president, school superintendent, etc.) to be valid. This signature, attests to the following:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information to be true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

(Printed Name of Person Signing)

(Title)

(Date of Application) (month/day/year)

(Signature of Applicant)

Return Completed Application, Fee and Associated Materials to:

Indiana Department of Environmental Management
Office of Water Quality – Mail Code 65-42
Municipal NPDES Permits Section
100 North Senate Avenue
Indianapolis, Indiana 46204-2251

OWQ Form: Affected

TO: Applicant

FROM: Indiana Department of Environmental Management
Office of Water Quality
Municipal NPDES Permits Section

SUBJECT: Identification of Potentially Affected Persons

The Administrative Orders and Procedures Act (AOPA) IC 4-21.5, requires that the Department of Environmental Management (IDEM) give notice of its decision on your application to the following persons:

- (a) each person to whom the decision is specifically directed;
- (b) each person to whom a law requires notice be given;
- (c) each competitor who has applied to the IDEM for a mutually exclusive license, if issuance is the subject of the decision and the competitor's application has not been denied in an order for which all rights to judicial review have been waived or exhausted;
- (d) each person who has provided the IDEM with a written request for notification of the decision;
- (e) each person who has a substantial and direct proprietary interest in the issuance the (permit) (variance);
- (f) each person whose absence as a party in the proceeding concerning the (permit) (variance) decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance of the (permit) (variance) and is so situated that the disposition of the matter, in the person's absence may:
 - (1) as a practical matter impair or impede the person's ability to protect that interest, or
 - (2) leave any other person who is a party to a proceeding concerning the permit subject to a substantial risk of incurring multiple or otherwise inconsistent obligations by reason of the person's claim interest.

IC 4-21.5-3-5(f) provides that IDEM may request your assistance in identifying these people.

Additionally, IC 13-15-3-1 requires IDEM to send notice that the permit application has been received by the department to the following:

- (a) The county executive of a county affected by the permit application.
- (b) The executive of a city that is affected by the permit application.
- (c) The executive of a town council of a town affected by the permit application.

Please provide on the following form the names of those persons affected by these statutes, and include mailing labels with your application. These mailing labels should have the names and addresses of the affected parties along with our mailing code (65-42PS) listed above each affected party listing.

Example: 65-42PS
John Doe
111 Circle Drive
City, State, ZIP Code

IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

Please list here any and all persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under the law. Failure to notify any person who is later determined to be potentially affected could result in voiding our decision on procedural grounds. To ensure conformance with Administrative Orders and Procedures Act (AOPA) and to avoid reversal of a decision, please list all such parties. The letter attached to this form will further explain the requirements under the AOPA. Attach additional names and addresses on a separate sheet of paper, as needed. Please indicate below the type of action you are requesting.

Name _____
 Street _____
 City, State, and ZIP _____

Name _____
 Street _____
 City, State, and ZIP _____

Name _____
 Street _____
 City, State, and ZIP _____

Name _____
 Street _____
 City, State, and ZIP _____

Name _____
 Street _____
 City, State, and ZIP _____

Name _____
 Street _____
 City, State, and ZIP _____

Name _____
 Street _____
 City, State, and ZIP _____

Name _____
 Street _____
 City, State, and ZIP _____

Please complete this form by signing the following statement:

I certify that to the best of my knowledge I have listed all potentially affected parties, as defined by IC 4-21.5.

Signature _____ Date (month/day/year) ___/___/___

Printed Name _____

Name of Facility _____

Address _____

Type of Action: (check one)

- NPDES Permit-327 IAC 5
- Land Application Permit-327 IAC 6.1
- Confined Feeding Approval-IC 13-18-10
- Sewer Ban Waiver Request-327 IAC 4
- Operator Certification-327 IAC 5-22
- Pretreatment Permit -327 IAC 5
- Construction Permit-327 IAC 3

Return To: (include NPDES permit number on check)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT Office
 of Water Quality – Mail Code 65-42
 Municipal NPDES Permits Section
 100 North Senate Avenue
 Indianapolis, Indiana 46204-2251

FEE INFORMATION FOR NPDES PERMIT APPLICATIONS

The following revised fees were established, pursuant to 327 IAC 5-3-17 to defray the costs of processing the permit applications for the NPDES permit program from **all** NPDES permit applicants:

(1) When an application is filed with the Indiana Department of Environmental Management (IDEM), concerning a New or Renewal NPDES Permit action a one hundred dollar (\$100) application fee must be remitted. A fifty dollar (\$50) application fee is required for a modification of a permit, or a variance of a permit or permit limitation. If the application fee is not remitted the IDEM shall deny the permit application.

(2) The permittee will remit the fee at the time the application, or a request for modification is filed with the IDEM. No fee will be assessed for permit modifications initiated by the IDEM.

(3) **The fees specified above will be payable to the Indiana Department of Environmental Management.** Any fee submitted will not be refundable once substantive processing of the permit application has commenced.

Additionally the issuance of (or existence of) a NPDES Permit will require the permittee to pay an annual fee for which billing will be made by the IDEM, all in accordance with IC 13-18-20. If there are any questions pertaining to the annual fee schedule contained in the regulation, they should be directed to the Operations Section of the Office of Water Quality at 317/232-8472.

Please send the completed forms and appropriate fee together with a cover letter to the **Indiana Department of Environmental Management, Office of Water Quality – Mail Code 65-42, Municipal NPDES Permits Section, 100 North Senate Avenue, Indianapolis, Indiana 46204-2251.**