



**NOTICE OF INTENT (NOI) LETTER  
FOR ING250000 ONCE THROUGH  
NONCONTACT COOLING WATER**

State Form 55916 (R / 12-20)  
INDIANA DEPARTMENT OF ENVIRONMENTAL  
MANAGEMENT

A scanned copy of all completed documents may be sent via e-mail to [OWQ@idem.IN.gov](mailto:OWQ@idem.IN.gov). Online fee payments may be made at [www.in.gov/idem/6973.htm](http://www.in.gov/idem/6973.htm).

**Alternatively**, this form, fee payment, and required attachments may be mailed to:  
Indiana Department of Environmental Management  
Office of Water Quality, Permits Administration Section  
100 North Senate Avenue, IGCN Room 1255  
Indianapolis, IN 46204-2251

**INSTRUCTIONS**

- ***This form must be used to apply for coverage under the General NPDES Permit for wastewater from once-through noncontact cooling water operations pursuant to NPDES Permit No. ING250000.***
- ***This form must be completed fully.***
- ***If you do not use a computer to complete this form, please type or print in ink. Do not use white-out to correct errors.***
- ***Further item-specific instructions are provided in Appendix A at the end of this form.***

**For questions regarding this form, the required attachments, and permit requirements, contact IDEM Office of Water Quality, Permits Administration Section, at (317) 232-8704 or (800) 451-6027, ext. 28704 (within Indiana).**

**ELIGIBILITY REQUIREMENTS**

This general permit covers discharges comprised solely of once through noncontact cooling water OTNCCW) to surface waters of the state, except as excluded below. "Once through noncontact cooling water" is defined as "cooling water that:

- (a) is used for the sole purpose of removing unwanted heat from a process;
- (b) only makes one (1) pass through a unit that exchanges heat between the process and the cooling water (generally a heat exchanger); and
- (c) does not come into contact with any raw material or manufactured product.

In the context of this general permit, the term excludes discharges from steam electric power generation facilities defined under 40 CFR 423."

The following discharges are **NOT** authorized by this permit:

- 1) direct discharges into waters that are designated as an Outstanding National Resource Water (ONRW) defined at IC 13-11-2-149.5 or an Outstanding State Resource Water (OSRW) defined at IC 13-11-2-149.6 and listed at 327 IAC 2-1.3-3(d);
- 2) discharges to a receiving water when the discharge results in an increase in the ambient concentration of a pollutant which contributes to the impairment of the receiving water for that pollutant as identified on the current 303(d) list of impaired waters;
- 3) discharges containing water treatment additives (WTAs) which have not received prior written approval from IDEM for the specific additive, use, and dosage at the particular facility for which the Notice of Intent (NOI) is submitted;
- 4) discharges from a facility that is not in compliance with section 316(b) of the Clean Water Act. Any facility which obtains cooling water from a surface water intake source must satisfy the following conditions in order to be eligible for coverage under this general permit:
  - a. The water body where the cooling water is obtained (source water body) may not include threatened or endangered species in the vicinity of the cooling water intake structure;
  - b. The design intake flow must be less than 5 percent of the mean annual flow of the source water body;
  - c. The design intake velocity must be less than 0.5 feet per second.
  - d. The source water withdrawals from surface waters cannot exceed 2 million gallons per day (MGD) under any circumstances.
  - e. There shall be no impingement and entrainment of fish when drawing water from a surface water body.
- 5) discharges to salmonid waters (as defined in 327 IAC 2-1.5-5(a)(3)) or to the St. Joseph River (tributary to Lake Michigan) upstream of the Twin Branch Dam;
- 6) discharges from steam electric power generation facilities, as defined under 40 CFR 423;
- 7) new sources of once through noncontact cooling water from facilities that do not have existing NPDES permit coverage for that type of discharge;
- 8) discharges resulting from the cleaning of tanks and/or pipelines.
- 9) discharges to combined or sanitary sewer systems;
- 10) discharges that are commingled with hazardous wastes or hazardous materials;
- 11) bypasses or upsets of any kind from a treatment works or collection system;
- 12) discharges that contain pollutants classified as bioaccumulative chemicals of concern (BCCs); and
- 13) discharges for which the Commissioner requests an individual permit application.

**By checking this box I certify that this project is exempt from the requirements of section 316(b) of the Clean Water Act, and meets all of the eligibility requirements for this general permit.**

APPLICATION TYPE	PERMIT NUMBER, IF APPLICABLE:	OTHER PERMIT NUMBER(S) APPLICABLE TO SITE:	DESCRIPTION OF PROPOSED MODIFICATION, IF APPLICABLE
<b>RENEWAL</b> <input type="checkbox"/> <b>MODIFICATION</b> <input type="checkbox"/> <b>NEW COVERAGE (Conversion from Individual)</b> <input type="checkbox"/>			

PART A: GENERAL INFORMATION FOR FACILITY								
1. FACILITY NAME								
2. FACILITY MAILING ADDRESS			3. FACILITY PHYSICAL LOCATION					
STREET ADDRESS (number and street)			STREET ADDRESS (number and street)					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			
4. OWNER'S COMPLETE MAILING ADDRESS			5. FACILITY SIC CODE (See Appendix)	FACILITY NAICS CODE (See Appendix)	6. FACILITY COUNTY			
COMPANY NAME								
STREET ADDRESS (number and street)			7. LATITUDE AND LONGITUDE OF APPROXIMATE CENTER OF FACILITY SITE					
			LATITUDE			LONGITUDE		
			DEGREE	MINUTE	SECOND	DEGREE	MINUTE	SECOND
CITY	STATE	ZIP CODE						
8. What is the nature of the primary business conducted at the facility or site? (Example: Food production facility)								
9. Provide a brief description of the facility operations that result in the discharge. (Example: Once through non-contact cooling water cools production equipment)								

PART B: CONTACT INFORMATION FOR RESPONSIBLE OFFICIAL (AUTHORIZED NOI SIGNATORY)	
Provide information regarding the <u>responsible official</u> who has the authorization to sign this NOI in accordance with 40 CFR 122.22. If the responsible official wishes to delegate signatory authority for reports and other correspondence related to this NOI, that delegation must be made in writing to IDEM. This delegation of authority may occur either via this NOI or via a letter (signed and dated by the responsible official) which shall be submitted to the address on the last page of this NOI form. (See Appendix.)	
10. NAME OF RESPONSIBLE OFFICIAL	11. ALTERNATE DELEGATED SIGNATORY PERSON TO SIGN REPORTS AND FILE ADDITIONAL NOI CONTENT REQUIREMENTS
RESPONSIBLE OFFICIAL'S TITLE	ALTERNATE DELEGATED SIGNATORY PERSON'S TITLE or POSITION
RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER	ALTERNATE DELEGATED SIGNATORY PERSON'S TELEPHONE NUMBER
RESPONSIBLE OFFICIAL'S PERSON'S E-MAIL ADDRESS	ALTERNATE DELEGATED SIGNATORY PERSON'S E-MAIL ADDRESS

PART C: OTHER CONTACT INFORMATION			
12. DISCHARGE MONITORING REPORTS CONTACT AND MAILING INFORMATION		CONTACT PERSON AND COMPANY NAME	
CONTACT TELEPHONE NUMBER		STREET ADDRESS ( <i>number and street</i> )	
CONTACT E-MAIL ADDRESS		CITY	STATE ZIP CODE

13. ANNUAL FEE AND FINANCIAL CONTACT AND BILLING ADDRESS		CONTACT PERSON AND COMPANY NAME	
CONTACT TELEPHONE NUMBER		STREET ADDRESS ( <i>number and street</i> )	
CONTACT E-MAIL ADDRESS		CITY	STATE ZIP CODE
14. OPERATOR/OTHER CONTACT AND MAILING INFORMATION ( <i>IF APPLICABLE</i> )		CONTACT PERSON AND COMPANY NAME	
CONTACT TELEPHONE NUMBER		STREET ADDRESS ( <i>number and street</i> )	
CONTACT E-MAIL ADDRESS		CITY	STATE ZIP CODE

PART D: SOURCE WATER INFORMATION			
Please provide information regarding the volume of water, in millions of gallons per day (MGD), which you propose to withdraw on a daily basis from each of the following sources for use for the once-through noncontact cooling water to be covered by this general permit. If you plan to use a surface water intake, you will also need to determine if you are eligible for general permit coverage due to restrictions of Section 316(b) of the Clean Water Act.			
WELL WATER	SURFACE WATER	PUBLIC WATER SUPPLY	UNITS
			MGD

PART E: OUTFALL INFORMATION:									
Provide the following information for all outfalls/discharges to be covered by this general permit. You may attach additional sheets if necessary.									
15. OUTFALL NUMBER	16. LATITUDE			16. LONGITUDE			17. RECEIVING WATER ( <i>See Appendix.</i> )	18. FOR ANY DISCHARGE INTO A STORM SEWER, IDENTIFY THE STORM SEWER OWNER. ( <i>See Appendix.</i> )	19. ANTICIPATED DAILY VOLUME OF DISCHARGE in MGD AND METHOD OF DETERMINATION OF VOLUME
	deg	min	sec	deg	Min	sec			

**PART F: EFFLUENT CHARACTERISTICS**

Provide the following information for all outfalls / discharges to be covered by this permit. You may attach additional sheets if necessary.

Existing Sources – Provide measurements for the parameters listed in the left hand column, unless waived by the permitting authority.  
(See Appendix)

	(1) 20. Maximum Daily Value (include units)		(2) 21. Average Daily Value (last year) (include units)		22. (3) or (4)	
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken (last year)	Source of Estimate (if new discharger)
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal coliform (if present or believed present; units in count/100 ml)						
Total Residual Chlorine (if chlorine or chlorinated water is used)						
Oil and Grease						
*Chemical Oxygen Demand (COD)						
*Total Organic Carbon (TOC)						
Ammonia (as N)						
Discharge Flow	VALUE in MGD		VALUE in MGD			
Temperature (Winter)	VALUE in DEGREES FAHRENHEIT		VALUE in DEGREES FAHRENHEIT			
Temperature (Summer)	VALUE in DEGREES FAHRENHEIT		VALUE in DEGREES FAHRENHEIT			
pH (S.U.)	MINIMUM		MAXIMUM			

**EFFLUENT CHARACTERISTICS FOR ADDITIONAL OUTFALL (if applicable)**

Provide the following information for all outfalls/discharges to be covered by this permit. You may attach additional sheets if necessary.

Existing Sources – Provide measurements for the parameters listed in the left hand column, unless waived by the permitting authority.  
(See Appendix)

	(1) 20. Maximum Daily Value (include units)		(2) 21. Average Daily Value (last year) (include units)		22. (3) or (4)	
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken (last year)	Source of Estimate (if new discharger)
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal coliform (if present or believed present; units in count/100 ml)						
Total Residual Chlorine (if chlorine or chlorinated water is used)						
Oil and Grease						
*Chemical Oxygen Demand (COD)						
*Total Organic Carbon (TOC)						
Ammonia (as N)						
Discharge Flow	VALUE in MGD		VALUE in MGD			
Temperature (Winter)	VALUE in DEGREES FAHRENHEIT		VALUE in DEGREES FAHRENHEIT			
Temperature (Summer)	VALUE in DEGREES FAHRENHEIT		VALUE in DEGREES FAHRENHEIT			
pH (S.U.)	MINIMUM		MAXIMUM			

**PART G: WATER TREATMENT ADDITIVES:**

23. Please fill out the following additional information about the discharge from each outfall. Note that the only additives that may be used under this permit are those that have been previously approved for use at this site by the Indiana Department of Environmental Management and that are already in use at the time of this submittal. You may attach additional sheets if necessary. (See Appendix)

OUTFALL NUMBER	WATER TREATMENT ADDITIVES (WTAs) TO BE USED (ATTACH A COPY OF IDEM APPROVAL LETTER FOR EACH WTA TO BE USED.)

**PART H: ADDITIONAL REQUIRED ATTACHMENTS**

**24. PROOF OF PUBLICATION**

The applicant is required to publish a notice in a local newspaper of largest general circulation in the area of the discharge. The applicant is required to provide proof of that publication with this NOI letter. This legal ad must be published in the newspaper for a minimum of one day. Be advised that notices without the proper information will not be sufficient, and IDEM will require that a new public notice be placed in the newspaper. If the proof of publication is not available a legible photocopy of the article that contains the name of the newspaper and the date the article was run is also acceptable. Please use the following template statement for the newspaper notice:

*(Facility name, address, address of the location of the discharging facility)* "is submitting a Notice of Intent to notify the Indiana Department of Environmental Management of our intent to comply with the requirements under National Pollutant Discharge Elimination System (NPDES) general permit ING250000 to discharge non-process wastewater from a once through non-contact cooling water operation. Discharge will be to *(Name(s) of the streams or water body(ies) receiving the discharge(s))*"

"Any person wishing further information about this discharge may contact *(facility contact person's name and telephone or email information)*. The decision to issue coverage under this NPDES general permit for this discharge is appealable as per IC 13-15-6. Any person who wishes to be informed of IDEM's decision regarding granting or denying coverage to this facility under this NPDES permit and to be informed of procedures to appeal the decision, may contact IDEM's offices at [OWQWWPER@Idem.IN.gov](mailto:OWQWWPER@Idem.IN.gov) to be placed on a mailing list to receive notification of IDEM's decision."

**25. REQUIRED MAPS**

1. A topographical map must be submitted with this NOI which shall include the following items:
  - (A) the location of the operation shown clearly and identified by name and by mark;
  - (B) the location of each numbered outfall shown clearly and identified by number and by mark;
  - (C) the receiving waters that each outfall discharges to shown clearly and identified by name;
  - (D) any existing permanent structures or roads in the area shown clearly and identified by name; and
  - (E) the location of any surface water intake structures
2. A site map must also be submitted, which must show and identify the significant structures, including all piping, diked areas, all outfall and sampling locations, and any surface water intake structures.
3. A flow schematic diagram(s) that shows how the process wastewater travels through the facility to the point(s) where it is discharged (outfall point).

**Maps should be no larger than 11" x 17" and in color, if possible.**

**PART I: IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS**

**26.** Pursuant to IC 4-21.5 and IC 13-15-3-1 each applicant for general permit coverage is required to provide a listing of all persons who are potentially affected by the discharge(s) to be covered under the general permit. **PLEASE NOTE THAT MAILING LABELS ARE ALSO REQUIRED WITH THIS SUBMITTAL.** (See instructions in Appendix A.)

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 the Administrative Orders and Procedures Act (AOPA) and to avoid reversal of a decision, please list all such parties. Attach additional names and addresses on a separate sheet of paper, as needed.

**NOTE: E-mail addresses for potentially affected persons are NOT required; however, the information is very helpful.**

Name:	Name:
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
E-mail Address:	E-mail Address:
Name:	Name:
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
E-mail Address:	E-mail Address:
Name:	Name:
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
E-mail Address:	E-mail Address:
Name:	Name:
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
E-mail Address:	E-mail Address:
Name:	Name:
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
E-mail Address:	E-mail Address:
Name:	Name:
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
E-mail Address:	E-mail Address:
Name:	Name:
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
E-mail Address:	E-mail Address:
Name:	Name:
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
E-mail Address:	E-mail Address:

**PART J: APPLICATION FEE**

27. A \$50 fee is required to be submitted with this NOI in accordance with IC 13-18-20-12. The \$50 fee is applicable for each new NOI, renewal, and modification. Updates to information in Parts B and C shall not be subject to the \$50 fee for modifications. Checks or money orders shall be made payable to IDEM. IDEM also accepts e-checks and some credit card payments via its Online Payment Portal at <https://www.in.gov/idem/6973.htm>.

**PART K: SIGNATORY CERTIFICATION STATEMENT**

28. The NOI must be signed by the Responsible Official (as identified in Part B, item 10; also see Appendix):

I 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.

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-15-7-1(3), that the statements and representations in this **NOI** are true, accurate, and complete.

_____ Printed or Typed Name of Responsible Official	_____ Title
_____ Signature	_____ Date signed ( <i>month, day, year</i> )

**PART L: 29.** Please use the address at the top of page 1 of the NOI form to submit completed NOI form, attachments, and fee.

## APPENDIX A: SUPPLEMENTAL INSTRUCTIONS

**APPLICATION TYPE:** For a new facility, new NPDES coverage is required. For the purposes of this form, modification consists of removing an existing outfall, adding an outfall in a new location, updating the amount of discharge anticipated or being witnessed, or updating your wastewater characterization if it is determined that an actual value differs significantly from what you stated on a previous submittal. Please note that outfall locations are considered for the purposes of this permit to be discrete points. If you relocate an outfall you must apply for modification of coverage to remove the outfall at the previous location, and add a new outfall with a new outfall number, to the permit. Changes in contact information must be reported, but you may do so with a letter signed by the signatory (Part B Item 10) or delegated signatory authority (Part B Item 11). An updated NOI is required in this case, but neither proof of publication, a Potentially Affected Parties list, nor a fee is required.

**ELIGIBILITY REQUIREMENTS:** Prior written approval from IDEM is required for any substance or water treatment additive (WTA) that is to be added to the water that is to be discharged. To obtain this approval, see State Form 50000, which can be found at <https://www.in.gov/idem/forms.htm>. A copy of this approval must be submitted with your NOI form.

**Part A, item 1:** Enter the name of the specific site location that is to be permitted. This will be a unique name to identify this single site in correspondence.

**Part A, Item 5:** Enter the four-digit Standard Industrial Classification (SIC) code which identifies the facility's primary activity. SIC codes can be obtained from the Standard Industrial Classification Manual, 1987, accessing the Occupational Safety and Health Administration (OSHA) website, by contacting the IN Department of Workforce Development, or visiting this site: <https://www.naics.com/naics-to-sic-sic-to-naics-crosswalks/>.

**Part A, Item 7:** The latitude and longitude of the approximate center of the facility site must be in the degrees/minutes/seconds format. Longitude and latitude can be obtained from United States Geological Survey (USGS) quadrangle or topographic map, by calling (888) 275-8747, or by accessing a locational (geocoding) website and conducting a search based on the facility street address. This information may also be accessed a handheld GPS unit at the site.

Longitude and Latitude in decimal degrees may be converted to degrees/minutes/seconds for proper entry on the NOI by following this example:

Convert decimal latitude 45.1234567 to degrees/minutes/ seconds

1. The numbers to the left of the decimal point are degrees: 45.
2. To obtain minutes multiply the first four number to the right of the decimal point by 0.006:  $1234 \times 0.006 = 7.404$
3. The numbers to the left of the decimal point in the result obtained in (2) are the minutes: 7
4. To obtain seconds multiply the remaining three numbers to the right of the decimal from the result obtained in (2) by 0.06:  $404 \times 0.06 = 24.24$
5. The conversion for 45.1234567 is 45° (degrees), 7' (minutes), and 24.24" (seconds).

**Part B, item 10:** Provide information regarding the responsible official who has the authorization to sign this NOI in accordance with 40 CFR 122.22. If the responsible official wishes to delegate signatory authority for reports and other correspondence related to this NOI, that delegation must be made in writing to IDEM. This delegation of authority may occur either via this NOI or via a letter (signed and dated by the responsible official) which shall be submitted to the address on Page 1 of this NOI form. The Responsible Official must meet one of the following requirements:

- a) For a corporation, the responsible official must be a responsible corporate officer, which means either of the following:
  - (1) A president, secretary, treasurer, any vice president of the corporation in charge of a principal business function, or any other person who performs similar policymaking or decision-making functions for the corporation.
  - (2) The manager of one (1) or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- b) For a partnership or sole proprietorship, the responsible official must be a general partner or the proprietor, respectively.
- c) For a municipality, state, federal, or other public agency or political subdivision thereof, the responsible official must be either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency is:
  - (1) The chief executive officer of the agency, or
  - (2) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of U.S. EPA).

**Part F, Item 15:** Enter a three-number designation for each point where you will discharge, for example, 001, 002, 003, etc.

**Part F, Item 16:** See the instructions for Part A, Item 7, above.

**Part F, Item 17:** Enter the name of the receiving waters into which the discharges from each outfall will flow, as either the body of water itself if the discharge is direct, or taking into account tributaries, if applicable. EXAMPLE: "Stone Creek", or "Connor Ditch to Stone Creek"; or "unnamed tributary to Connor Ditch to Stone Creek".

**Part F, Item 18:** If the discharge first enters a storm sewer, which then carries it to a water of the state, please provide the name of the owner of the storm sewer. EXAMPLE: "City of Muncie Department of Public Works" or "LaPorte Municipal Storm Sewer System to Connor Ditch to Little Goose Creek".

**Part F, items 20 and 21:** All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). Total mass is the total weight of pollutants discharged over the course of a day. Use the following abbreviations for units:

<b>Concentration</b>	<b>Mass</b>
ppm.....parts per million	lbs.....pounds
mg/l.....milligrams per liter	ton.....tons (English tons)
ppb.....parts per billion	mg.....milligrams
ug/l.....micrograms per liter	g.....grams
kg.....kilograms	T.....tonnes (metric tons)
ng/l.....nanograms per liter	



### **Existing Sources**

You are required to provide at least one analysis for each pollutant or parameter listed that is known or believed to be present by filling in the requested information under the applicable column. Data reported must be representative of the facility's current operation (average daily value over the previous 365 days should be reported). Parameters not applicable or not believed to be present should be marked "N/A".

The analysis of the listed pollutants or parameters must be done in accordance with procedures promulgated in 40 CFR Part 136. Grab samples must be used for pH, residual chlorine, and oil and grease. For all other pollutants, a 24-hour composite samples must be used. Questions on sampling or analysis should be directed to (317) 232-8704 or [OWQWWPER@idem.IN.gov](mailto:OWQWWPER@idem.IN.gov).

The Commissioner may request that additional testing be performed, if appropriate, on a case by case basis under Section 308 of the Clean Water Act (CWA). If you expect a pollutant to be present solely as a result of its presence in your intake water, provide this information on a separate piece of paper attached to the NOI form.

**Part G, Item 23:** Water Treatment Additives may only be used at outfalls if the applicant has received prior approval from IDEM, as denoted in the Eligibility Requirements on Page 1 of the NOI form. For more information, please contact us at (317) 232-8704 or [OWQWWPER@idem.IN.gov](mailto:OWQWWPER@idem.IN.gov).

### **Part I, Item 26: Identification of Potentially Affected Persons**

The Administrative Orders and Procedures Act (AOPA) IC 4-21.5-3-5(b), requires that the Indiana Department of Environmental Management (IDEM) give notice of its decision on your Notice of Intent to the following persons:

- 1) Each person to whom the decision is specifically directed;
- 2) Each person to whom a law requires notice to be given;
- 3) 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;
- 4) Each person who has provided the IDEM with a written request for notification of the decision;
- 5) Each person who has a substantial and direct proprietary interest in the issuance of the (permit/variance);
- 6) Each person whose absence as a party in the proceeding concerning the (permit) decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance of the (permit) and is so situated that the disposition of the matter, in the person's absence may:
  - a) As a practical matter impair or impede the person's ability to protect that interest, or
  - b) Leave any other person who is a party to a proceeding concerning the permit subject to a substantial risk of incurring multiple or otherwise an inconsistent obligation by reason of the person's claimed interest.

IC 4-21.5-3-5(f) provides that we 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 board of county commissioners of a county affected by the permit application and
- b) The mayor of a city that is affected by the permit application, or
- c) The president 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 NOI.** 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  
Address  
City, State, ZIP Code

**Part K, Item 28:** 40 CFR 122.22 and 327 IAC 5-2-22 require that an application for an NPDES permit or an NOI for a general permit must be signed by a person who meets the definition of Responsible Official. This definition is explained in the instructions for Part B, Item 10 above.