



**NOTICE OF INTENT (NOI) LETTER
FOR ING670000 HYDROSTATIC TESTING
OF COMMERCIAL PIPELINES
GENERAL NPDES PERMIT**

State Form 55918 (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. Online fee payments may be made at 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 hydrostatic testing of commercial pipelines pursuant to NPDES Permit No. ING670000.**
- **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, or permit requirements, contact IDEM General NPDES Permits staff at (317) 232-8704 or (800) 451-6027, ext. 28704 (within Indiana).

ELIGIBILITY REQUIREMENTS

This general permit covers discharge of hydrostatic test water to surface waters of the State from pipelines and flowlines used for the transportation of natural gas, crude oil, and liquid or gaseous petroleum hydrocarbons, **except** as stated below.

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

- 1) direct discharges into waters 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) those discharging to a receiving stream when the discharge results in an increased ambient concentration of a pollutant which contributes to the impairment of the receiving stream for that pollutant as identified on the current 303(d) list of impaired waters;
- 3) those containing water treatment additives (WTAs) which have not received prior written approval from IDEM for the specific additive, use, and dosage at the particular site for which the Notice of Intent (NOI) is submitted; and
- 4) those resulting from the cleaning of tanks and/or pipelines;
- 5) storm water discharges associated with construction or industrial activity, as defined at 40 CFR 122.26;
- 6) discharges to combined or sanitary sewer systems;
- 7) discharges that are commingled with hazardous wastes or hazardous materials;
- 8) bypasses or upsets of any kind from a treatment works or collection system;
- 9) discharges that contain pollutants classified as bioaccumulative chemicals of concern (BCCs); and
- 10) discharges for which the Commissioner requests an individual permit application.

By checking this box, I certify that this facility meets all eligibility requirements of this general permit.

APPLICATION TYPE

- NEW
- RENEWAL
- MODIFICATION

PERMIT NUMBER, IF APPLICABLE

OTHER PERMIT NUMBER(S) APPLICABLE TO SITE

DESCRIPTION OF PROPOSED MODIFICATION, IF APPLICABLE

PART A: GENERAL INFORMATION FOR FACILITY

1. PIPELINE OWNER'S NAME and SPECIFIC PIPELINE PROJECT NAME (See Appendix A)

2. PIPELINE OWNER'S MAILING ADDRESS (See Appendix A)

STREET ADDRESS (number and street)

3. FACILITY PHYSICAL LOCATION / WHERE TESTING WILL OCCUR

STREET ADDRESS (number and street)

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

PARENT COMPANY / OWNER'S COMPLETE MAILING ADDRESS, IF DIFFERENT FROM ABOVE			5a. FACILITY SIC CODE	5b. FACILITY NAICS CODE	6. COUNTY OF PIPELINE'S TESTING LOCATION(S)		
COMPANY NAME							
STREET ADDRESS (<i>number and street</i>)			7. LATITUDE AND LONGITUDE OF INITIAL FACILITY SITE (<i>See Appendix A</i>)				
			Latitude			Longitude	
CITY			STATE	ZIP CODE	Degree	Minute	Second
					Degree	Minute	Second
8. What is the nature of the primary business conducted at the facility or site? (Example: natural gas production and distribution)							
9. Provide a brief description of the facility operations that result in the discharge. (Example: hydrostatic testing of a new natural gas pipeline) <u>Also include information regarding the method which is used for flow measurement at this site.</u>							

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 at the top of the front page of this form.	
10. NAME OF RESPONSIBLE OFFICIAL	11. NAME OF ALTERNATE PERSON DELEGATED TO SIGN NOI AND ASSOCIATED DOCUMENTS
RESPONSIBLE OFFICIAL'S TITLE	ALTERNATE SIGNATORY PERSON'S TITLE
RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER	ALTERNATE SIGNATORY PERSON'S TELEPHONE NUMBER
RESPONSIBLE OFFICIAL'S PERSON'S E-MAIL ADDRESS	ALTERNATE SIGNATORY PERSON'S E-MAIL ADDRESS

PART C: OTHER CONTACT INFORMATION			
12. DISCHARGE MONITORING REPORTS		RESPONSIBLE PERSON AND COMPANY NAME	
NAME OF PERSON RESPONSIBLE FOR			
TELEPHONE NUMBER		STREET ADDRESS (<i>number and street</i>)	
E-MAIL ADDRESS		CITY	STATE ZIP CODE
13. ANNUAL FEE AND FINANCIAL CONTACT AND BILLING ADDRESS		RESPONSIBLE PERSON AND COMPANY NAME	
TELEPHONE NUMBER		STREET ADDRESS (<i>number and street</i>)	
E-MAIL ADDRESS		CITY	STATE ZIP CODE
14. OPERATOR / OTHER CONTACT AND MAILING INFORMATION (OPTIONAL)		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 the volume of the water, in millions of gallons per day (MGD), that you propose to withdraw from each of the following sources for use for the hydrostatic testing of commercial pipelines.			
WELL WATER	SURFACE WATER	PUBLIC WATER SUPPLY	UNITS
			MGD
PART E: TYPE OF PIPE TO BE HYDROSTATICALLY TESTED (mark all that apply.) For testing of any existing pipeline, (i.e. which has previously contained any product), please describe the product it contained.			
NEW (Unused) <input type="checkbox"/>	EXISTING <input type="checkbox"/>	PIPELINE CONTENT INFORMATION	

PART F: 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	18. FOR ANY DISCHARGE INTO A STORM SEWER, IDENTIFY THE STORM SEWER OWNER	19. ANTICIPATED DAILY VOLUME OF DISCHARGE in MGD AND METHOD OF DETERMINATION OF VOLUME
	DEG.	MIN	SEC.	DEG.	MIN.	SEC.			

PART G: EFFLUENT CHARACTERISTICS					
Provide the following information for all outfalls / discharges to be covered by this permit. This page may be copied and used to report data for every discharge site.					
<p>A. Existing Sources – Provide measurements for the parameters listed in the left-hand column, unless waived by the permitting authority. (See Appendix A)</p> <p>B. New Dischargers – Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. In lieu of the number of measurements taken, provide the source of estimated value. (See Appendix A)</p>					
	20. (1) Maximum Daily Value (include units)		21. (2) Average Daily Value Over Last Year (include units)		22. (3) or (4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken (last year) or 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					
Ammonia (as N)					
Discharge Flow	VALUE in MGD		VALUE IN MGD		
Temperature (Winter; in degrees F)	VALUE in DEGREES FAHRENHEIT		VALUE in DEGREES FAHRENHEIT		
Temperature (Summer; in degrees F)	VALUE in DEGREES FAHRENHEIT		VALUE in DEGREES FAHRENHEIT		
pH (S.U.)	MINIMUM		MAXIMUM		

PART G: ADDITIONAL TABLE for EFFLUENT CHARACTERISTICS (if applicable)

Provide the following **information for all outfalls/discharges** to be covered by this permit. This page may be copied and used to report data for every discharge site.

- A. Existing Sources – Provide measurements for the parameters listed in the left hand column, unless waived by the permitting authority. (See Appendix A A)
- B. New Dischargers- Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. In lieu of the number of measurements taken, provide the source of estimated value. (See Appendix A A)

	(1) 20. Maximum Daily Value (include units)		(2) 21. Average Daily Value Over 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							
Ammonia (as N)							
Discharge Flow	VALUE in MGD		VALUE IN MGD				
Temperature (Winter; in degrees F)	VALUE in DEGREES FAHRENHEIT		VALUE in DEGREES FAHRENHEIT				
Temperature (Summer; in degrees F)	VALUE in DEGREES FAHRENHEIT		VALUE in DEGREES FAHRENHEIT				
pH (S.U.)	MINIMUM		MAXIMUM				

PART H: WATER TREATMENT ADDITIVES (WTAs)

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. See the Appendix A A for more information on WTAs or if you will need to use a water treatment additive that has not yet been approved by IDEM.

23. OUTFALL NUMBER	24. WATER TREATMENT ADDITIVES TO BE USED (Attach a copy of IDEM approval letter for each WTA to be used.)

PART I: IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

25. 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: Email addresses for potentially affected persons are NOT required; but 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: ADDITIONAL ATTACHMENTS

26. 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 the National Pollutant Discharge Elimination System (NPDES) general permit ING670000 for discharges of hydrostatic test water from commercial pipelines. Discharge will be to *(supply the names of the streams or water bodies receiving the discharge(s))*."

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

27. REQUIRED MAPS

The following maps are required:

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 streams 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). This map may be added to the site map if it will be legible.

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

PART K: APPLICATION FEE

28. 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 L: SIGNATORY CERTIFICATION STATEMENT

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

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 (month, day, year)

PART M: 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 the purposes of this form, a modification includes removing an existing outfall, adding an outfall in a new location, updating the volume of discharge anticipated, or updating an NOI wastewater characterization table if determined that actual sampling data differs significantly from what was originally submitted in the Notice of Intent. Outfall locations are considered, for the purposes of this permit, to be discrete points. If an outfall is relocated, an NOI requesting permit modification must be submitted, requesting to remove the outfall from its previous location, and add a new outfall with a new outfall number to the permit coverage. Changes in contact information must be reported to IDEM, but may be done via a letter on company letterhead or an updated NOI. Either document is required to be signed by the signatory (Part B Item 10) or delegated signatory authority (Part B Item 11). When simply updating contact information, neither a fee, potentially affected parties list, nor proof of publication in a newspaper is required.

Part A, Item 1: Provide the name of the OWNER of the pipeline as well as the name of the specific pipeline project that is to be permitted, differentiated from other projects by name/location and/or project number.

Part A, Items 2 and 3: Provide address or location description of pipeline's start, terminal/end, location of discharge, and/or other location information. If the facility's mailing address is not sufficient to allow a person who wishes to visit the discharge site to find it, then section 3 should be a description of the testing site's location. Often, the testing location will not have a physical address, so please attach additional sheets if the space provided in the NOI is not big enough to provide a proper location description.

Part A, Item 5: Enter the four digit Standard Industrial Classification (SIC) code and the six-digit North America Industry Classification System (NAICS) code which identifies the facility's primary activity. SIC codes can be obtained from the Standard Industrial Classification Manual, 1987, by accessing the Occupational Safety and Health Administration (OSHA) website https://www.naics.com/hrf_faq/how-can-i-determine-the-correct-sic-code-for-my-business/ or by contacting the Indiana Department of Workforce Development. NAICS codes can be found at <https://www.NAICS.com/naics-to-sic-sic-to-naics-crosswalks/>.

Part A, Item 7: The latitude and longitude of the 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. You may also access this information with the use of 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. For the minute value, multiply the first four numbers 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 calculate the second value, 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 result is 24.24 seconds.
6. The conversion of 45.1234567 is 45° (degrees), 7' (minutes), and 24.24" (seconds).

Part B, item 10: To be authorized to sign NPDES documents, a Responsible Official or Responsible Person must meet at least one of the following requirements:

- a) For a corporation, the responsible person must be a 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; or
 - (2) the manager of one or more including of the following: manufacturing, production, or operation of facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility. This would include 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 is authorized to ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements. This person has been given authority to sign documents in accordance with corporate procedures.
- b) For a partnership or sole proprietorship, the responsible person 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 of discharge, for example, 001, 002, 003, etc.

Part F Item 16, see Part A, Item 7, above.

Part F, Item 17: Enter the name of the water of the state to which discharge will be directed for each outfall, as either the body of water itself, if the discharge is direct, or taking into account tributaries if applicable. EXAMPLE: "Upland area draining to Stone Creek", or "Connor Ditch to Stone Creek"; or "unnamed tributary to Connor Ditch to Stone Creek". Please label all water bodies on the map.

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

Part G, items 20 and 21: All pollutant data must be reported as concentration and as total mass. Total mass is the total weight of pollutants discharged over a day. Use the following abbreviations for units:

Concentration

ppm.....parts per million
mg/l..... milligrams per liter
ug/l.....micrograms per liter
ng/l.....nanograms per liter

Mass

lbs.....pounds
ppb.....parts per billion
g.....grams

Existing Sources

At least one analysis is required for each pollutant or parameter listed that is known or believed to be present. Data reported must be representative of the facility's current operation (average daily value over the previous 365 days). Pollutants not present should be marked N/A.

The pollutants or parameters required to be tested for include the following: average flow, biochemical oxygen demand (BOD), total suspended solids (TSS), fecal coliform (if believed present), pH, total residual chlorine (if chlorine or chlorinated water is used), temperature (winter and summer), oil and grease, and ammonia (as N). The analysis of these pollutants or parameters must be done in accordance with procedures promulgated in 40 CFR Part 136. Grab samples must be used for pH, total suspended solids (TSS), temperature, residual chlorine, oil and grease, and fecal coliform. For all other pollutants, 24-hour composite samples must be used. Any further questions on sampling or analysis should be directed to (317) 232-8704 or OWQWWPER@idem.IN.gov.

The Commissioner may request that additional testing be done, if appropriate and on a case by case basis under Section 308 of the Clean Water Act (CWA). If a pollutant is expected to be present solely as a result of its presence in intake water, this information should be provided on a separate piece of paper submitted with the Notice of Intent form.

New Dischargers

An estimated maximum daily and average daily value for each pollutant or parameter must be provided (exceptions noted on the NOI form). Sampling and analysis are not required with the initial Notice of Intent. If, however, data from such analyses are available, then the data should be reported. The source of the estimates should be provided in the second column of item 22. Determination of whether or not a pollutant will be present in the discharge should be based on knowledge of the proposed facility's use of maintenance chemicals and any analyses of this facility's effluent or of effluent from a similar facility or outfall. Estimates may also be based on available in-house or contractor's engineering reports, or on any other studies performed on the proposed facility. If a pollutant is expected to be present solely as a result of its presence in intake water, this information should be provided on a separate piece of paper and submitted with the Notice of Intent form. The following codes may be used to report any results:

Engineering Study Code

- Actual data pilot plants..... 1
- Estimates from other engineering studies 2
- Data from other similar plants..... 3
- Best professional estimates..... 4
- Others Specify on the form

Testing Waivers

To request a waiver from reporting any of these pollutants or parameters, the applicant (whether a new or existing discharger) must submit to IDEM a written request specifying the pollutants or parameters that should be waived, and the reason(s) for requesting a waiver. This request may be submitted to the permitting authority either before submitting the NOI, or with the NOI. The permitting authority may waive the requirements for information about any pollutant or parameter if s/he determines that less stringent reporting requirements are adequate to support approval of discharge permit coverage.

Part H, Item 24: Water treatment additives may only be used for waters discharging through outfalls covered by this general permit, and only after the applicant has received prior approval from IDEM. To apply for approval of a water treatment additive, State Form 50000 should be submitted to IDEM either before or with your Notice of Intent; Form 5000 may be found at <https://www.in.gov/ide/5157.htm>. For more information, please contact us at (317) 232-8704 or OWQWWPER@idem.IN.gov.

Part I, Item 25: 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 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 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 result in either of the following:
 - 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 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 entities:

- 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 submit the names of those persons affected by these statutes on the attached form **and include the completed mailing labels with your NOI**. These mailing labels should include 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**

Part L: See instructions for Part B, item 10, above.