



**NOTICE OF INTENT (NOI) LETTER
FOR ING340000 PETROLEUM
PRODUCTS TERMINALS
GENERAL NPDES PERMIT**

State Form 55919 (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 petroleum products terminals pursuant to NPDES Permit No. ING340000.***
- ***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 General NPDES Permits at (317) 232-8704 or (800) 451-6027, ext 28704 (within Indiana).

ELIGIBILITY REQUIREMENTS

“Petroleum products terminal” refers to a facility where petroleum products are supplied by pipeline or barge and where petroleum products are stored in above-ground tanks, or are transferred to trucks for transport to other locations, or both. This general permit authorizes new and existing discharges, described as follows, from petroleum products terminals to surface waters of the State of Indiana:

- discharges of hydrostatic test waters from storage tanks and onsite pipelines which may have been used for the storage and/or transfer or conveyance of crude oil or liquid petroleum products ;
- discharges of stormwater runoff from the diked containment areas of these storage tanks; and
- discharges of tank bottom water from these storage tanks. This permit does not, however, authorize the discharge of any accumulated solids or sludges from the tank bottoms. The permittee is required to properly remove and dispose of such solids in accordance with 327 IAC 5-5-2.

The following incidental discharges may also be authorized if properly characterized in this NOI: “fire hydrant flushings; potable water sources, including waterline flushings; uncontaminated ground water or spring water; uncontaminated air conditioning or compressor condensate; vehicle washwaters uncontaminated with detergents or solvents; and runoff from foundation or footing drains where flows are not contaminated with process materials such as solvents”.

Discharges **NOT** authorized by this permit include the following:

- 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). s;
- discharges to a receiving stream when the discharge results in an increase in the 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;
- 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;
- discharges resulting from the cleaning of tanks or pipelines;
- storm water discharges associated with construction activity;
- discharges to combined or sanitary sewer systems;
- discharges that are commingled with hazardous wastes or hazardous materials;
- discharges of domestic or sanitary wastewater and
- 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
- RENEW
- MODIFICATION

PERMIT NUMBER, IF APPLICABLE

OTHER PERMIT NUMBER(S)
APPLICABLE TO SITE

DESCRIPTION OF PROPOSED
MODIFICATION, IF APPLICABLE

PART A: FACILITY INFORMATION

1. FACILITY NAME (See Appendix A)					
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. PARENT COMPANY/OWNER'S COMPLETE MAILING ADDRESS			5. FACILITY SIC & NAICS CODES <i>(See Appendix A)</i>			6. FACILITY COUNTY		
COMPANY NAME								
STREET ADDRESS <i>(number and street)</i>			7. LATITUDE AND LONGITUDE OF APPROXIMATE CENTER OF FACILITY SITE <i>(See Appendix A)</i>					
			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: petroleum bulk storage terminal)								
9. Provide a brief description of the facility operations that result in the discharge. (Example: Stormwater runoff from diked areas containing crude oil storage tanks, plus occasional hydrostatic testing of new tanks.) Provide information about the method(s) used for flow measurement.								

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 General NPDES permit coverage, delegation must be made in writing to IDEM. This delegation of authority may occur either via this NOI or via a separate letter (signed and dated by the responsible official) which shall be submitted via e-mail to OWQ@idem.IN.gov or to the address at the top of the front page of this form.	
10. NAME OF RESPONSIBLE OFFICIAL	11. DELEGATED SIGNATORY PERSON (OR POSITION) TO SIGN REPORTS AND FILE ADDITIONAL NOI CONTENT REQUIREMENTS
RESPONSIBLE OFFICIAL'S TITLE	DELEGATED SIGNATORY PERSON'S TITLE or POSITION
RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER	DELEGATED SIGNATORY PERSON'S TELEPHONE NUMBER
RESPONSIBLE OFFICIAL'S PERSON'S E-MAIL ADDRESS	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 CONTACT AND MAILING INFORMATION		CONTACT PERSON AND COMPANY NAME		
CONTACT TELEPHONE NUMBER		STREET ADDRESS (number and street)		
CONTACT E-MAIL ADDRESS		CITY	STATE	ZIP CODE

PART D: SOURCE WATER INFORMATION			
15. 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 hydrostatic testing of tanks or onsite pipelines to be covered by this general permit.			
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.									
16. OUTFALL NUMBER	17. LATITUDE			17. LONGITUDE			18. RECEIVING WATER (See Appendix A)	19. FOR ANY DISCHARGE INTO A STORM SEWER IDENTIFY THE STORM SEWER OWNER. (See Appendix A)	20. ANTICIPATED DAILY VOLUME OF DISCHARGE in MGD AND METHOD OF DETERMINATION OF VOLUME
	deg	min	sec.	deg.	min.	sec.			

PART F: POTENTIALLY ALLOWABLE NON-STORM WATER CONTRIBUTIONS							
21 Storm water impacted by the following non-storm water sources is permitted to be discharged through the outfalls listed in Part E above: "firefighting activities; fire hydrant flushings; potable water sources, including waterline flushings; <u>uncontaminated</u> ground water or spring water; <u>uncontaminated</u> air conditioning or compressor condensate; vehicle wash waters <u>uncontaminated</u> with detergents or solvents; and runoff from foundation or footing drains <u>where flows are not contaminated with process materials such as solvents</u> ".							
Please check the appropriate boxes below to indicate which of these sources are expected to discharge through each outfall at this site.							
OUTFALL NUMBER	Firefighting Activities	Hydrant flushings	Potable sources/waterline flushings	Uncontaminated ground/spring water	Uncontaminated air conditioning or compressor condensate	Uncontaminated vehicle washwaters	Uncontaminated discharges from foundation/ footing drains

PART G: TYPE(S) OF PETROLEUM PRODUCTS STORED AT THE SITE IN PROXIMITY OF EACH OUTFALL									
22. For each outfall indicate the types of petroleum products which are typically stored at the site.									
OUTFALL NUMBER	GASOLINE	NUMBER 6 FUEL OIL	CRUDE OIL	NUMBER 2 FUEL OIL / DIESEL FUEL	LUBRICATING OILS	AVAIATIO N GAS	JET FUEL (JP-4)	SOLVENTS	CLEANING/ DISINFECTANT USES

PART H: EFFLUENT CHARACTERISTICS FOR EACH OUTFALL TO BE COVERED BY THIS PERMIT

Please provide the following information **for each outfall/discharge** to be covered by this general permit. If you have more than one outfall you may use the additional table in Appendix B at the end of this form. Insert the outfall number for each set of effluent data.

OUTFALL NUMBER:

TABLE H-1 EFFLUENT CHARACTERISTICS FOR ALL DISCHARGES TO BE COVERED UNDER THIS PERMIT

The following table is to be completed for any of the types of wastewater that are covered by this general permit. Please provide the following information **for each outfall/discharge** to be covered by this general permit. If you have more than one outfall you may use the additional tables in Appendix B at the end of this form. Insert the outfall number for each set of effluent data.

- A. Existing Sources – Provide measurements for the parameters listed below. You must use, or require your contract laboratory to use, an analytical method with a detection level low enough to provide a detectable value for the pollutant of concern. Please provide information on the method used and detection limit achieved by the laboratory. (See Appendix A)
- B. New Dischargers – Provide estimates for the parameters listed below. In lieu of the number of measurements taken, provide the source of the estimated values. (See Appendix A)

TABLE H-1 PARAMETERS	(1) 23. Maximum Daily Value		(2) 24. Average Daily Value (last year)		25. (3) or (4)		Analytical Method (List method used and its detection limit.)	
	Concentration	Units	Concentration	Units	Number of Measurements Taken (last year)	Source of Estimate (if new discharger)	Method	Detection Limit
Total Suspended Solids (TSS)								
Total Residual Chlorine (if chlorinated water is used)								
Oil and Grease								
Discharge Flow	VALUE in MGD		VALUE IN MGD					
pH (S.U.)	MINIMUM		MAXIMUM					

TABLE H-2 ADDITIONAL EFFLUENT CHARACTERISTICS FOR DISCHARGES OF STORM WATER

Please provide the following information **for each outfall/discharge** of storm water runoff to be covered by this general permit.

- A. Existing Sources – Provide measurements for the parameters listed below. You must use, or require your contract laboratory to use, an analytical method with a detection level low enough to provide a detectable value for the pollutant of concern. Please provide information on the method used and detection limit achieved by the laboratory. (See Appendix A)
- B. New Dischargers – Provide estimates for the parameters listed below. In lieu of the number of measurements taken, provide the source of the estimated values. (See Appendix A)

TABLE H-2 PARAMETERS	(1) 23. Maximum Daily Value		(2) 24. Average Daily Value (last year)		25. (3) or (4)		Analytical Method (List method used and its detection limit.)	
	Concentration	Units	Concentration	Units	Number of Measurements Taken (last year)	Source of Estimate (if new discharger)	Method	Detection Limit
Ammonia (as N)								
Lead								
Benzene								
BTEX								
Naphthalene								
Chemical Oxygen Demand (COD)								

TABLE H-3 ADDITIONAL EFFLUENT CHARACTERISTICS FOR DISCHARGES OF HYDROSTATIC TEST WATER FOR EXISTING TANKS OR PIPELINES OR FOR DISCHARGES OF TANK BOTTOM WATER

Please provide the following information **for each outfall/discharge** of tank bottom water or hydrostatic test water involving existing tanks or pipelines to be covered by this general permit.

- A. Existing Sources – Provide measurements for the parameters listed below. You must use, or require your contract laboratory to use, an analytical method with a detection level low enough to provide a detectable value for the pollutant of concern. Please provide information on the method used and detection limit achieved by the laboratory. (See Appendix A)
- B. New Dischargers – Provide estimates for the parameters listed below. In lieu of the number of measurements taken, provide the source of the estimated values. (See Appendix A)

TABLE H-3 PARAMETERS	(1) 23. Maximum Daily Value		(2) 24. Average Daily Value (last year)		25. (3) or (4)		Analytical Method (List method used and its detection limit.)	
	Concentration	Units	Concentration	Units	Number of Measurements Taken (last year)	Source of Estimate (if new discharger)	Method	Detection Limit
Ammonia (as N)								
Lead								
Cyanide, free								
Cyanide, total								
Benzene								
BTEX								
Naphthalene								
Chemical Oxygen Demand (COD)								
PAHs								
Total Organic Carbon								
Total Volatile Organic Compounds								

PART I: WATER TREATMENT ADDITIVES

26. 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 A for information about applying for approval of use for WTAs.)

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

PART J: ADDITIONAL REQUIRED ATTACHMENTS

27. 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, and 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 that 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 ING340000 to discharge non-process wastewater from a petroleum products terminal. 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 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 wants to be informed of IDEM's decision regarding granting or denying coverage to this facility under this NPDES permit, and who wants to be informed of procedures to appeal the decision, may contact IDEM's offices at OWQWWPER@IDEM.IN.GOV to be placed on a mailing list to receive notification of IDEM's decision."

28. REQUIRED MAPS

Please include the following maps and schematic diagrams with the NOI submittal:

1. A topographical map 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 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 K: IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

29. 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 information below and 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 and may expedite issuance of permit coverage. If e-mail addresses for all potentially affected persons are provided here, mailing labels for those parties are not required.

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 L: APPLICATION FEE

30. 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 M: SIGNATORY CERTIFICATION STATEMENT

31. 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 N: ADDRESS

32. Electronic submittal of this form and the required attachments may be utilized by sending the scanned documents to OWQ@idem.IN.gov. As noted in item 28 above, the NOI fee may be remitted via IDEM's Online Payment Portal. It will be necessary to submit a copy of the online payment receipt with the NOI submittal. If submitting the NOI and/or required attachments via U.S. Mail or hand-delivery, please use the address at the top of page 1 of this NOI form.

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 either 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 and the six-digit North American Industry Classification System (NAICS) code which identifies the facility's primary activity. SIC codes can be obtained from www.naics.com/naics-to-sic-sic-to-naics-crosswalks/, the Standard Industrial Classification Manual, 1987, by accessing the Occupational Safety and Health Administration (OSHA) website, or by contacting the Indiana Department of Workforce Development. The NAICS code can be obtained from <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 and all outfalls must be submitted 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 by using 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 E, Item 15: Enter a three number designation for each point where you will discharge, for example, 001, 002, 003, etc.

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

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

Part E, Item 19: If the discharge first enters a storm sewer, which then carries it to water of the state, please provide the name of the owner of the storm sewer. EXAMPLE: "City of Muncie Department of Public Works Storm Sewer to Sugar Creek" or "LaPorte Municipal Storm Sewer System to Connor Ditch to Sugar Creek".

Part F, item 21: Identify whether any of the listed potentially allowable non-storm water sources are present at the facility which may impact the discharges of storm water runoff from each outfall.

Part H, items 23 and 24: All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). There are 3 tables to be completed for each permitted outfall. The first table (H-1) must be completed for all types of discharges. Table H-2 is also to be completed if storm water runoff is typically discharged via the outfall. Table H-3 must be completed for discharges of tank bottom water or for hydrostatic testing of tanks and/or pipelines which previously contained petroleum products. Use the following abbreviations for units:

Concentration	Mass
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)

A. 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, composite samples must be used. 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 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.

B. New Dischargers

If a facility has not begun operation yet, applicants are required to provide an estimated maximum daily and average daily value for each pollutant or parameter (exceptions noted on the form). Sampling and analysis are not required preliminarily. If, however, data from such analyses are available, then such data should be reported. The source of the estimates should be provided in the second column of item 22. In providing the estimates, the codes in the following table should be used to indicate the source of the estimates or data.

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

Part I, Item 26: 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.

Part K, Item 29: 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** listing.

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

Please note that **if e-mail addresses are provided** for each potentially affected party, **you are not required to submit a mailing label for those persons**. If you do not provided e-mail addresses, please provide a label for each person per the above instructions. If submitting your NOI and other documents by e-mail, please provide names and addresses, including the mail code, formatted to be printed onto Avery 5160 labels by IDEM staff.

Part M, Item 32: 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.

APPENDIX B – ADDITIONAL TABLES (if needed) TO COMPLETE PART H OF THE NOI

OUTFALL NUMBER:

TABLE H-1 EFFLUENT CHARACTERISTICS FOR ALL DISCHARGES TO BE COVERED UNDER THIS PERMIT

Please provide the following information **for each outfall/discharge** to be covered by this general permit. If you have more than one outfall you may use the additional tables in Appendix B at the end of this form. Insert the outfall number for each set of effluent data.

- A. Existing Sources – Provide measurements for the parameters listed below. You must use, or require your contract laboratory to use, an analytical method with a detection level low enough to provide a detectable value for the pollutant of concern. Please provide information on the method used and detection limit achieved by the laboratory. *(See Appendix A)*
- B. New Dischargers – Provide estimates for the parameters listed below. In lieu of the number of measurements taken, provide the source of the estimated values. *(See Appendix A)*

TABLE H-1 PARAMETERS	(1) 23. Maximum Daily Value		(2) 24. Average Daily Value (last year)		25. (3) or (4) Number of Measurements Taken (last year) Source of Estimate (if new discharger)		Analytical Method <i>(List method used and its detection limit.)</i>	
	Concentration	Units	Concentration	Units			Method	Detection Limit
Total Suspended Solids (TSS)								
Total Residual Chlorine (if chlorinated water is used)								
Oil and Grease								
Discharge Flow	VALUE in MGD		VALUE IN MGD					
pH (S.U.)	MINIMUM		MAXIMUM					

TABLE H-2 ADDITIONAL EFFLUENT CHARACTERISTICS FOR DISCHARGES OF STORM WATER

Please provide the following information **for each outfall/discharge** of storm water runoff to be covered by this general permit.

- A. Existing Sources – Provide measurements for the parameters listed below. You must use, or require your contract laboratory to use, an analytical method with a detection level low enough to provide a detectable value for the pollutant of concern. Please provide information on the method used and detection limit achieved by the laboratory. *(See Appendix A)*
- B. New Dischargers – Provide estimates for the parameters listed below. In lieu of the number of measurements taken, provide the source of the estimated values. *(See Appendix A)*

TABLE H-2 PARAMETERS	(1) 23. Maximum Daily Value		(2) 24. Average Daily Value (last year)		25. (3) or (4) Number of Measurements Taken (last year) Source of Estimate (if new discharger)		Analytical Method <i>(List method used and its detection limit.)</i>	
	Concentration	Units	Concentration	Units			Method	Detection Limit
Ammonia (as N)								
Lead								
Benzene								
BTEX								
Naphthalene								
Chemical Oxygen Demand (COD)								

TABLE H-3 ADDITIONAL EFFLUENT CHARACTERISTICS FOR DISCHARGES OF HYDROSTATIC TEST WATER FOR EXISTING TANKS OR PIPELINES OR FOR DISCHARGES OF TANK BOTTOM WATER

Please provide the following information **for each outfall/discharge** of tank bottom water or hydrostatic test water involving existing tanks or pipelines to be covered by this general permit.

- A. Existing Sources – Provide measurements for the parameters listed below. You must use, or require your contract laboratory to use, an analytical method with a detection level low enough to provide a detectable value for the pollutant of concern. Please provide information on the method used and detection limit achieved by the laboratory. (See Appendix A)
- B. New Dischargers – Provide estimates for the parameters listed below. In lieu of the number of measurements taken, provide the source of the estimated values. (See Appendix A)

TABLE H-3 PARAMETERS	(1) 23. Maximum Daily Value		(2) 24. Average Daily Value (last year)		25. (3) or (4) Number of Measurements Taken (last year) Source of Estimate (if new discharger)		Analytical Method (List method used and its detection limit.)	
	Concentration	Units	Concentration	Units			Method	Detection Limit
Ammonia (as N)								
Lead								
Cyanide, free								
Cyanide, total								
Benzene								
BTEX								
Naphthalene								
Chemical Oxygen Demand (COD)								
PAHs								
Total Organic Carbon								
Total Volatile Organic Compounds								