



**NOTICE OF INTENT (NOI) LETTER FOR ING080000
GROUND WATER PETROLEUM REMEDIATION
GENERAL NPDES PERMIT**

State Form 55945 (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, see 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 ground water petroleum remediation systems pursuant to NPDES Permit No. ING080000.
- Please type or print in ink. Do not use white-out to correct errors; strike-through and initial any corrections.
- Further item-specific instructions are provided in the appendix the end of this form.

For questions regarding this form, the required attachments, and permit requirements, contact the IDEM Office of Water Quality, Permits Administration Section staff at telephone number (317) 234-8745 or (800) 451-6027, ext 48745 (within Indiana). Questions may also be sent via e-mail to OWQWWPER@idem.IN.gov.

ELIGIBILITY REQUIREMENTS

This general permit covers discharges of wastewater associated with ground water petroleum remediation systems which is defined as the discharge from any conveyance used for collecting and conveying wastewater which is directly related to ground water petroleum remediation systems or activities. Coverage does **not** apply to the following:

1. Remediation sites that contain contaminants other than gasoline, diesel fuel, kerosene, or similar constituents.
2. Discharges directly to waters designated as Outstanding National Resource Waters or Outstanding State Resource Waters (as defined in IC 13-11-2-149.5 and IC 13-11-2-149.6, and listed in 327 IAC 2-1.3-3(d).
3. Discharges containing water treatment additives that have not received prior written approval from IDEM for the specific additive, use, and dosage at the particular facility for which this Notice of Intent (NOI) is being submitted.
4. Discharges to a water body that is on the current 303(d) list of impaired waters that will result in an increase in the ambient concentration of a pollutant which contributes to the impairment of the water body for that pollutant as identified in the current 303(d) list;
5. Discharges to combined or sanitary sewer systems;
6. Discharges that are commingled with hazardous wastes or hazardous materials;
7. Bypasses or upsets of any kind from a treatment works or collection system;
8. Discharges that contain pollutants classified as bioaccumulative chemicals of concern (BCCs); and
9. Discharges for which the Commissioner requests an individual permit application.

By checking this box, I certify that this project is eligible for coverage under this general permit

APPLICATION TYPE

Application type: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification			Facility identification number		
Permit number (if applicable)		LUST identification number		Other permit number(s) applicable to site	
Description of proposed modification (if applicable)					

PART A: GENERAL INFORMATION FOR FACILITY

1. Name of Facility					
2. Mailing Address of Facility (number and street, city, state, and ZIP code)					
3. Physical Location of Facility (number and street, city, state, and ZIP code)					
4. Mailing Address of Parent Company / Owner (number and street, city, state, and ZIP code)					
5a. Facility SIC Code (See Appendix.)		5b. Facility NAICS Code		6. County of Facility	
7. Latitude and Longitude of Center of Facility Site (See Appendix)					
Latitude			Longitude		
Degree	Minute	Second	Degree	Minute	Second
8. What is the nature of the primary business conducted at the facility or site? (Example: Gas Station)					

PART A: GENERAL INFORMATION FOR FACILITY (continued)

9. Provide a brief description of the facility operations that result in the discharge. (Example: extraction of gasoline from contaminated ground water). Remediation projects which are not subject to the IDEM, OLQ, Leaking Underground Storage Program must provide a detailed explanation of the site and source water for which general permit coverage is being sought. Also, please provide information regarding the method(s) utilized for flow measurement at the site.

PART B1: CONTACT INFORMATION FOR OWNER OR OFFICIAL

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 the front page of this NOI form.

10. Name of responsible official		Title of responsible official	
Telephone number ()	Facsimile number ()	E-mail address	
11. Name of delegated signatory person/or position to sign reports and file additional NOI content requirements		Title or position of delegated signatory person	
Telephone number ()	Facsimile number ()	E-mail address	

PART B2: CONTACT INFORMATION FOR REMEDIATION CONTRACTOR RESPONSIBLE PARTY

Provide information for the person in charge of remediation activities / contractor. Both the owner and the remediation contractor are required to sign this document. This person should be an officer or person in upper management for the consulting and/or remediation firm.

10. Name of Responsible Person / Official		Title of Responsible Person / Official	
Telephone Number ()	Fax Number ()	E-Mail Address	
11. Name of delegated signatory person/or position to sign reports and file additional NOI content requirements		Title or position of delegated signatory person	
Telephone number ()	Fax Number ()	E-mail address	

PART C: OTHER CONTACT INFORMATION**12. Discharge Monitoring Reports Contact and Mailing Information**

Name of company	Name of contact person
Address of company (number and street, city, state, and ZIP code)	
Telephone number of contact ()	E-mail address of contact

13. Annual Fee and Financial Contact and Billing Address

Name of company	Name of contact person
Address of company (number and street, city, state, and ZIP code)	
Telephone number of contact ()	E-mail address of contact

14. Operator / Other Contact and Mailing Address

Name of company	Name of contact person
Address of company (number and street, city, state, and ZIP code)	
Telephone number of contact ()	E-mail address of contact

PART D: 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			LOGITUDE			17. RECEIVING WATER (See Appendix)	18. FOR ANY DISCHARGE INTO A STORM SEWER, IDENTIFY THE STORM SEWER OWNER (See Appendix)	19. ANTICIPATED DAILY VOLUME OF DISCHARGE in MGD AND METHOD OF DETERMINATION OF VOLUME
	Degree	Minute	Second	Degree	Minute	Second			

PART E: UNTREATED WASTEWATER CHARACTERISTICS

Provide the following information for all outfalls/discharges to be covered by this general permit. The data shall be representative of the ground water prior to and after treatment or remediation. You may attach additional sheets if necessary.

- A. Existing Sources – Provide measurements for the parameters listed in the left hand column, unless waived by the permitting authority (See Appendix).
- B. New Dischargers- Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority. If for any reason measurements cannot be taken, the data may be estimated as long as information regarding the source of the estimated value is reported (See Appendix).

	(1) 20. Maximum Daily Value (include units)		(2) 21. Average Daily Value (last year) (include units)		22. (3) or (4)	
	Raw Wastewater	Treated Wastewater	Raw Wastewater	Treated Wastewater	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 (TRC), if used						
Oil and Grease						
Ammonia (as N)						
Benzene						
Toluene						
Ethylbenzene						
Total Xylenes						
BTEX (Total)						
Lead, Total Recoverable						
Methyl Tertiary Butyl Ether (MTBE)						
Naphthalene						
Polycyclic Aromatic Hydrocarbons, (PAHs). Report the sum of the concentrations of the following: anthracene, benzo(a)anthracene, benzo(k)fluoranthene, 3,4-benzofluoranthene (benzo(b)fluoranthene), benzo(g,h,i)perylene, benzo(a)pyrene, chrysene, dibenzo(a,h)anthracene, fluorene, indeno(1,2,3-c,d)pyrene, naphthalene, phenanthrene, and pyrene.						
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 F: WATER TREATMENT ADDITIVES

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 which 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.)

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

PART G: IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

25. Pursuant to IC 4-21.5 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 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		
Address (number and street)			Address (number and street)		
City	State	ZIP code	City	State	ZIP code
E-mail address			E-mail address		
Name			Name		
Address (number and street)			Address (number and street)		
City	State	ZIP code	City	State	ZIP code
E-mail address			E-mail address		
Name			Name		
Address (number and street)			Address (number and street)		
City	State	ZIP code	City	State	ZIP code
E-mail address			E-mail address		
Name			Name		
Address (number and street)			Address (number and street)		
City	State	ZIP code	City	State	ZIP code
E-mail address			E-mail address		
Name			Name		
Address (number and street)			Address (number and street)		
City	State	ZIP code	City	State	ZIP code
E-mail address			E-mail address		

PART H: ADDITIONAL REQUIRED 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:

(Name of facility owner, location address) "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 ING080000 to discharge remediated wastewater from a ground water petroleum remediation operation. . Discharge will be to *(name(s) of the water body(ies)) receiving the discharge(s)*.

"Any person wishing further information about the discharge may contact *(facility contact person's name and telephone number and email address)*. The decision to issue coverage under this NPDES general permit for this discharge is appealable per IC 13-15-6. Any person who would like 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 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). 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 I: 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, or credit card payment may be made at www.IN.gov/IDEM/6973.htm.

PART J: SIGNATORY CERTIFICATION STATEMENT

29. The NOI must be signed by the Responsible Official (as identified in Part B, item 10; 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.*

Signature		Date signed (month, day, year)
Printed name of responsible official		Title

PART K: ADDRESS

30. Electronic submittal of this form and the required attachments may be utilized by sending the scanned documents to OWQ@idem.IN.gov or OWQWWPER@idem.IN.gov. As noted in item 28 above, the NOI fee may be remitted via IDEM's Online Payment Portal. 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 the NOI form.

APPENDIX: SUPPLEMENTAL INSTRUCTIONS

APPLICATION TYPE: The Facility ID number and the LUST ID Number refer to the identifying numbers assigned by IDEM's Office of Land Quality's Leaking Underground Storage Tank (LUST) Program. Both of these identifying numbers should be provided in the boxes in this section. NOIs which lack a Facility ID number and a LUST ID Number must provide a very detailed description of the activities which are the basis for the NOI submittal with the information provided in response to Item 9.

For the purposes of this form a modification would consist of removing an existing outfall, adding an outfall in a new location, updating the quantity of discharge anticipated, 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 a modification 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 responsible official (Part B, Item 10) or delegated signatory authority (Part B, Item 11). An NOI modification submittal is not required.

ELIGIBILITY REQUIREMENTS Item 4: Prior written approval from IDEM is required for any substance that is to be added to the water that is to be discharged. A copy of this approval must be submitted with your NOI form. To obtain this approval, see State Form 50000 (located on the "Forms" page of IDEM's website at <https://www.IN.gov/IDEM.forms.htm>).

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 and conversation.

Part A, Items 2 and 3: If the physical location is the same as the mailing address of the site to be permitted, then both of these sections will be the same. In this case you may fill in the first and fill in "same" in the second. However, if the mailing address is not sufficient to allow a person who wishes to visit the site to find it, then section 3 should be a description of where the site itself is located. You may attach additional sheets if the boxes provided do not offer sufficient space to provide a proper location description.

Part A, Item 5a: 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 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 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 number to the left of the decimal point is the degrees: 45.
2. To obtain minutes 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 obtain the seconds. multiply the remaining three numbers to the right of the decimal from the result obtained in (2) by 0.06: $404 \times 0.06 = 24.24$ seconds.
5. The conversion for 45.1234567 is 45° (degrees), 7' (minutes), and 24.24" (seconds).

Part A, Item 9: All applicants for this general permit coverage must provide a brief description of the activities at the site which are the source of the discharge. Any ground water petroleum remediation site which does not have a Facility ID number or LUST ID number (assigned by the IDEM Office of Land Quality) must provide a very detailed description of the activities at the site for which general permit coverage is sought.

Part B, item 10: The Responsible Official must meet one of the following requirements:

- a) For a corporation, the person 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) A 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 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 person 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).

APPENDIX: SUPPLEMENTAL INSTRUCTIONS (continued)

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

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

Part D, Item 17: Enter the name of the waters of the state into which the discharges from each outfall will occur, 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".

Part D, Item 18: If the discharge first enters a storm sewer which then carries it to a water 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" to Connor Ditch.

Part E, 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 a day. 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)
ng/l.....nanograms per liter	

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 in 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 present should be marked N/A.

The pollutants or parameters listed are 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, ammonia (as N), benzene, toluene, ethyl benzene, xylene, Total BTEX, lead, Methyl Tertiary Butyl, Ether (MTBE), naphthalene, and polycyclic aromatic hydrocarbons (PAHs). 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, temperature, fecal coliform, total residual chlorine, oil and grease, benzene, toluene, ethyl benzene, xylene, Total BTEX, lead, Methyl Tertiary Butyl, Ether (MTBE), naphthalene, and PAHs. For all other pollutants, a 24-hour composite sample 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 you do additional testing, if appropriate, on a case by case basis under Section 308 of the Clean Water Act (CWA).

B. New Dischargers

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 in the applicable column. Data reported must be representative of the ground water to be remediated, but prior to treatment. Parameters not present should be marked N/A. If, however, such data is not available, then the reported data may be estimated. The source of the estimates should be provided in the second column of item 22. Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's use of maintenance chemicals, and any analyses of the ground water at this site or of any similar effluent. You may also provide the estimates based on available in-house or contractor's engineering reports or any other studies performed on the proposed facility. In providing the estimates, use the codes in the following table to indicate the source of such information.

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

C. 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 the permitting authority a written request specifying which pollutants or parameters should be waived and the reasons for requesting a waiver. This request should be submitted to the permitting authority before submitting the NOI, or with the NOI. The permitting authority may waive the requirements for information about any pollutant or parameter if it is determined that less stringent reporting requirements are adequate to support approval of discharge permit coverage. No extensive documentation of the request will normally be needed, but the applicant should contact the permitting authority if he or she wishes to receive instructions on what his or her particular request should contain.

Part F, Item 24: Water Treatment Additives may only be used at outfalls to be covered by this general permit 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 G, 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;

APPENDIX: SUPPLEMENTAL INSTRUCTIONS (continued)

- 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 for each of these persons 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
 111 Circle Drive
 City, State, ZIP Code

Part J, Item 29: 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.