NOTICE OF INTENT (NOI)
FOR ING420000
TEMPORARY DISCHARGES OF WASTEWATER
GENERAL NPDES PERMIT

State Form 56913 (R / 10-26)
Approved by State Board of Accounts, 2026
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Mail this form and required attachments to:

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Office of Water Quality,
Permits Administration Section
100 North Senate Avenue, IGCN Room 1255
Indianapolis, IN 46204-2251

Alternatively these documents may be scanned and submitted via email to OWQ@idem.IN.gov.

INSTRUCTIONS

- ***This form must be used to apply for coverage under the General NPDES Permit for temporary discharges pursuant to NPDES Permit Number ING420000. Please submit the form and application fee at least forty-five (45) days prior to the planned commencement of discharge; see checklist on page six (6) for a list of required NOI components.***
- ***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 Appendix A on pages seven (7) and eight (8) of this form.***

For questions regarding this form, the required attachments, and permit requirements, contact the Office of Water Quality, Permits Administration Section at (317) 232-8704 or (800) 451-6027, ext 28704 (within Indiana) or via e-mail at OWQWWPER@idem.IN.gov.

ELIGIBILITY REQUIREMENTS

This permit authorizes certain temporary discharges of wastewater to surface waters of the state. Types of discharges that may be covered under this permit include, but are not limited to, emergency discharges, discharges related to environmental cleanup activity, discharges resulting from testing of pilot projects, and dewatering discharges of contaminated water. These discharges can only be permitted under this general permit for a maximum of 364 consecutive calendar days.

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

a) discharges directly to or to tributaries of waters that are designated as an Outstanding National Resource Water (ONRW) as defined at IC 13-11-2-149.5 or discharges directly to an Outstanding State Resource Water (OSRW) defined at IC 13-11-2-149.6 and listed at 327 IAC 2-1-11(b), 327 IAC 2-1.3-3(d), or 327 IAC 2-1.5-19(b);
b) discharges to a receiving stream when the discharge results in an increase in the ambient concentration of a parameter which contributes to the impairment of the receiving stream for that parameter as identified on the current 303(d) list of impaired waters;
c) 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;
d) discharges that take place within five-hundred (500) yards upstream of a public water system surface water intake and cannot meet Indiana's public water supply standards;
e) discharges of storm water associated with industrial activity (regulated under 327 IAC 15-6) or INRM00000;
f) discharges of storm water runoff associated with construction activity (regulated under INRA00000);
g) discharges from coal mining operations (regulated under 327 IAC 15-7);
h) discharges from a groundwater petroleum remediation system (regulated under General NPDES Permit ING080000);
i) discharges from a petroleum product terminal (regulated under General NPDES Permit ING340000);
j) discharges from a sand, gravel, dimension stone, or crushed stone operation (regulated under General NPDES Permit ING490000);
k) discharges of hydrostatic test water from a commercial pipeline (regulated under General NPDES Permit ING670000);
l) discharges to combined or sanitary sewer systems;
m) discharges that are commingled with hazardous wastes or hazardous materials;
n) bypasses or upsets of any kind from a treatment works or collection system;
o) discharges that contain parameters classified as bioaccumulative chemicals of concern (BCCs), other than mercury;
p) intermittent discharges from a singular activity spanning longer than 364 days from start to finish;
q) discharges for which the Commissioner requests an individual NPDES permit application; and
r) discharges of wastewater already regulated under another NPDES permit.

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

APPLICATION TYPE AND INFORMATION

☐ NEW ☐ MODIFICATION	ANTICIPATED DATE OF COMMENCEMENT OF DISCHARGE *(month, day, year)*	ESTIMATED DURATION *(IN DAYS)* OF DISCHARGE *(MUST NOT EXCEED 364 CONSECUTIVE CALENDAR DAYS)*	DESCRIPTION OF PROPOSED MODIFICATION, IF APPLICABLE

PART A: GENERAL INFORMATION

1. APPLICANT NAME *(See Appendix A.)*

2. APPLICANT MAILING ADDRESS *(See Appendix A.)*			3. DISCHARGE LOCATION (*See Appendix A.)*		
STREET ADDRESS *(number and street)*			STREET ADDRESS *(number and street)*		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

4. SITE OWNER'S COMPLETE MAILING ADDRESS *(See Appendix A.)*			5. SITE CODES *(See Appendix A.)* SIC Code	NAICS Code	6. SITE (DISCHARGE) COUNTY
COMPANY NAME					
STREET ADDRESS *(number and street)*			7. LATITUDE AND LONGITUDE OF CENTER OF SITE *(See Appendix A.)*		
CITY	STATE	ZIP CODE	Latitude: degree / minute / second	Longitude: degree / minute / second	

8. Provide a detailed description of the primary business conducted at the facility or project site. (Example: new construction of a small business building)

9. Provide a detailed description of the operations that result in the discharge. (Example: dewatering of limited area necessary to construct foundation for building)

PART B: CONTACT INFORMATION FOR RESPONSIBLE OFFICIAL (AUTHORIZED NOI SIGNATORY)

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. *(See Appendix A.)*

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 PHYSICAL LOCATION ADDRESS	DELEGATED SIGNATORY'S PHYSICAL LOCATION ADDRESS
RESPONSIBLE OFFICIAL'S MAILING ADDRESS	DELEGATED SIGNATORY'S MAILING ADDRESS
RESPONSIBLE OFFICIAL'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 *(number and street)*		
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 *(number and street)*		
CONTACT E-MAIL ADDRESS	CITY	STATE	ZIP CODE
14. CONTRACTOR OR OPERATOR / CONTACT AND MAILING INFORMATION *(as necessary)*	CONTACT PERSON AND COMPANY NAME		
CONTACT TELEPHONE NUMBER	STREET ADDRESS *(number and street)*		
CONTACT E-MAIL ADDRESS	CITY	STATE	ZIP CODE

PART D: OUTFALL INFORMATION

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

15. OUTFALL NUMBER	16. LATITUDE			LONGITUDE			17. RECEIVING WATER *(See Appendix A.)*	18. FOR ANY DISCHARGE INTO A STORM SEWER IDENTIFY THE STORM SEWER OWNER *(See Appendix A.)*	19. ANTICIPATED DAILY VOLUME OF DISCHARGE IN MGD AND METHOD OF DETERMINATION OF VOLUME
	deg	min	sec.	deg.	min.	sec.			

PART E: EFFLUENT CHARACTERIZATION

20. Representative samples of the water that is to be discharged must be analyzed for parameters that could reasonably be expected to be present based on the results of the facility's attached site inquiry. A table of parameters based on types of common source sites with temporary discharges are provided in Appendix B, at the end of this form. The applicant should:

    1) determine which of the parameters in Appendix B are believed to be present on site and in the discharge that is to be permitted;
    2) complete Appendix B for each outfall/discharge to be covered by this master general permit by:
        a. conducting the sampling and testing required by the table for each applicable parameter; and
        b. filling out the table with the resulting data including analytical results of the performed test and methodology used for analysis; and
    3) submit the completed Appendix B table(s) with the completed and signed NOI.

PART F: WATER TREATMENT ADDITIVES

Please complete 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 approved for use at this site by IDEM. If approval has already been received, include a copy of the approval letter from IDEM. If approval has not been received, complete the form included in Appendix C. You may attach additional sheets if necessary.

21. OUTFALL NUMBER	22. WATER TREATMENT ADDITIVES (WTAs) TO BE USED

PART G: ADDITIONAL REQUIRED ATTACHMENTS

23. PROOF OF PUBLICATION

The NOI must also include the submittal of a proof of publication of the following statement in a newspaper of largest circulation in the area of the discharge:

> *(Supply applicant name, address, address of the location of the discharging facility)* "is submitting a Notice of Intent to notify the Indiana Department of Environmental Management (IDEM) of our intent to comply with the requirements under National Pollutant Discharge Elimination System (NPDES) master general permit ING420000 to discharge non-process wastewater on a temporary (no more than 364 consecutive calendar days) basis. This site will discharge wastewater *"(describe activity resulting in discharge and type of discharge*) to *(insert the name of the stream(s) or water body receiving the discharge(s)*).
>
> Any person wishing further information about this discharge may contact *(supply facility contact person's name and telephone or e-mail information)*. The decision to issue coverage under this NPDES master 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."

This publication must be in the newspaper for a minimum of one (1) 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 attach proof of publication of this statement from the newspaper to the NOI.

24. REQUIRED MAPS

1. A topographical map must be submitted with this NOI. The map must include the following items:
   (A) the boundary of the site location marked clearly and identified by name;
   (B) the location of each numbered outfall marked clearly and identified by number;
   (C) the receiving streams that each outfall discharges to shown clearly and identified by name; and
   (D) any existing permanent structures or roads in the area marked clearly and identified by name.

2. An aerial site map must be submitted. The site map must show and identify significant structures, including all piping, diked areas, outfall and sampling locations and treatment systems. Additionally, the flow path of the wastewater on the property must be marked.

3. A flow schematic diagram for each outfall that is to be permitted must be submitted with this NOI. This diagram should show the path that the wastewater travels through the site to the point where it is discharged.

25. SITE INQUIRY ATTACHMENT

The applicant shall conduct an inquiry to determine what soil or groundwater contamination should be expected in the wastewater to be discharged. The inquiry should consider:

1) current and historic uses of the site;
2) current uses of adjacent sites;
3) probable hazardous substances that could reasonably be associated with the current or historic uses;
4) whether the site is considered contaminated by IDEM, US EPA, or other parties;
5) whether the site is currently subject to risk-based corrective action due to a known petroleum release from an underground storage tank; and
6) any other relevant information.

The applicant shall submit a copy of the site inquiry with this NOI. The results of this inquiry will serve to determine what additional parameters should be expected to be present in the wastewater to be discharged from the site. These parameters should be included in the Effluent Characterization *(see Part E and Appendix B of the NOI)*.

PART H: IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

26. Pursuant to the Administrative Orders and Procedures Act (AOPA) (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 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.

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 I: APPLICATION FEE

27. In accordance with 327 IAC 5-3-17, any application for a new permit, renewal of a permit, modification of a permit, or variance from a permit requirement must be accompanied by an application fee. This fee is applicable to NOI forms for general permits, and is $100.00 for new permits and $50.00 for modifications. (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. Credit card payments are also accepted. For more information, please contact IDEM's Accounting Department at (317) 234-3099. Online payments can also be made via IDEM's website at https://www.in.gov/idem/resources/e-services/online-payment-options/.

PART J: SIGNATORY CERTIFICATION STATEMENT

28. 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 K: 29. Please use the address at the top of page one (1) of the NOI form to submit completed NOI form, attachments, and fee.

The complete NOI package should include the following:

- ❑ Signed NOI form, including completion of all questions and data fields;
- ❑ Application Fee - $50 for modification or $100 for new/renewal; include check or documentation of online fee payment;
- ❑ Site Inquiry – narrative description about the past and present activities at the site;
- ❑ Site map;
- ❑ Topographic Map;
- ❑ Wastewater Characterization data, if not already included on the NOI form;
- ❑ Proof of Publication from a local newspaper of the affidavit that the applicant intends to comply with this general permit; and
- ❑ Documentation of any water treatment additive approvals issued by IDEM for this site.

APPENDIX A: SUPPLEMENTAL INSTRUCTIONS

APPLICATION TYPE: 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 signatory (Part B Item 10) or delegated signatory authority (Part B Item 11). An NOI modification submittal is not required for these changes.

ELIGIBILITY REQUIREMENTS: If the eligibility requirements listed on Page 1 of this NOI are not met for the proposed discharge, coverage will not be granted under this master general permit and the NOI should not be completed nor submitted.

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 conversation and correspondence.

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 4: Enter the name and mailing address of the entity that owns the site. This may be the name of the site itself but does not have to be.

Part A, Item 5: Enter the four (4) digit Standard Industrial Classification (SIC) code which identifies the facility's primary activity. SIC codes can be obtained from the Standard Industrial Classification Manual, 1987, by accessing the Occupational Safety and Health Administration (OSHA) website or by contacting the Indiana Department of Workforce Development. You should also provide the applicable six (6) digit North American Industrial Classification System (NAICS) code.

Part A, Item 6: Enter the county where the discharge is proposed to occur.

Part A, Item 7: The latitude and longitude of the approximate center of the facility site must be in the degrees/minutes/seconds format. Seconds should be rounded to the nearest whole number. 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. To obtain minutes multiply the first four number to the right of the decimal point by 0.006: 1234 x 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 x 0.06 = 24.24.
5. Since the numbers to the right of the decimal are not used the result is 24 seconds.
6. The conversion for 45.1234567 is 45° (degrees), 7' (minutes), and 24" (seconds).

Part B, Item 10: 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 D, Item 15: Enter a three (3) 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. EXAMPLE: "Stone Creek", or "Connor Ditch to Stone Creek"; or "unnamed tributary to Connor Ditch". If the outfall discharges to a storm sewer, provide the receiving stream into which the storm sewer discharges and complete Part D Item 18.

Part D, Item 18: If the outfall discharges to a storm sewer, please provide the name of the owner of the storm sewer. EXAMPLE: "City of Muncie Department of Public Works" or "LaPorte Municipal Storm Sewer System".

APPENDIX A: SUPPLEMENTAL INSTRUCTIONS *(continued)*

Part E, Item 20: All parameter levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). Total mass is the total weight of parameters 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	

You are required to provide at least one (1) analysis for each 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 proposed or current operation. Parameters not believed to be present should be marked as such.

The analysis of the listed parameters must be done in accordance with test methods that are sufficiently sensitive as defined at 40 CFR 122.21(e)(3). Grab samples must be used for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, *E. coli,* and volatile organic compounds. For all other parameters, a 24-hour composite sample, using a minimum of four (4) grab samples, must be used unless specified otherwise at 40 CFR 136. However, a minimum of one (1) grab sample may be taken for effluents from holding ponds or other impoundments with a retention period greater than 24 hours. Any further questions on sampling or analysis should be directed to (317) 232-8704 or OWQWWPER@idem.IN.gov.

If analysis of the discharge is not possible (e.g. due to the facility not being built), you are required to provide an estimated maximum daily and average daily value for each parameter expected to be present in the discharge. The source of the estimates should be provided as a numerical code in the third column, "Source of Estimate," in the table of Appendix B. Please refer to the table below for the appropriate source of estimate code:

Engineering study Code

Actual data pilot plants	1
Estimates from other engineering studies	2
Data from other similar plants	3
Best professional estimates	4
Other	*Enter* "5" *and submit information on the source of estimate as an attachment to the NOI.*

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).

Part F, Items 21 and 22: Water Treatment Additives may only be used at outfalls to be covered by this master general permit if the applicant has received 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 H, Item 26: Identification of Potentially Affected Persons

The Administrative Orders and Procedures Act (AOPA) IC 4-21.5-3-5(b), requires that IDEM give notice of its decision on your NOI 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:
   a) As a practical matter impair or impede the person's ability to protect that interest, or
   b) Leave any other person who is a party to a proceeding concerning the permit subject to a substantial risk of incurring multiple or otherwise an inconsistent obligation by reason of the person's claimed interest.

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

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

a) The board of county commissioners of a county affected by the permit application and
b) The mayor of a city that is affected by the permit application, or
c) The president of a town council of a town affected by the permit application.

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

John Doe
111 Circle Drive
City, State, ZIP Code

If known, please also provide the person's e-mail address to facilitate electronic distribution of notifications.

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

APPENDIX B: EFFLUENT CHARACTERIZATION

As per the instructions in Part E of the NOI, the following table should be utilized to provide a characterization of the wastewater that is to be discharged under this permit. Sufficiently sensitive test methods, as defined at 40 CFR 122.21(e)(3), must be utilized in the analysis of any samples.

Provide measurements for the parameters listed in the left-hand column that are believed to be present based on the site characterization. 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 applicable parameter. Please provide the method used and detection limit achieved by the laboratory.

	Parameter	Believed Present (Yes/No)	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Estimated or Actual Data Results?	(3) Source of Estimate *(if new discharger)*	Analytical Method *(List method used and detection limit achieved in lab.)*	
			Mass	Concentration	Mass	Concentration			Method	Detection Limit
Section 1. General Chemistry/Bacteriology										
1.1	Total suspended solids (TSS)									
1.2	Total dissolved sollids (TDS)									
1.3	Oil and grease									
1.4	Chloride (1688-70-6)									
1.5	Sulfate (as SO4) (14808-79-8)									
1.6	Hardness, Total (as $CaCO_3$)									
1.7	Bromide (24959-67-9)									
1.8	Fluoride (16984-48-8)									
1.9	Cyanide, free (57-12-5)									
1.10	Cyanide, total (57-12-5)									
1.11	Total residual chlorine									
1.12	*Escherichia coli* (*E. coli* units in count/100 ml)									
1.13	Discharge Flow		VALUE in MGD		VALUE IN MGD					
1.14	pH (s.u.)		MINIMUM		MAXIMUM					
1.15	Temperature (Winter)		Value in Degrees Fahrenheit		Value in Degrees Fahrenheit					
1.16	Temperature (Summer)		Value in Degrees Fahrenheit		Value in Degrees Fahrenheit					
Section 2. Nutrients										
2.1	Ammonia (as N)									
2.2	Nitrate-nitrite									
2.3	Biochemical oxygen demand (BOD_5)									

2.4	Chemical oxygen demand (COD)									
2.5	Total organic carbon (TOC)									
2.6	Phosphorus (as P), total (7723-14-0)									
Section 3. Metals										
3.1	Aluminum, total (7429-90-5)									
3.2	Antimony, total (7440-36-0)									
3.3	Arsenic, total (7440-38-2)									
3.4	Barium, total (7440-39-3)									
3.5	Beryllium, total (7440-41-7)									
3.6	Boron, total (7440-42-8)									
3.7	Cadmium, total (7440-43-9)									
3.8	Chromium, total (7440-47-3)									
3.9	Chromium, Hex. (dissolved) (18540-29-9)									
3.10	Cobalt, total (7440-48-4)									
3.11	Copper, total (7440-50-8)									
3.12	Lead, total (7439-92-1)									
3.13	Iron, total (7439-89-6)									
3.14	Lithium, total (7439-93-2)									
3.15	Manganese, total (7439-96-5)									
3.16	Mercury, total (7439-97-6) (Test Method 1631, Rev. E)									
3.17	Molybdenum, total (7439-98-7)									
3.18	Nickel, total (7440-02-0)									
3.19	Selenium, total (7782-49-2)									
3.20	Silver, total (7440-22-4)									
3.21	Thallium, total (7440-2-0)									
3.22	Vanadium (7440-62-2)									
3.23	Zinc, total (7440-66-6)									

Section 4. Polycyclic Aromatic Hydrocarbons (PAHs)										
4.1	Acenaphthene (83-32-9)									
4.2	Acenaphthylene (208-96-8)									
4.3	Anthracene (120-12-7)									
4.4	Benzo (a) anthracene (56-55-3)									
4.5	Benzo (a) pyrene (50-32-8)									
4.6	Benzo (b) fluoranthene (205-99-2)									
4.7	Benzo (ghi) perylene (191-24-2)									
4.8	Benzo (k) fluoranthene (207-08-9)									
4.9	Chrysene (218-01-9)									
4.10	Dibenzo (a,h) anthracene (53-70-3)									
4.11	Fluoranthene (206-44-0)									
4.12	Fluorene (86-73-7)									
4.13	Indeno (1,2,3-cd) pyrene (193-39-5)									
4.14	Naphthalene (91-20-3)									
4.15	Phenanthrene (85-01-8)									
4.16	Pyrene (129-00-0)									
Section 5. Volatile Organic Compounds (VOCs)										
5.1	Acrolein (107-02-8)									
5.2	Acrylonitrile (107-13-1)									
5.3	Benzene (71-43-2)									
5.4	Bromoform (75-25-2)									
5.5	Carbon tetrachloride (56-23-5)									
5.6	Chlorobenzene (108-90-7)									
5.7	Chlorodibromomethane (124-48-1)									
5.8	Chloroethane (75-00-3)									
5.9	2-chloroethylvinyl ether (110-75-8)									
5.10	Chloroform (67-66-3)									

5.11	1,2-cis-dichloroethylene (156-59-2)									
5.12	Dichlorobromomethane (75-27-4)									
5.13	1,1-dichloroethane (75-34-3)									
5.14	1,2-dichloroethane (107-06-2)									
5.15	1,1-dichloroethylene (75-35-4)									
5.16	1,2-dichloropropane (78-87-5)									
5.17	1,3-dichloropropylene (542-75-6)									
5.18	Ethylbenzene (100-41-4)									
5.19	Formaldehyde (5-00-0)									
5.20	Methyl bromide (74-83-9)									
5.21	Methyl chloride (74-87-3)									
5.22	Methylene chloride (75-09-2)									
5.23	1,1,2,2- tetrachloroethane (79-34-5)									
5.24	Tetrachloroethylene (127-18-4)									
5.25	Toluene (108-88-3)									
5.26	1,2-trans-dichloroethylene (156-60-5)									
5.27	1,1,1-trichloroethane (71-55-6)									
5.28	1,1,2-trichloroethane (79-00-5)									
5.29	Trichloroethylene (79-01-6)									
5.30	Vinyl chloride (75-01-4)									
5.31	Xylenes, total (1330-20-7)									
Section 6. Semi-Volatile Organic Compounds (SVOCs)										
6.1	Benzidine (92-87-5)									
6.2	Bis (2-chloroethoxy) methane (111-91-1)									
6.3	Bis (2-chloroethyl) ether (111-44-4)									
6.4	Bis (2-chloroisopropyl) ether (102-80-1)									
6.5	Bis (2-ethylhexyl) phthalate (117-81-7)									
6.6	4-bromophenyl phenyl ether (101-55-3)									

6.7	Butyl benzyl phthalate (85-68-7)									
6.8	2-chloronaphthalene (91-58-7)									
6.9	2-chlorophenol (95-57-8)									
6.10	4-chlorophenyl phenyl ether (7005-72-3)									
6.11	1,2-dichlorobenzene (95-50-1)									
6.12	1,3-dichlorobenzene (541-73-1)									
6.13	1,4-dichlorobenzene (106-46-7)									
6.14	3,3-dichlorobenzidine (91-94-1)									
6.15	2,4-dichlorophenol (120-83-2)									
6.16	Diethyl phthalate (84-66-2)									
6.17	2,4-dimethylphenol (105-67-9)									
6.18	Dimethyl phthalate (131-11-3)									
6.19	Di-n-butyl phthalate (84-74-2)									
6.20	4,6-dinitro-o-cresol (534-52-1)									
6.21	2,4-dinitrophenol (51-28-5)									
6.22	2,4-dinitrotoluene (121-14-2)									
6.23	2,6-dinitrotoluene (606-20-2)									
6.24	Di-n-octyl phthalate (117-84-0)									
6.25	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)									
6.26	Hexachlorobenzene (118-74-1)									
6.27	Hexachlorobutadiene (87-68-3)									
6.28	Hexachlorocyclopentadiene (77-47-4)									
6.29	Hexachloroethane (67-72-1)									
6.30	Isophorone (78-59-1)									
6.31	Nitrobenzene (98-95-3)									
6.32	N-nitrosodimethylamine (62-75-9)									
6.33	N-nitrosodi-n-propylamine (621-64-7)									
6.34	N-nitrosodiphenylamine (86-30-6)									

6.35	2-nitrophenol (88-75-5)									
6.36	4-nitrophenol (100-02-7)									
6.37	p-chloro-m-cresol (59-50-7)									
6.38	Pentachlorophenol (87-86-5)									
6.39	Phenol (108-95-2)									
6.40	Phenols, total									
6.41	1,2,4-trichlorobenzene (120-82-1)									
6.42	2,4,6-trichlorophenol (88-05-2)									
Section 7. Pesticides										
7.1	Aldrin (309-00-2)									
7.2	α-BHC (319-84-6)									
7.3	β-BHC (319-85-7)									
7.4	γ-BHC (Lindane) (58-89-9)									
7.5	δ-BHC (319-86-8)									
7.6	Chlordane (57-74-9)									
7.7	4,4'-DDT (50-29-3)									
7.8	4,4'-DDE (72-55-9)									
7.9	4,4'-DDD (72-54-8)									
7.10	Dieldrin (60-57-1)									
7.11	α-endosulfan (115-29-7)									
7.12	β-endosulfan (115-29-7)									
7.13	Endosulfan sulfate (1031-07-8)									
7.14	Endrin (72-20-8)									
7.15	Endrin aldehyde (7421-93-4)									
7.16	Heptachlor (76-44-8)									
7.17	Heptachlor epoxide (1024-57-3)									
7.18	Toxaphene (8001-35-2)									

Section 8. Polychlorinated Biphenyls (PCBs)										
8.1	PCB-1242 (Arochlor 1242) (53469-21-9)									
8.2	PCB-1254 (Arochlor 1254) (11097-69-1)									
8.3	PCB-1221 (Arochlor 1221) (11104-28-2)									
8.4	PCB-1232 (Arochlor 1232) (11141-16-5)									
8.5	PCB-1248 (Arochlor 1248) (12672-29-6)									
8.6	PCB-1260 (Arochlor 1260) (11096-82-5)									
8.7	PCB-1016 (Arochlor 1016) (12674-11-2)									
Section 9. Radioactivity										
9.1	Alpha, total (pCi/L)									
9.2	Beta, total (pCi/L)									
9.3	Radium, total (pCi/L)									
9.4	Radium 226, total (pCi/L)									
Section 10. Other										
10.1	Asbestos (fibers/liter) (1332-21-4)									

[1] A one-time sample of Coal Combustion Residual (CCR)-related 126 priority pollutants is required to be submitted for ash ponds.

APPENDIX C: WATER TREATMENT ADDITIVE APPLICATION

INTRODUCTION

All dischargers are required to disclose information on the water treatment additives in use and to demonstrate that such additives will not be harmful to aquatic life.

To assure that all discharges from treatment systems using water treatment chemicals meet Indiana Water Quality Standards, the following information must be submitted to IDEM, Office of Water Quality, Permits Administration Section when applying for a new or renewal NPDES permit or permit modification. During the preparation of the NPDES permit or modification, this information may be used to establish permit limitations which comply with all Indiana Water Quality Standards. Additionally, if a permittee changes water treatment additives during the term of their NPDES permit, the following information must be submitted to the Permits Administration Section, and approval of the change must be received prior to use of the new product(s).

The information required by this form must be submitted for each additive submitted for review. Some of this information may come from the Material Safety Data Sheet (MSDS) for the additive and should be included with this application. It should also be noted that biomonitoring of the effluent for the affected outfall(s) may be required. Please provide the following information for each additive.

PART A: GENERAL INFORMATION

1. Name of authorized official *(first, last)*

2. Name of facility

3. Mailing address *(number and street or PO box)*

City	State	ZIP code

CONTACT PERSON

4. Name of primary contact person *(first, last)*

5. Telephone number	**6.** E-mail address *(optional)*

FACILITY

7. Facility address *(number and street)*

City	State	ZIP code	County

8. Telephone number	**9.** E-mail address *(optional)*

10. NPDES Permit Number *(if facility has an existing permit)*

(Continued on next page.)

PART B: ADDITIVE DETAILS

11. Name of water treatment additive ☐ New ☐ Previously Approved

12. Chemical composition of the water treatment additive[1]

13. What is the feed or dosage rate in grams / twenty-four (24) hour period? *(This may be provided in fluid ounces.)*

14. If more than one Outfall is covered by this permit, which Outfall does the use of this water treatment additive affect?

15. Name any ingredient(s) that may be present and may cause toxicity at the proposed Outfall. If known, provide the discharge concentration of the ingredients *(mg/l)*.

16. Provide the location where the additive is put into use.[2]

17. Provide the duration of use for the additive *(hours per day and days per year)*.

_____ hours / day _____ days / year

PART C: ADDITIVE CONCENTRATION

18. Concentration (mg/l) of the water treatment additive used in the treatment system

19. The concentration (mg/l) of the water treatment additive used in the final discharge *(if known)*

20. Discharge concentration of the water treatment additive *(mg/l)*

21. Please explain how the final discharge concentration stated for item # 20 was determined.[2]

22. Provide a description and method used to control the use of the water treatment additive. What are the procedures on how to maintain this concentration within the system?[2]

(Continued on next page.)

[1] Proprietary information may be submitted separately by the manufacturer or distributor and will be kept confidential.

[2] If necessary, this information may be provided on supplementary attachments.

PART D: SYSTEM AND DISCHARGE DETAILS

23. Provide the hardness of the discharge water.

24. The temperature of the treatment system using the water treatment additive *(Specify ºF or ºC.)* ☐ °F ☐ °C

25. The Blowdown Rate *(MGD)* from the treatment system using the water treatment additive

26. The average flow *(MGD)* of all waste streams being discharged through the affected Outfall

27. The pH of the treatment system using the water treatment additive

PART E: CHEMICAL PROPERTIES / TOXICITY DATA

+ For determining safe concentrations of the water treatment additives, the following information should also be submitted or addressed. Submit the supporting documentation (i.e., Material Safety Data Sheets) as attachments to this application.

28. Toxicity (LC_{50}) of the additive[3]

29. Test species[4]

30. Please explain, or provide attachments to explain, the relation of toxicity to pH.

31. Please explain, or provide attachments to explain the relationship of toxicity to water hardness.

(Continued on next page.)

[3] As determined by ninety-six (96) hour flow through bioassays for fish (preferably fathead minnow *(Pimephales promelas)* or bluegill *(Lepomis macrochirus)* for warmwater species or rainbow trout *(Salmo gairdneri)* for coldwater species) and a forty-eight (48) hour static renewal for invertebrates (preferably of the genera Daphnia or Ceriodaphnia). Testing procedures to determine LC50 values should follow U.S. EPA Guidelines. Static bioassays are acceptable only if the treatment chemical is persistent. The test temperature should be maintained at 20º Celsius (68º Fahrenheit) for coldwater species and at 30º Celsius (86º Fahrenheit) for warmwater species (higher test temperatures are chosen in order to simulate worst case conditions. Lower test temperatures may be used only if the thermal tolerance of the chosen representative aquatic species is below the recommended test temperatures).

[4] The test species selected should be characteristic of the more sensitive representative aquatic species in the receiving stream.

PART E: CHEMICAL PROPERTIES/TOXICITY DATA *(continued)*

+ Product persistence in the environment and N Octanol-Water Partition Coefficient and Bioconcentration Factor (BCF) *(if available)*.

32. Provide the decay rate of the product, if known. This should be stated at a pH level within ½ pH standard unit within the handling system.[5] *(Please provide copies of the sources of this data as attachments to this application.)*

33. Provide any additional information or attach any additional documentation to help in evaluating the use of this water treatment additive.

PART F: SIGNATURE

This information will be reviewed and permission to use the water treatment additive may be granted either by letter, permit limitations, or permit modification, if the discharger has supplied the requested product information and toxicity data that will enable IDEM to establish permissible concentrations in each individual case. If the initial information is not sufficient to allow for the establishment of a safe concentration, additional information will be requested.

Proprietary information regarding the chemical composition of any water treatment additive will be kept confidential in accordance with the terms of 327 IAC 12.1. Claims of confidentiality must be made at the time of submittal; the information must be properly marked, segregated and secured at the time of submittal; and the person or company requesting confidentiality must provide justification as to why the information meets the criteria for it to be maintained as a trade secret, privileged information or confidential in accordance with 327 IAC 12.1

This application should include the following and must be signed by a person in responsible charge to be valid. This signature attests to the following:

"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 Name) (Title)

_____ _____

(Signature) (Date Signed) *(mm/dd/yyyy)*