



**NOTICE OF INTENT (NOI) LETTER  
FOR ING420000  
TEMPORARY DISCHARGES  
GENERAL NPDES PERMIT**  
State Form 56913 (2-20)  
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

**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 at least forty-five (45) days prior to the planned commencement of discharge.**
- **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 6 and 7 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 contact us via e-mail at [OWQWWPER@idem.IN.gov](mailto: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) direct discharges into waters that are designated as an Outstanding National Resource Water (ONRW) as defined at IC 13-11-2-149.5;
- b) 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;
- 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 supply 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)
- f) discharges of storm water runoff associated with construction activity (regulated under 327 IAC 15-5 or 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 that are discharged 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 pollutants classified as bioaccumulative chemicals of concern (BCCs);
- p) discharges for which the Commissioner requests an individual NPDES permit application; and
- q) discharges of wastewater already regulated under another NPDES permit.

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

**APPLICATION TYPE AND INFORMATION**

<input type="checkbox"/> NEW  <input type="checkbox"/> MODIFICATION	ANTICIPATED DATE OF COMMENCEMENT OF DISCHARGE (month, day, year)	ESTIMATED DURATION (IN DAYS) OF DISCHARGE (MUST NOT EXCEED 364 DAYS)	DESCRIPTION OF PROPOSED MODIFICATION, IF APPLICABLE
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**PART A: GENERAL INFORMATION FOR FACILITY**

1. FACILITY NAME (See Appendix A.)					
2. FACILITY MAILING ADDRESS (See Appendix A.)			3. FACILITY PHYSICAL LOCATION (See Appendix A.)		
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 (See Appendix A.)			5. FACILITY CODES (See Appendix A.) SIC Code      NAICS Code		6. FACILITY COUNTY			
COMPANY NAME								
STREET ADDRESS (number and street)			7. LATITUDE AND LONGITUDE OF CENTER OF FACILITY SITE (See Appendix A.)					
			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: new construction of a small business building)								
9. Provide a brief description of the facility 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 FACSIMILE NUMBER			DELEGATED SIGNATORY FACSIMILE 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**

<b>12. DISCHARGE MONITORING REPORTS CONTACT AND MAILING INFORMATION</b>				CONTACT PERSON AND COMPANY NAME			
CONTACT TELEPHONE NUMBER				STREET ADDRESS (number and street)			
CONTACT E-MAIL ADDRESS				CITY	STATE	ZIP CODE	
<b>13. ANNUAL FEE AND FINANCIAL CONTACT AND BILLING ADDRESS</b>				CONTACT PERSON AND COMPANY NAME			
CONTACT TELEPHONE NUMBER				STREET ADDRESS (number and street)			
CONTACT E-MAIL ADDRESS				CITY	STATE	ZIP CODE	

<b>14. CONTRACTOR OR OPERATOR / CONTACT AND MAILING INFORMATION (as necessary)</b>	CONTACT PERSON AND COMPANY NAME		
CONTACT TELEPHONE NUMBER	STREET ADDRESS (number and street)		
CONTACT E-MAIL ADDRESS	CITY	STATE	ZIP CODE

<b>PART D: OUTFALL INFORMATION</b>									
Provide the following information for all outfalls / discharges to be covered by this general permit. You may attach additional sheets if necessary.									
15. OUTFALL NUMBER	16. LATITUDE			16. LONGITUDE			17. RECEIVING WATER (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.			

<b>PART E: EFFLUENT CHARACTERIZATION</b>
<p>20. Representative samples of the water that is to be discharged must be analyzed for substances that could reasonably be expected to be present based on the results of the site inquiry. A table of contaminants based on types of common source sites with temporary discharges are provided in Appendix B, at the end of the NOI form. The applicant should:</p> <ol style="list-style-type: none"> <li>1) determine which of them best applies to the site and discharge that is to be permitted;</li> <li>2) copy that table as needed for each outfall/discharge to be covered by this general permit.</li> <li>3) conduct the sampling and testing required by the table that fits the site;</li> <li>4) fill out the table with the resulting data; and</li> <li>5) submit the completed table with the completed and signed NOI document.</li> </ol>

<b>PART F: WATER TREATMENT ADDITIVES</b>	
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 the Indiana Department of Environmental Management. You may attach additional sheets if necessary. (See Appendix C.)	
21. OUTFALL NUMBER	22. WATER TREATMENT ADDITIVES (WTAs) TO BE USED

<b>PART G: ADDITIONAL REQUIRED ATTACHMENTS</b>
<b>23. PROOF OF PUBLICATION</b>
<p>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:</p> <p><i>(Supply 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 ING420000 to discharge non-process wastewater on a temporary (less than 364 consecutive 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))."</i></p> <p><i>"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 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 <a href="mailto:OWQWWPER@Idem.IN.gov">OWQWWPER@Idem.IN.gov</a> to be placed on a mailing list to receive notification of IDEM's decision."</i></p> <p>This publication must be 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 attach proof of publication of this statement from the newspaper to the NOI.</p>

**24. REQUIRED MAPS**

1. A topographical map must be submitted with this NOI. The map must 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; and
  - (D) any existing permanent structures or roads in the area shown clearly and identified by name.
2. A site map must be submitted. The site map must show and identify the significant structures, including all piping, diked areas, all outfall and sampling locations, and any flow paths from piping to outfall on the property.
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 water travels through the site to the point where it is discharged. If multiple outfalls will follow essentially the same path, these outfalls may be included on one diagram.

**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 the 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 should submit a copy of the site inquiry with this NOI** The results of this inquiry will serve to determine what additional pollutants should be expected to be present in the wastewater to be discharged from the site. These pollutants 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 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:

PART H: IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS (continued)	
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. 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 permit 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. Credit card payments are also acceptable. For more information, please contact IDEM's Accounting Dept at (317) 234-3099. Online payments can also be made via IDEM's website by visiting <https://www.in.gov/idem/6973.htm>.

**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 1 of the NOI form to submit completed NOI form, attachments, and fee.

## APPENDIX A: SUPPLEMENTAL INSTRUCTIONS

**APPLICATION TYPE:** For the purposes of this form a modification 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:** Prior written approval from IDEM is required for any substance that is to be added to the water that is to be discharged. See Appendix C of this application which incorporates the requirements of State Form 50000 (the application for the use of Water Treatment Additives).

**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 company that owns the site. This may be the name of the site itself but does not have to be. For example if "ABC Stone company" owns quarries at several locations, one of which this permit is being applied for, then "ABC Stone Company" and location of ABC Stone Company's signatory (see Part B, item, 10, below) would be listed here.

**Part A, Item 5:** Enter the four digit Standard Industrial Classification (SIC) code which identifies the facility's primary activity. SIC codes can be obtained from the Standard Industrial Classification Manual, 1987, 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 NAICS Code, which is the six digit North American Industrial Classification System (NAICS) code, if known.

**Part A, Item 7:** The latitude and longitude of the approximate center of the facility site must be in the degrees/minutes/seconds format. Longitude and latitude can be obtained from United States Geological Survey (USGS) quadrangle or topographic map, by calling (888) 275-8747, or by accessing a locational (geocoding) website and conducting a search based on the facility street address. 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:  $1234 \times 0.006 = 7.404$
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. 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 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 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 E, Item 18:** If the discharge first enters a storm sewer prior, which then carries it to waters of the state, then please provide the name of the owner of the storm sewer. EXAMPLE: "City of Muncie Department of Public Works" or "LaPorte Municipal Storm Sewer System to Connor Ditch".

**APPENDIX A: SUPPLEMENTAL INSTRUCTIONS (continued)**

**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:

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

**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 proposed or current operation. Parameters not present should be marked N/A.

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

The Commissioner may request that you do additional testing, 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**

You 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 at this time. 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, for example, 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 .....	<i>Specify on the form.</i>

**Part F, Item 22:** Water Treatment Additives may only be used at outfalls to be covered by this 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](mailto: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 the Indiana Department of Environmental Management (IDEM) give notice of its decision on your Notice of Intent to the following persons:

- 1) Each person to whom the decision is specifically directed;
- 2) Each person to whom a law requires notice to be given;
- 3) Each competitor who has applied to the IDEM for a mutually exclusive license, if issuance is the subject of the decision and the competitor's application has not been denied in an order for which all rights to judicial review have been waived or exhausted;
- 4) Each person who has provided the IDEM with a written request for notification of the decision;
- 5) Each person who has a substantial and direct proprietary interest in the issuance of the (permit/variance);
- 6) Each person whose absence as a party in the proceeding concerning the (permit) decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance of the (permit) and is so situated that the disposition of the matter, in the person's absence may:
  - a) As a practical matter impair or impede the person's ability to protect that interest, or
  - b) Leave any other person who is a party to a proceeding concerning the permit subject to a substantial risk of incurring multiple or otherwise an inconsistent obligation by reason of the person's claimed interest.

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

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

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

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

John Doe  
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 must be utilized in the analysis of any samples.*

- A. Existing Sources – Provide measurements for the parameters listed in the left hand column. 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 the method used and detection limit achieved by the laboratory.  
 B. New Dischargers – Provide estimates for the parameters listed in the left-hand column below. Instead of the number of measurements taken, provide the source of estimated value.

	Waiver Requested	(1) Maximum Daily Value <i>(include units)</i>		(2) Average Daily Value (last year) <i>(include units)</i>		(3)		Analytical Method <i>(List method used and detection limit achieved in lab.)</i>	
		Mass	Concentration	Mass	Concentration	Estimated or Actual Data Results?	Source of Estimate (if new discharger)	Method	Detection Limit
Biochemical Oxygen Demand (BOD <sub>5</sub> )									
Total Suspended Solids (TSS)									
Total Residual Chlorine									
Oil and Grease									
Ammonia (as N)									
E. coli									
Discharge Flow		VALUE in MGD		VALUE IN MGD					
pH (S.U.)		MINIMUM		MAXIMUM					
Temperature (Winter)		Value in Degrees Fahrenheit		Value in Degrees Fahrenheit					
Temperature (Summer)		Value in Degrees Fahrenheit		Value in Degrees Fahrenheit					
Lead									
Cyanide, free									
Cyanide, total									
Antimony									
Arsenic									
Benzene									
Beryllium									
BTEX									
Cadmium									
Chloride									
Chromium									



Copper									
Hardness									
Mercury (Test Method 1631, Revision E)									
Nickel									
Selenium									
Silver									
Sulfate									
Total Organic Carbon (TOC)									
TVOC									
Zinc									
Coal Combustion Residual (CCR) [1]									
Perchloroethylene (PERC)									
Tetrachloroethene (TCE)									
Cis-1,2-dichloroethene (cis-1,2-dichloroethylene, cis-1,2-DCE)									
Trans-1,2-dichloroethene (trans-1,2-dichloroethylene, trans-1,2-DCE)									
1,1,1-trichloroethane (1,1,1-TCA)									
1,1-dichloroethene (1,1-dichloroethylene, 1,1-DCE)									
1,1-dichloroethane (1,1-DCA)									
1,2-dichloroethane (1,2-DCA)									
Acenaphthene									
Acrolein									
Acrylonitrile									
Benzidine									
Carbon tetrachloride (tetrachloromethane)									
Chloroform (trichloromethane)									
Chlorobenzene									
1,2,4-trichlorobenzene									
Hexachlorobenzene									

1,2-dichloroethane									
1,1,1-trichloroethane									
Hexachloroethane									
Dichloromethane (methylene chloride)									
1,1,2-Trichloroethane (1,1,2-TCA)									
1,1,2,2-tetrachloroethane									
Chloroethane									
Bis(2-chloroethyl) ether									
2-chloroethyl vinyl ether (mixed)									
2-chloronaphthalene									
2,4, 6-trichlorophenol									
Parachlorometa cresol									
2-chlorophenol									
1,2-dichlorobenzene									
1,3-dichlorobenzene									
1,4-dichlorobenzene									
3,3-dichlorobenzidine									
1,1-dichloroethylene									
1,2-trans-dichloroethylene									
2,4-dichlorophenol									
1,2-dichloropropane									
1,3-dichloropropylene (1,3-dichloropropene)									
2,4-dimethylphenol									
2,4-dinitrotoluene									
2,6-dinitrotoluene									
1,2-diphenylhydrazine									
Ethylbenzene									
Fluoranthene									
4-chlorophenyl phenyl ether									

4-bromophenyl phenyl ether									
Bis(2-chloroisopropyl) ether									
Bis(2-chloroethoxy) methane									
Methyl chloride (dichloromethane)									
Methyl bromide (bromomethane)									
Bromoform (tribromomethane)									
Dichlorobromomethane									
Chlorodibromomethane									
Hexachlorobutadiene									
Hexachloromyclopentadiene									
Isophorone									
Naphthalene									
Nitrobenzene									
2-nitrophenol									
4-nitrophenol									
2,4-dinitrophenol									
4,6-dinitro-o-cresol									
N-nitrosodimethylamine									
N-nitrosodiphenylamine									
N-nitrosodi-n-propylamin									
Pentachlorophenol									
Phenol									
Bis(2-ethylhexyl) phthalate									
Butyl benzyl phthalate									
Di-N-Butyl Phthalate									
Di-n-octyl phthalate									
Diethyl Phthalate									
Dimethyl phthalate									
1,2-benzanthracene (benzo(a) anthracene)									

Benzo(a)pyrene (3,4-benzopyrene)									
3,4-Benzofluoranthene (benzo(b) fluoranthene)									
11,12-benzofluoranthene (benzo(k) fluoranthene)									
Chrysene									
Acenaphthylene									
Anthracene									
1,12-benzoperylene (benzo(ghi) perylene)									
Fluorene									
Phenanthrene									
1,2,5,6-dibenzanthracene (dibenzo(h) anthracene)									
Indeno (1,2,3-cd) pyrene (2,3-o-pheynylene pyrene)									
Pyrene									
Tetrachloroethylene									
Toluene									
Trichloroethylene									
Vinyl chloride (chloroethylene)									
Aldrin									
Dieldrin									
Chlordane (technical mixture and metabolites)									
4,4-DDT									
4,4-DDE (p,p-DDX)									
4,4-DDD (p,p-TDE)									
Alpha-endosulfan									
Beta-endosulfan									
Endosulfan sulfate									
Endrin									
Endrin aldehyde									
Heptachlor									
Heptachlor epoxide (BHC-hexachlorocyclohexane)									

Alpha-BHC									
Beta-BHC									
Gamma-BHC (lindane)									
Delta-BHC (PCB- polychlorinatedbiphenyls)									
PCB-1242 (Arochlor 1242)									
PCB-1254 (Arochlor 1254)									
PCB-1221 (Arochlor 1221)									
PCB-1232 (Arochlor 1232)									
PCB-1248 (Arochlor 1248)									
PCB-1260 (Arochlor 1260)									
PCB-1016 (Arochlor 1016)									
Toxaphene									
Asbestos									
Thallium									

[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 the 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
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**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
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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<sup>1</sup>

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.<sup>2</sup>

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.<sup>2</sup>

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?<sup>2</sup>

*(Continued on next page.)*

<sup>1</sup> Proprietary information may be submitted separately by the manufacturer or distributor and will be kept confidential.

<sup>2</sup> 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 °F or °C.*)  °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<sub>50</sub>) of the additive<sup>3</sup>
- 29. Test species<sup>4</sup>
- 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.)

<sup>3</sup> 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 20° Celsius (68° Fahrenheit) for coldwater species and at 30° Celsius (86° 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).

<sup>4</sup> 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.<sup>5</sup> (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)