



**NOTICE OF INTENT (NOI) FORM GENERAL NPDES PERMIT ING410000 FOR ONSITE RESIDENTIAL SEWAGE DISCHARGING DISPOSAL SYSTEMS IN ALLEN COUNTY, IN**

State Form 53050 (11-22)  
 INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
 Approved by State Board of Accounts, 2022

This completed form may be submitted via e-mail to [OWQ@idem.in.gov](mailto:OWQ@idem.in.gov). Fee payments can also be submitted online at <https://www.in.gov/idem/resources/e-services/online-payment-options/>

OR 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 Onsite Residential Sewage Discharging Disposal Systems in Allen County, Indiana pursuant to NPDES Permit No. ING410000.*

- *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 at the end of this form.*

For questions regarding this form, the required attachments, and permit requirements, contact IDEM General NPDES Permits at (317) 232-8704 or (800) 451-6027, extension 3172328704 (toll-free within Indiana). E-mail inquiries may also be sent to [owgwpper@idem.in.gov](mailto:owgwpper@idem.in.gov).

**ELIGIBILITY REQUIREMENTS**

This general permit covers any new or existing discharges of treated sanitary wastewater from on-site residential sewage discharging disposal systems located within the Allen County On-site Waste Management District that have been installed to repair or replace a sewage disposal system that failed to meet public health and environmental standards and for which an operating permit has been issued pursuant to IC 13-18-12-9. Such systems shall discharge one thousand (1,000) gallons or less per day of treated sanitary wastewater.

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

- direct discharges into waters that are designated as an Outstanding National Resource Water (ONRW) defined at IC 13-11-2-149.5; and
- 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.

The District and its members (the persons listed in Part F of this NOI) request to be covered by General NPDES Permit ING410000. It is our intent to comply with all terms and conditions of the issued permit. (Please check this box to affirm all properties for which you are seeking coverage meet the eligibility requirements.)

**APPLICATION TYPE AND INFORMATION**

INITIAL NOI TO COMPLY WITH ING410000	<input type="checkbox"/>	DESCRIPTION OF PROPOSED MODIFICATION, IF APPLICABLE
MODIFICATION TO ADD NEW PROPERTIES FOR COVERAGE	<input type="checkbox"/>	
MODIFICATION TO DELETE PROPERTIES FROM COVERAGE (no fee required)	<input type="checkbox"/>	
UPDATE PROPERTY OWNERSHIP/CONTACT INFO (no fee required)	<input type="checkbox"/>	

**PART A: GENERAL INFORMATION FOR FACILITY**

1. APPLICANT (DISTRICT) NAME					
2. DISTRICT MAILING ADDRESS			3. DISTRICT PHYSICAL LOCATION		
STREET ADDRESS (number and street) or Post Office Box			STREET ADDRESS (number and street)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
4. LATITUDE AND LONGITUDE OF CENTER OF DISTRICT			5. SIC AND NAICS CODES FOR DISTRICT		
LATITUDE		LONGITUDE		DISTRICT SIC CODE	DISTRICT NAICS CODE
degrees	minutes	seconds	degrees	minutes	seconds

**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.

6. NAME OF RESPONSIBLE OFFICIAL	7. 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 MAILING ADDRESS	DELEGATED SIGNATORY MAILING ADDRESS
RESPONSIBLE OFFICIAL'S PERSON'S E-MAIL ADDRESS	DELEGATED SIGNATORY PERSON'S E-MAIL ADDRESS

**PART C: OTHER CONTACT INFORMATION**

**8. DISCHARGE MONITORING REPORTS CONTACT AND MAILING INFORMATION**

CONTACT PERSON AND COMPANY NAME			
STREET ADDRESS ( <i>number and street</i> )	CITY	STATE	ZIP CODE
CONTACT PERSON'S E-MAIL ADDRESS	CONTACT PERSON'S TELEPHONE NUMBER		

**9. ADDITIONAL CONTACT PERSONS FOR DISTRICT (*Optional*)**

CONTACT PERSON AND TITLE			
STREET ADDRESS ( <i>number and street</i> )	CITY	STATE	ZIP CODE
CONTACT PERSON'S E-MAIL ADDRESS	CONTACT PERSON'S TELEPHONE NUMBER		

**PART D: ADDITIONAL REQUIRED ATTACHMENTS**

**10. REQUIRED MAPS**

A site map or topographical map must be submitted with this NOI depicting the geographic location of all permitted residences of the District which are subject to this general permit. The map must include the following items:

- (A) the location of each of the residences shown clearly and identified by name and by mark;
- (B) the receiving water (including any storm sewers) for each of the discharges shown clearly and identified by name; and
- (C) any existing permanent structures or roads in the area shown clearly and identified by name.

**PART E: DOCUMENTATION TO ADD A SYSTEM CONSTRUCTED AFTER 7/1/2002**

For an onsite residential sewage discharging disposal system installed at a residence that was constructed after July 1, 2002, because of failure of the original on-site non-discharging sewage disposal system, the following additional requirements apply:

- (1) The District shall submit all information required under this section to IDEM, including a copy of the operating permit issued by the local health department, prior to discharge from the system.
- (2) The District shall also submit to IDEM a system failure report, that summarizes:
  - (A) the known reasons for failure of the system; and
  - (B) other technologies for repair or options for managing the on-site waste that were considered by the local health department prior to issuing an operating permit.
- (3) The District shall include its recommendations regarding whether the system should be included in the District and covered by the general permit.









**PART G: IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS**

19. 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:
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 H: APPLICATION FEE**

20. 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 application, renewals, and modifications. (Updates to information shall not be subject to the \$50 fee for modifications.) Checks or money orders shall be made payable to IDEM.

**PART I: SIGNATORY CERTIFICATION STATEMENT**

21. The NOI must be signed by the head of the governing body for the District:

"I certify under penalty of law that this document and all its 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 J**

22. 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 adding or deleting an onsite residential sewage discharging disposal system. 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:** Please review the eligibility requirements and check the box on the form to indicate that all requested sites/outfalls are eligible for coverage under this general permit.

**Part A, item 1:** Enter the legal name of the Wastewater Management District to be permitted.

**Part A, Items 2 and 3:** Provide the mailing address and also a physical location address for the Wastewater Management District.

**Part A, Item 4:** Provide the latitude and longitude of the approximate center of the District 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 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 B, Items 6 and 7:** Provide contact information for both the Responsible Official and the Delegated Signatory.

**Part C, Items 8 and 9:** Provide names and contact information for the person who will be responsible for submitting the Discharge Monitoring Reports and any other individuals who may have responsibilities on behalf of the District with regard to this permit.

**Part B, item 10:** Provide site map(s) and/or topographic map(s) depicting the location of all existing/active and proposed locations of properties which have approved onsite residential sewage discharging disposal systems.



**Part F, Items 11 - 15:** For each existing/active (or proposed) system site, provide the name of the homeowner, the physical location address of the property, and the e-mail address for the homeowner.

**Part F, Item 16:** Provide the latitude and longitude for each parcel or property which has an onsite residential sewage discharging disposal system approved by the District. Ultimately the latitude and longitude should represent the location of the onsite treatment system itself.

**Part F, 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 F, 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.

**Part G, Item 19: 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 the names and addresses 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

**Part I, Item 21:** 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. Section 4.4 of General Permit ING410000 requires the NOI to be signed by the head of the governing body of the District.