



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

100 N. Senate Avenue • Indianapolis, IN 46204
(800) 451-6027 • (317) 232-8603 • www.idem.IN.gov

Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

February 23, 2024

VIA ELECTRONIC MAIL : Steve.crane@irvmat.com

Mr. Steve Crane, Aggregate Division President
Irving Materials, Inc.
8032 N SR 9
Greenfield, IN 46140

Dear Mr. Crane:

Re: IDEM Approval of Request to Modify
NPDES General Permit Coverage #ING490017
IMI - Bluffton
2321 East CR 150 North
Bluffton, IN
Wells County

Our office has received your Notice of Intent (NOI), submitted by Rich Beitman on your behalf, for the above-referenced facility. The NOI requests modification of your current NPDES general permit coverage to include new Outfall 004A. We are pleased to inform you that the submittal is sufficient to comply with the NOI requirements modification of your permit coverage under NPDES General Permit ING490000 for wastewater discharges from sand, gravel, dimension stone and crushed stone operations. NPDES general permit coverage for this facility will be modified as follows:

- **Outfall 004A is being added/reactivated.**

The effective date for NPDES general permit coverage for your new outfall is deemed January 1, 2024, and the expiration date is September 30, 2025. In order to receive authorization to discharge beyond the expiration date, you are required to submit a renewal NOI to IDEM no later than ninety (90) days prior to the date of expiration.

The NPDES general permit coverage number assigned to this facility is unchanged from your previous coverage and is referenced above. This number should be included on all correspondence submitted to IDEM in relation to this NPDES general permit for this site. This approval of coverage for the facility will include all outfalls listed in Attachment 1 to this approval letter; effluent limitations and monitoring requirements are set forth in Attachment 2.

The NPDES general permit is available via our website at <https://www.in.gov/ideM/public-notice/public-notice-statewide/> and in IDEM's Virtual File Cabinet (go to <https://vfc.idem.in.gov/DocumentSearch.aspx> and search for Document # 83083934). You may also contact the permit manager listed below to request that any needed documents be emailed or mailed to you. You are responsible for following the general permit requirements contained therein.

One condition of your permit requires periodic reporting of several effluent parameters. You are required to submit both federal discharge monitoring reports (DMRs) and state Monthly Monitoring Reports (MMRs) on a routine basis. The MMR form can be found on IDEM's web site at <https://www.in.gov/idem/cleanwater/wastewater-compliance/wastewater-reporting-forms-notice-and-instructions/>. Please note that all NPDES permit holders are required to submit monthly monitoring data to IDEM using NetDMR. Please see <https://www.in.gov/idem/cleanwater/resources/netdmr/> or contact Helen Demmings at (317) 232-8815 for more information on NetDMR.

IDEM shall serve notice of its decision to accept your facility for modification of coverage under the general permit in accordance with the requirements of 327 IAC 5-3-14. It should also be noted that any appeal must be filed under procedures outlined in IC 13-15-6, IC 4-21.5, and the enclosed Public Notice. The appeal must be initiated by filing a petition for administrative review with the Office of Environmental Adjudication (OEA) within fifteen (15) days of the emailing of an electronic copy of this letter or within eighteen (18) days of the mailing of this letter. A copy must also be served upon IDEM. Addresses are as follows:

Director
Office of Environmental Adjudication
Indiana Government Center North
Room 103
100 North Senate Avenue
Indianapolis, IN 46204

Commissioner
Indiana Department of Environmental Management
Indiana Government Center North
Room 1301
100 North Senate Avenue
Indianapolis, IN 46204

The Office of Environmental Adjudication will provide parties who request review of this acceptance for coverage with notice of prehearing conferences, preliminary hearings, hearing, and stays or orders disposing of all proceedings. Nonparties may receive such notices without intervening and formally becoming parties in the proceeding by requesting copies of such notices from the Office of Environmental Adjudication.

If you have any questions regarding this letter, please contact Ms. C. Anne Burget of my staff at (317) 234-8745 or you may contact us via email at owqwwper@idem.IN.gov.

Sincerely,

Catherine Hess

Catherine Hess, Chief
Permits Administration Section
Office of Water Quality

Attachments

cc: Rich Beitman, IMI (Rich.Beitman@irvmat.com)
Wells County Health Department

ATTACHMENT 1

IMI - BLUFFTON

NPDES GENERAL PERMIT APPROVAL # ING490017

MODIFICATION EFFECTIVE DATE : JANUARY 1, 2024

AUTHORIZED OUTFALLS

The following outfalls are authorized for coverage under this general permit approval:

OUTFALL	LATITUDE	LONGITUDE	RECEIVING WATER
001A	40° 45' 52"	-85° 10' 55"	UNNAMED OPEN DITCH TO WABASH RIVER
002A	40° 46' 06"	-85° 10' 41"	UNNAMED OPEN DITCH TO WABASH RIVER
003A	40° 46' 16"	-85° 11' 02"	UNNAMED OPEN DITCH TO WABASH RIVER
004A	40° 45' 59"	-85° 10' 42"	UNNAMED OPEN DITCH TO WABASH RIVER

PLANT CLASSIFICATION

The permittee shall have the wastewater treatment facilities under the responsible charge of an operator certified by the Commissioner in a classification corresponding to the classification of the wastewater treatment plant as required by IC 13-18-11-11 and 327 IAC 5-22-5. In order to operate a wastewater treatment plant, the operator shall have qualifications as established in 327 IAC 5-22-7. Since stone quarries typically utilize sedimentation basins to settle solids, IDEM has determined that your facility is a **Class A-SO** industrial wastewater treatment plant classification.

ATTACHMENT 2

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

Based upon IDEM review of the NOI for this facility, we have determined that the following effluent limitations and monitoring requirements shall be applicable to the discharge:

Table 1 [3]

Parameter	Quantity or Loading			Quality or Concentration			Monitoring Requirements	
	Quarterly average	Quarterly maximum	Number per quarter	Units	Daily maximum	Units	Measurement frequency	Sample type
Flow [1]	Report	Report	-----	MGD	-----	-----	1 x monthly	Estimated
Total Flow [2]	-----	Report	-----	Mgal/Qtr	-----	-----	1 x quarterly	Recorder total
TSS	-----	-----	-----	-----	30	mg/l	1 x quarterly	Grab
Days of Discharge	-----	-----	Report	Days	-----	-----	Daily	Count

Table 2

Parameter	Quality or Concentration		Units	Monitoring Requirements	
	Daily minimum	Daily maximum		Measurement frequency	Sample type
pH	6.0	9.0	s.u.	1 x quarterly	Grab

- [1] Measurement of flow is required; flow volume may be estimated. An “estimated” sample type means a reasonable approximation of the average daily flow based on a method approved by the Department. Pump rates can be utilized in this calculation, but the permittee must have a reliable means of determining the total monthly flow volumes. The permittee is required to record the monthly flow volumes and calculate the monthly average flow on the Monthly Monitoring Reports (State Form 30530).

The Quarterly Average flow is determined by taking the total flow volume for the 3-month period divided by the number of days in the quarter.

The Quarterly Maximum flow is the highest monthly average flow volume during that quarter.

- [2] “Recorder Total” means that the permittee must monitor and cumulatively total all daily flow values in MGD for all days during the quarter when discharging. The permittee must report the number of days per quarter that a discharge occurs. Mathematically, the recorder total should be equal to the estimated quarterly average MGD times the days of discharge.
- [3] A minimum of one sample shall be collected, analyzed, and the results reported each calendar quarter. The monitoring results shall be reported on the March, June, September, and December DMR forms. The Monthly Monitoring Reports (MMRs) or the Quarterly Monitoring Reports (QMRs) shall denote the actual day(s) on which the monitoring occurred.

**STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

PUBLIC NOTICE NO. 20240223 – ING490017 – GP

DATE OF NOTICE: February 23, 2024

The Office of Water Quality approves the following NPDES GENERAL PERMIT coverage:

MODIFICATION OF GENERAL PERMIT COVERAGE

IRVING MATERIALS, INC. (IMI) – BLUFFTON, NPDES General Permit Coverage No. ING490017, located at 2321 E. CR 150 N, Bluffton, IN (WELLS COUNTY). This facility is a limestone mining and processing operation. The permittee submitted a Notice of Intent for modification of existing general NPDES permit coverage under ING490000 for Sand, Gravel, Dimension Stone and Crushed Stone Operations. The facility is adding one outfall to its operation and now has four (4) outfalls, all of which discharge into unnamed tributaries to the Wabash River. This modified permit coverage is deemed effective January 1, 2024, due to the quarterly monitoring requirements. For more information regarding this approval of coverage please contact Ms. C. Anne Burget at (317) 234-8745 or owqwwper@idem.IN.gov.

Notice of Right to Administrative Review

If you wish to challenge this permit, you must file a Petition for Administrative Review with the Office of Environmental Adjudication (OEA) and serve a copy of the petition upon IDEM. The requirements for filing a Petition for Administrative Review are found in IC 4-21.5-3-7, IC 13-15-6-1 and 315 IAC 1-3-2. A summary of the requirements of these laws is provided below.

A Petition for Administrative Review must be filed with the Office of Environmental Adjudication (OEA) within fifteen (15) days of the issuance of this notice (eighteen (18) days if you received this notice by U.S. Mail), and a copy must be served upon IDEM. Addresses are:

Director
Office of Environmental Adjudication
Indiana Government Center North
Room N103
100 North Senate Avenue
Indianapolis, Indiana 46204

Commissioner
Indiana Department of Environmental Management
Indiana Government Center North
Room 1301
100 North Senate Avenue
Indianapolis, Indiana 46204

The petition must contain the following information:

1. The name, address and telephone number of each petitioner.
2. A description of each petitioner's interest in the permit.
3. A statement of facts demonstrating that each petitioner is:
 - a. a person to whom the order is directed;
 - b. aggrieved or adversely affected by the permit; or
 - c. entitled to administrative review under any law.
4. The reasons for the request for administrative review.
5. The particular legal issues proposed for review.
6. The alleged environmental concerns or technical deficiencies of the permit.
7. The permit terms and conditions that the petitioner believes would be appropriate and would comply with the law.
8. The identity of any persons represented by the petitioner.
9. The identity of the person against whom administrative review is sought.
10. A copy of the permit that is the basis of the petition.
11. A statement identifying petitioner's attorney or other representative, if any.

Failure to meet the requirements of the law with respect to a Petition for Administrative Review may result in a waiver of your right to seek administrative review of the permit. Examples are:

1. Failure to file a Petition by the applicable deadline;
2. Failure to serve a copy of the Petition upon IDEM when it is filed; or
3. Failure to include the information required by law.

If you seek to have a permit stayed during the administrative review, you may need to file a Petition for a Stay of Effectiveness. The specific requirements for such a Petition can be found in 315 IAC 1-3-2 and 315 IAC 1-3-2.1.

Pursuant to IC 4-21.5-3-17, OEA will provide all parties with notice of any pre-hearing conferences, preliminary hearings, hearings, stays, or orders disposing of the review of this action. If you are entitled to notice under IC 4-21.5-3-5(b) and would like to obtain notices of any pre-hearing conferences, preliminary hearings, hearings, stays, or orders disposing of the review of this action without intervening in the proceeding you must submit a written request to OEA at the address above.

If you have procedural or scheduling questions regarding your Petition for Administrative Review please refer to OEA's website at <https://www.in.gov/oea>.



NOTICE OF INTENT (NOI) LETTER FOR ING490000 SAND AND GRAVEL GENERAL NPDES PERMIT

State Form 55917 (R2 / 6-22)

Approved by State Board of Accounts, 2022

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

A scanned copy of all completed documents may be sent via e-mail to OWQ@idem.IN.gov. Online fee payments may be made at <https://www.in.gov/idem/resources/e-services/>.

Alternatively, this form, the fee payment, and required attachments may be mailed to:

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Office of Water Quality, NPDES General Permits
100 North Senate Avenue, IGCN Room 1255
Indianapolis, IN 46204-2251

INSTRUCTIONS

- This form must be used to apply for coverage under the General NPDES Permit for wastewater from sand, gravel, dimension stone, and crushed stone operations pursuant to NPDES Permit No. ING490000.
- This form must be completed fully.
- If you do not use a computer to complete this form, please type or print in ink. Do not use white-out to correct errors.
- Further item-specific instructions are provided in Appendix A at the end of this form.

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

ELIGIBILITY REQUIREMENTS

This general permit regulates process generated wastewater discharges from sand, gravel, dimension stone, and crushed stone operations which are subject to 40 CFR 436 Subparts A thru C. These discharges are subject to effluent limitations which typically involve sedimentation basin treatment, so the regulated discharges are for the pit dewatering. The process generated wastewater which enters the pit may come from channel machines, broaching, jet piercing, scrubber water from wet scrubbers used for air pollution control, dust suppression spray water, wash water from spray bars for final screening operations, and noncontact cooling water for cooling of crusher bearings, drills, saws, dryers, pumps, and air compressors.

The following discharges are not authorized by this permit:

1. Direct discharges to any water designated as an Outstanding National Resource Water defined at IC 13-11-2-149.5 or an Outstanding State Resource Water (OSRW) defined at IC 13-11-2-149.6 and listed at 327 IAC 2-1.3-3(d);
2. discharges to a waterbody when the discharge results in an increase in the ambient concentration of a pollutant which contributes to the impairment of the water body for that pollutant as identified on the current 303(d) list of impaired waters at <https://www.in.gov/idem/nps/2647.htm>;
3. discharges containing water treatment additives that have not received prior written approval from IDEM for the specific additive, use, and dosage at the particular facility for which this Notice of Intent (NOI) is being submitted;
4. discharges from crushed stone operations utilizing flotation agents to remove impurities from marble or other carbonaceous rock. Flotation agents include organic amines, fatty acids, and pine oils;
5. industrial sand operations utilizing any or all of the following materials and/or methods:
 - a) acid flotation to effect removal of iron oxide and ilmenite impurities;
 - b) alkaline flotation to remove aluminate bearing materials; and
 - c) hydrofluoric acid flotation for removal of feldspar;
6. industrial sand operations utilizing the acid leaching process. This process pertains to the removal of iron from feldspathic sand for use in glass manufacturing;
7. storm water discharges associated with construction or industrial activity. However, if the storm water runoff from the site commingles with the process generated wastewater in the sedimentation treatment basin, then such discharges may be permitted by this general permit (see Appendix A);
8. discharges to combined or sanitary sewer systems;
9. discharges of sanitary wastewater;
10. discharges that are commingled with hazardous wastes or hazardous materials;
11. discharges that contain pollutants classified as bioaccumulative chemicals of concern (BCCs); and
12. discharges for which the Commissioner requests an individual permit application.

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

IDEM-WATER QUALITY

SEP 07 2023

RECEIVED

APPLICATION TYPE

Application type: ☐ New ☐ Renewal ☒ Modification

PERMIT NUMBER, IF APPLICABLE
ING490017

OTHER PERMIT NUMBER(S) APPLICABLE TO THE SITE

DESCRIPTION OF PROPOSED MODIFICATION, IF APPLICABLE

To add outfall location 004A. It will eventually replace outfall 002A and 003A. It will be located 600' south of outfall 002A. This pump location will most likely only run in the winter months much like outfalls 002A and 003A.

\$50
#1198754

PART A: GENERAL INFORMATION FOR FACILITY								
1. FACILITY NAME <i>(See Appendix A.)</i>								
IMI / Bluffton								
2. FACILITY MAILING ADDRESS					3. FACILITY PHYSICAL LOCATION			
STREET ADDRESS <i>(number and street)</i> 2321 East CR 150 North					STREET ADDRESS <i>(number and street)</i> Same			
CITY Bluffton	STATE IN	ZIP CODE 46714	CITY		STATE		ZIP CODE	
4. PARENT COMPANY/OWNER'S COMPLETE MAILING ADDRESS <i>(See Appendix A.)</i>					5a. FACILITY SIC CODE	5b. FACILITY NAICS CODE	6. FACILITY COUNTY	
COMPANY NAME Irving Materials Inc.					1422	212312	Wells	
STREET ADDRESS <i>(number and street)</i> 8032 N. State Road 9					7. LATITUDE AND LONGITUDE OF CENTER OF FACILITY SITE <i>(See Appendix A.)</i>			
					LATITUDE		LONGITUDE	
					DEGREE	MINUTE	SECOND	DEGREE
CITY Greenfield	STATE IN	ZIP CODE 46140	40		45	54	85	10
							50	
8. What is the nature of the primary business conducted at the facility or site? (Example: limestone is mined and processed) Limestone is mined and processed								
9. Provide a brief description of the facility operations that result in the discharge. <i>(See Eligibility Requirements above for examples.)</i> Also include information regarding the method which is used for flow measurement at this site. Overflow of mining body of water. We take the pump hours and put them into a spreadsheet that calculates the flow based on pump capacity.								

PART B: CONTACT INFORMATION FOR RESPONSIBLE OFFICIAL (AUTHORIZED NOI SIGNATORY)	
Provide information regarding the <u>responsible official</u> who has the authorization to sign this NOI in accordance with 40 CFR 122.22. If the responsible official wishes to delegate signatory authority for reports and other correspondence related to this NPDES General Permit coverage, that delegation must be made in writing to IDEM. This delegation of authority may occur either via this NOI or via a separate letter (signed and dated by the responsible official) which shall be submitted to the address at the top of the front page of this form.	
10. NAME OF RESPONSIBLE OFFICIAL	11. DELEGATED SIGNATORY PERSON TO SIGN REPORTS AND FILE ADDITIONAL NOI CONTENT REQUIREMENTS
Steve Crane	Rich Beitman
RESPONSIBLE OFFICIAL'S TITLE	DELEGATED SIGNATORY PERSON'S TITLE or POSITION
Aggregate Division President	QC
RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER	DELEGATED SIGNATORY PERSON'S TELEPHONE NUMBER
317-773-3640	317-490-9017
RESPONSIBLE OFFICIAL'S FACSIMILE NUMBER	DELEGATED SIGNATORY FACSIMILE NUMBER
N/A	N/A
RESPONSIBLE OFFICIAL'S PERSON'S E-MAIL ADDRESS	DELEGATED SIGNATORY PERSON'S E-MAIL ADDRESS
steve.crane@irvmat.com	rich.beitman@irvmat.com

PART C: OTHER CONTACT INFORMATION			
12. DISCHARGE MONITORING REPORTS CONTACT AND MAILING INFORMATION		CONTACT PERSON AND COMPANY NAME Rich Beitman Irving Materials Inc.	
CONTACT TELEPHONE NUMBER 317-490-9017		STREET ADDRESS <i>(number and street)</i> 11440 Atlantic Rd	
CONTACT E-MAIL ADDRESS rich.beitman@irvmat.com		CITY Fortville	STATE IN
		ZIP CODE 46040	
13. ANNUAL FEE AND FINANCIAL CONTACT AND BILLING ADDRESS		CONTACT PERSON AND COMPANY NAME Rich Beitman Irving Materials Inc.	
CONTACT TELEPHONE NUMBER 317-490-9017		STREET ADDRESS <i>(number and street)</i> 11440 Atlantic Rd	
CONTACT E-MAIL ADDRESS rich.beitman@irvmat.com		CITY Fortville	STATE IN
		ZIP CODE 46040	

CONTACT E-MAIL ADDRESS rich.beitman@irvmat.com	CITY Fortville	STATE IN	ZIP CODE 46040
14. OPERATOR/OTHER CONTACT AND MAILING INFORMATION (IF APPLICABLE)	CONTACT PERSON AND COMPANY NAME Rich Beitman Irving Materials Inc.		
CONTACT TELEPHONE NUMBER 317-490-9017	STREET ADDRESS (number and street) 11440 Atlantic Rd		
CONTACT E-MAIL ADDRESS rich.beitman@irvmat.com	CITY Fortville	STATE IN	ZIP CODE 46040

PART D: OUTFALL INFORMATION

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

15. OUTFALL NUMBER (EX:001)	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
	DE G	MIN	SEC	DE G	MIN	SEC			
004A	40	45	59	85	10	42	Wabash river via open ditch	N/A	.7 MGD, Pump hours

PART E: EFFLUENT CHARACTERISTICS

Provide the following information for all outfalls / discharges to be covered by this permit. You may attach additional sheets if necessary. Additional tables are also included in Appendix B at the end of this form in the event that there are multiple outfalls.

- A. Existing Sources – Provide measurements for the parameters listed in the left-hand column, unless waived by the permitting authority (See Appendix A.)
- B. New Dischargers – Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated value. (See Appendix A.)

Outfall number	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		22. (3) or (4)	
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken (last year)	Source of Estimate (if new discharger)
Biochemical Oxygen Demand (BOD)	N/A	N/A	N/A	N/A	N/A	N/A
Total Suspended Solids (TSS)	N/A	8 mg/l	N/A	6 mg/l	4	Combination of outfalls 002A and 003A
Fecal coliform (if present or believed present; units in count/100 ml)	N/A	N/A	N/A	N/A	N/A	N/A
Total Residual Chlorine (if chlorine or chlorinated water is used)	N/A	N/A	N/A	N/A	N/A	N/A
Oil and Grease	N/A	N/A	N/A	N/A	N/A	N/A
Ammonia (as N)	N/A	N/A	N/A	N/A	N/A	N/A
Discharge Flow	Value in MGD .72 MGD		Value in MGD .69 MGD		12	Combination of outfalls 002A and 003A
Temperature (Winter; in °F)	N/A		N/A		N/A	N/A
Temperature (Summer; in °F)	N/A		N/A		N/A	N/A
pH (S.U.)	Minimum 8.3		Maximum 8.4		4	Combination of outfalls 002A and 003A

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 previously approved for use at this site by the Indiana Department of Environmental Management and that are already in use at the time of this submittal. You may attach additional sheets if necessary. *(See Appendix A.)*

23. OUTFALL NUMBER	24. WATER TREATMENT ADDITIVES (WTAs) TO BE USED (ATTACH A COPY OF IDEM APPROVAL LETTER FOR EACH WTA TO BE USED.)
004A	N/A

PART G: IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

25. 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 ACTUAL 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 the Administrative Orders and Procedures Act (AOPA) and to avoid reversal of a decision, please list all such parties. Attach additional names and addresses on a separate sheet of paper, as needed. Note: E-mail addresses for potentially affected persons are NOT required, however, their inclusion is very helpful in assuring that these people are contacted.

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: ADDITIONAL REQUIRED ATTACHMENTS**26. PROOF OF PUBLICATION**

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

(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 ING490000 to discharge process wastewater from a sand, gravel, crushed stone or dimensional stone operation. Discharge will be to *(name(s) of the stream(s) or other water body(ies) receiving the discharge(s))*"

"Any person wishing further information about this discharge may contact *(facility contact person's name and telephone or e-mail address)*. The decision to issue coverage under this NPDES general permit for this discharge is appealable as per IC 4-21.5 and IC 13-15-6. Any person who would like to be informed of IDEM's decision regarding coverage to this facility under this NPDES permit, and who would like 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 day. Be advised that notices without the proper information will not suffice, 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 include proof of publication from the newspaper with the NOI.

27. REQUIRED MAPS

- A. 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 to which each outfall discharges shown clearly and identified by name; and
 - (D) any existing permanent structures or roads in the area shown clearly and identified by name.
- B. A site map must be submitted with this NOI as well. The site map must show and identify at least two crossing streets near the property, the significant structures, including all sedimentation basins, all outfall and sampling locations, and any flow paths from basin to the outfall.
- C. 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 process wastewater travels through the facility to the point where it is discharged. If multiple outfalls will follow essentially the same path, these outfalls may be included on one diagram. Please illustrate the diagrams with applicable text describing the nature of the discharge from each outfall. This diagram may be part of the site map.

PART I: APPLICATION FEE



28. As required by 327 IAC 5-3-17, a \$100 fee is required to be submitted with this NOI for a new permit or renewal of a permit. The \$50 fee is applicable for a modification request. (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. Alternatively, credit card and e-check payments may be made at <https://www.in.gov/idem/resources/e-services/online-payment-options/>.

PART J: SIGNATORY CERTIFICATION STATEMENT

29. 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 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 under 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	QC Title
 Signature	8-24-23 Date signed (month, day, year)

PART K: 30. Please use the address at the top of page 1 of the NOI form to submit completed NOI form, attachments, and fee.

