



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

100 N. Senate Avenue • Indianapolis, IN 46204
(800) 451-6027 • (317) 232-8603 • Fax (317) 233-6647 • www.idem.in.gov

Mike Braun
Governor

Clint Woods
Commissioner

December 31, 2025

VIA ELECTRONIC MAIL : Caleb.brown@usagg.com

Mr. Caleb Brown, President
US Aggregates, Inc.
5400 W. 86th St.
Indianapolis, IN 46268

Dear Mr. Brown:

Re: IDEM Approval of New Coverage
NPDES General Permit Coverage
No. ING490169
US Aggregates, Inc. – Springville Quarry
1997 SR 58 West
Springville, IN; Lawrence County

Our office has received the Notice of Intent (NOI) submittal for the above-referenced facility. We are pleased to inform you that the submittal is sufficient to comply with the NOI requirements for the NPDES General Permit ING490000 for discharges of wastewater and mine dewatering water from facilities involved in sand, gravel, dimension stone, and crushed stone operations and that your facility will be covered by this permit.

This general permit coverage becomes **effective January 1, 2026** and you are required to follow all terms and conditions of ING490000. and the **expiration date to be September 30, 2030.** 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 referenced above. This number shall be used as an identification number and should be included in all correspondence submitted to IDEM in relation to NPDES general permit coverage for this site. This approval of coverage for the facility will include all outfalls listed in Attachment 1 to this approval letter and the effluent limitations and monitoring requirements are in Attachment 2.

You may obtain a copy of the general permit ING490000 and other related documents by visiting our website at <https://www.in.gov/idem/cleanwater/wastewater-permitting/general-permits/> or you may contact the permit manager listed below to request that a copy be sent to you. You are responsible for following the permit requirements contained therein.



One condition of your permit requires periodic reporting of several effluent parameters, and you are required to submit both federal discharge monitoring reports (DMRs) and state Monthly Monitoring Reports (MMRs) on a routine basis. Alternatively, you may choose to submit the Quarterly Monitoring Report (QMR) forms. All NPDES permittees are required to submit their monitoring data to IDEM using NetDMR. See <https://www.in.gov/idem/cleanwater/resources/netdmr/> for more information on NetDMR. Please see <https://www.in.gov/idem/cleanwater/wastewater-compliance/wastewater-reporting-forms-notice-and-instructions/> for the MMR or QMR form.

IDEM shall serve notice of its decision to accept your facility for 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 Administrative Law Proceedings (OALP) 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 Administrative Law Proceedings
Indiana Government Center North
Suite N802
100 N. Senate Ave.
Indianapolis, IN 46204

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

The OALP 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 OALP.

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

Sincerely,

Catherine Hess

Catherine Hess, Chief
Permits Administration Section
Office of Water Quality

Attachments

cc: Laurie Webb (LWebb1@USagg.com)
Jacob Barker, Wessler Engineering (JacobB@Wesslerengineering.com)

ATTACHMENT 1

US AGGREGATES, INC. – SPRINGVILLE QUARRY

NPDES GENERAL PERMIT APPROVAL # ING490169

EFFECTIVE DATE : JANUARY 1, 2026

AUTHORIZED OUTFALLS

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

OUTFALL	LATITUDE	LONGITUDE	RECEIVING WATER
001	38° 55' 04.8"	-86° 38' 51.7"	SPRING CREEK

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 5-23-4. In order to operate a wastewater treatment plant, the operator shall have qualifications as established in 327 IAC 5-23-8. 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

Table 1 [1]

Parameter	Quantity or Loading				Quality or Concentration		Monitoring Requirements	
	Quarterly Average	Quarterly Maximum	Number per Quarter	Units	Daily Maximum	Units	Measurement Frequency	Sample Type
Discharge Flow [2]	Report	Report	-----	MGD	-----	-----	1 x Monthly	Estimated
Total Flow [3]	-----	Report	-----	Mgal/Qtr.	-----	-----	1 x Quarterly	Recorder Total
Days of Discharge [4]	-----	-----	Report	Days	-----	-----	Daily	Count
TSS [5]	-----	-----	-----	-----	30	mg/l	1 x Quarterly	Grab

Table 2 [1]

Parameter	Quality or Concentration		Units	Monitoring Requirements	
	Daily Minimum	Daily Maximum		Measurement Frequency	Sample Type
pH [5]	6.0	9.0	s.u.	1 x Quarterly	Grab

[1] See Section 2.2 of the permit for the minimum narrative limitations.

[2] 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 may 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 quarterly average flow on either the Monthly Monitoring Report (MMR) using State Form 30530 or the Quarterly Monitoring Report (QMR) using State Form 57318.

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.

[3] “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.

[4] The permittee must monitor and report the number of days of discharge for each quarter.

[5] 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 MMRs or the QMRs shall denote the actual day(s) on which the monitoring occurred.

If the permittee collects more than one grab sample on a given day for pH, the values shall not be averaged for reporting daily maximums or daily minimums. The permittee must report the individual minimum and the individual maximum pH value of any sample during the month on the MMR/DMR forms.

**STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

PUBLIC NOTICE NO. 20251231 – ING490169 – GP

DATE OF NOTICE: December 31, 2025

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

NEW COVERAGE UNDER 2025 NPDES GENERAL PERMIT ING490000

US AGGREGATES, INC. SPRINGVILLE QUARRY, NPDES General Permit #ING490169, located at 1997 SR 58 W, Springville, IN (LAWRENCE COUNTY). This facility is a limestone extraction and processing operation. The permittee has submitted a complete Notice of Intent for coverage under the recently renewed NPDES general permit ING490000 for Sand, Gravel, Dimension Stone and Crushed Stone Operations. The facility has one permitted outfall at the following location:

OUTFALL	LATITUDE	LONGITUDE	RECEIVING WATER
001	38° 55' 4.8"	-86° 38' 51.7"	Spring Creek

For more information regarding this permit action, please contact Ms. C. Anne Burget at (317) 234-8745 or cburget@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 Administrative Law Proceedings (OALP) 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 OALP 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 as follows:

Director
Office of Administrative Law Proceedings
Indiana Government Center North
Suite N802
100 N. Senate Ave.
Indianapolis, IN 46204

Commissioner
Indiana Department of Environmental Management
Indiana Government Center North
Room 1301
100 N. Senate Ave
Indianapolis, IN 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 as follows:

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, the OALP 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 the OALP at the address above.

If you have procedural or scheduling questions regarding your Petition for Administrative Review, please refer to the OALP's website at <http://www.in.gov/oalp>.



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.

APPLICATION TYPE

Application type: ☒ New ☐ Renewal ☐ Modification

PERMIT NUMBER, IF APPLICABLE

OTHER PERMIT NUMBER(S) APPLICABLE TO THE SITE

DESCRIPTION OF PROPOSED MODIFICATION, IF APPLICABLE

PART A: GENERAL INFORMATION FOR FACILITY									
1. FACILITY NAME (See Appendix A.)									
US Aggregates - Springville Quarry									
2. FACILITY MAILING ADDRESS				3. FACILITY PHYSICAL LOCATION					
STREET ADDRESS (number and street) 5400 West 86 th St.				STREET ADDRESS (number and street) 1997 State Road 58 West					
CITY Indianapolis	STATE IN	ZIP CODE 46268	CITY Springville			STATE IN	ZIP CODE 47462		
4. PARENT COMPANY/OWNER'S COMPLETE MAILING ADDRESS (See Appendix A.)				5a. FACILITY SIC CODE	5b. FACILITY NAICS CODE	6. FACILITY COUNTY			
COMPANY NAME Heritage Aggregates, LLC dba US Aggregates, Inc				1422		Lawrence			
STREET ADDRESS (number and street) 5400 West 86 th St.				7. LATITUDE AND LONGITUDE OF CENTER OF FACILITY SITE (See Appendix A.)					
				LATITUDE			LONGITUDE		
				DEGREE	MINUTE	SECOND	DEGREE	MINUTE	SECOND
CITY Indianapolis	STATE IN	ZIP CODE 46268	38	55	08.22	-86	39	11.22	
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. (See Eligibility Requirements above for examples.) Also include information regarding the method which is used for flow measurement at this site.									
Discharge is primarily quarry dewatering, however, some discharge occurs from rainfall runoff that comes in contact with aggregate mineral on site									

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
Caleb Brown	Laurie Webb
RESPONSIBLE OFFICIAL'S TITLE	DELEGATED SIGNATORY PERSON'S TITLE or POSITION
President	Corporate Environmental Manager
RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER	DELEGATED SIGNATORY PERSON'S TELEPHONE NUMBER
317-228-8316	317-767-4694
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
caleb.brown@usagg.com	lwebb1@usagg.com

PART C: OTHER CONTACT INFORMATION			
12. DISCHARGE MONITORING REPORTS CONTACT AND MAILING INFORMATION		CONTACT PERSON AND COMPANY NAME Laurie Webb US Aggregates, Inc.	
CONTACT TELEPHONE NUMBER 317-767-4694		STREET ADDRESS (number and street) 5400 West 86 th St.	
CONTACT E-MAIL ADDRESS lwebb1@usagg.com		CITY Indianapolis	STATE IN ZIP CODE 46268
13. ANNUAL FEE AND FINANCIAL CONTACT AND BILLING ADDRESS		CONTACT PERSON AND COMPANY NAME Laurie Webb US Aggregates, Inc.	
CONTACT TELEPHONE NUMBER 317-767-4694		STREET ADDRESS (number and street) 5400 West 86 th St.	
CONTACT E-MAIL ADDRESS lwebb1@usagg.com		CITY Indianapolis	STATE IN ZIP CODE 46268

14. OPERATOR/OTHER CONTACT AND MAILING INFORMATION (IF APPLICABLE)		CONTACT PERSON AND COMPANY NAME Joe Long US Aggregates - Springville Quarry		
CONTACT TELEPHONE NUMBER 812-508-5932		STREET ADDRESS (number and street) 1997 State Road 58 West		
CONTACT E-MAIL ADDRESS joe.long@usagg.com		CITY Springville	STATE IN	ZIP CODE 47462

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			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			
001	38	55	04.8	-86	38	51.7	Spring Creek		1.008 MGD - Average of Gallons pumped / Days pumped throughout the year

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 001	(1) 20. Maximum Daily Value (include units)		(2) 21. Average Daily Value (last year) (include units)		22. (3) or (4)	Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken (last year)	
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)	9.9	mg/l	9.9	mg/l	1	rep sample from freshwater pond
Fecal coliform (if present or believed present; units in count/100 ml)						
Total Residual Chlorine (if chlorine or chlorinated water is used)						
Oil and Grease						
Ammonia (as N)						
Discharge Flow	Value in MGD 1.180		Value in MGD 1.008		12	highest pumping month / # days pumped
Temperature (Winter; in °F)						
Temperature (Summer; in °F)						
pH (S.U.)	Minimum 8.1		Maximum 8.1		1	rep sample from freshwater pond

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.)
001	none

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: SEE ATTACHED SHEET	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: 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."

Caleb Brown

Printed or Typed Name of Responsible Official

President

Title

Signature

5/15/2025

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.

APPENDIX A: SUPPLEMENTAL INSTRUCTIONS

ELIGIBILITY REQUIREMENTS Item 3: Prior written approval from IDEM is required for any substance that is to be added to the water that is to be discharged. A copy of this approval must be submitted with your NOI form. To obtain this approval, see State Form 50000 (found on IDEM's webpage under the "Forms" link).

ELIGIBILITY REQUIREMENTS Item 7: 40 CFR 122.26 (a)(4) refers to discharges that are comprised of storm water only that are related to industrial activity, and that are discharged through a large or medium municipal separate storm sewer (MS4) system. Discharges subject to 40 CFR 122.26 must be permitted under the General Permit for Industrial Stormwater and would not be covered under general permit ING490000 unless the storm water runoff flows into the same mine pit as the process generated wastewater at the site. The discharges to which this would apply are dependent on the SIC code that best fits the primary activity at the site. See IDEM's website at <https://www.in.gov/idem/stormwater/2332.htm> for more information on industrial storm water permitting.

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 a wastewater characterization if it is determined that an actual value differs significantly from what was 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). In this case, an NOI modification submittal and fee are **not** required.

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.

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 box and use the word "same" in the second box. 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. For example if "ABC Stone company" owns quarries at several locations, 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 5a and 5b: Enter both the four-digit Standard Industrial Classification (SIC) code and the six-digit North American Industrial Classification System (NAICS) code that 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 https://www.naics.com/hrf_faq/how-can-i-determine-the-correct-sic-code-for-my-business/ or by contacting the Indiana Department of Workforce Development. For determining your NAICS code, see <http://www.naics.com/naics-to-sic-sic-to-naics-crosswalks/> or <https://www.naics.com/search/>.

Part A, Item 7: The latitude and longitude of the approximate center of the facility site must be provided in the degrees/minutes/seconds format. Longitude and latitude can be obtained from United States Geological Survey (USGS) quadrangle or topographic map, by calling (888) 275-8747, or by accessing a locational website and conducting a search based on the facility's street address. This information may also be obtained with the use of a handheld GPS unit.

Longitude and Latitude in decimal degrees may be converted to degrees/minutes/seconds as follows:

Convert decimal latitude 45.1234567 to degrees/minutes/ seconds

1. The number to the left of the decimal point is the degree(s) value: 45 degrees
2. To obtain minutes, multiply the first four numbers to the right of the decimal point by 0.006: $1234 \times 0.006 = 7.404$
3. The numbers to the left of the decimal point in the result obtained in Step 2 is the minute(s) value: 7 minutes
4. To obtain seconds, multiply the remaining three numbers to the right of the decimal from the result obtained in Step2 by 0.06: $404 \times 0.06 = 24.24$.
5. The numbers to the right of the decimal point in Step 4 are not used; the number(s) to the left of the decimal point equal the second(s) value: 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 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 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 official must be either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency is:
 - (1) The chief executive officer of the agency, or
 - (2) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of U.S. EPA).

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

Part D, Item 16, see Part A, Item 7, above.

Part D, Item 17: Enter the name of the water of the state to which discharge will be directed for each outfall, 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 to Stone Creek". Please label all water bodies on site map as well.

Part D, Item 18: If the discharge first enters a storm sewer 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 Storm Sewer System".

Part E, items 20 and 21: All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). Total mass is the total weight of pollutants discharged over a day. Use the following abbreviations for units:

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

1. Existing Sources

At least one analysis for each pollutant or parameter listed that is known or believed to be present is required. Data reported must be representative of the facility's current operation (average daily value over the previous 365 days should be reported). Parameters not present should be marked N/A.

The pollutants or parameters listed are as follows: average flow, biochemical oxygen demand (BOD), total suspended solids (TSS), fecal coliform (if believed present or if sanitary waste is discharged), pH, total residual chlorine (if chlorine or chlorinated water is used), temperature (winter and summer), oil and grease, and ammonia (as N). The analysis of these pollutants or parameters must be done in accordance with procedures promulgated in 40 CFR Part 136. Grab samples must be used for pH, total suspended solids (TSS), temperature, residual chlorine, oil and grease, and fecal coliform. For all other pollutants, 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.

The Commissioner may request that additional testing be done, if appropriate, on a case-by-case basis under Section 308 of the Clean Water Act (CWA). If a pollutant is expected to be present solely as a result of its presence in intake water, this information should be provided on a separate piece of paper attached to the Notice of Intent form.

2. New Dischargers

An estimated maximum daily and average daily value for each pollutant or parameter must be provided (exceptions noted on the form). Sampling and analysis are not required with the initial Notice of Intent. 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. Determination of whether or not a pollutant will be present in the discharge should be based on knowledge of the proposed facility's use of maintenance chemicals, and any analyses of this facility's effluent or of any similar effluent. Estimates may also be based on available in house or on contractor's engineering reports, or on any other studies performed on the proposed facility. If a pollutant is expected to be present solely as a result of its presence in intake water, this information should be provided on a separate piece of paper attached to the Notice of Intent form. Use the following codes to describe any results or analyses:

Engineering Study Code

Actual data pilot plants	1
Estimates from other engineering studies	2
Data from other similar plants	3
Best professional estimates	4
Others	specify on the form

3. Testing Waivers

To request a waiver from reporting any of these pollutants or parameters, the applicant (whether a new or existing discharger) must submit to the permitting authority a written request specifying the pollutants or parameters that should be waived, and the reason(s) for requesting a waiver. This request may be submitted to the permitting authority either before submitting the NOI, or with the NOI. The permitting authority may waive the requirements for information about any pollutant or parameter if s/he determines that less stringent reporting requirements are adequate to support approval of discharge permit coverage. No extensive documentation of the request will normally be needed, but the applicant should contact the permitting authority if s/he wishes to receive instructions on what his or her particular requests should contain.

Part F, Item 24: Water Treatment Additives may only be used at outfalls to be covered by this general permit if the applicant has received prior approval from IDEM. For more information, please contact us at (317) 232-8704 or OWQWWPER@idem.IN.gov.

Part G, Item 25: Identification of Potentially Affected Persons

The Administrative Orders and Procedures Act (AOPA) IC 4-21.5-3-5(b), requires that the Indiana Department of Environmental Management (IDEM) give notice of its decision on your Notice of Intent to the following persons:

- 1) Each person to whom the decision is specifically directed;
- 2) Each person to whom a law requires notice to be given;
- 3) Each competitor who has applied to IDEM for a mutually exclusive license, if issuance is the subject of the decision and the competitor's application has not been denied in an order for which all rights to judicial review have been waived or exhausted;
- 4) Each person who has provided 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:

- The board of county commissioners of a county affected by the permit application and
- The mayor of a city that is affected by the permit application, or
- 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 include the names and addresses of the affected parties along with our mailing code (65-42PS) listed above each affected party listing.

Example:

65-42PS
John Doe
111 Circle Drive
City, State, Zip Code

Part J, Item 29, see instructions for Part B, Item 10, above.

APPENDIX B – ADDITIONAL TABLES (if needed). This section is available for quarries with multiple outfalls.

PART E: EFFLUENT CHARACTERISTICS

Provide the following information for all outfalls / discharges to be covered by this permit.

- Existing Sources – Provide measurements for the parameters listed in the left-hand column.
- 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)		(2)		22. (3)	or (4)
	20. Maximum Daily Value (include units)		21. Average Daily Value (last year) (include units)		Number of Measurements Taken (last year)	Date(s) samples taken
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal coliform (if present or believed present; units in count/100 ml)						
Total Residual Chlorine (if chlorine or chlorinated water is used)						
Oil and Grease						
Ammonia (as N)						
Discharge Flow	Value in MGD		Value in MGD			
Temperature (Winter; in °F)						
Temperature (Summer; in °F)						
pH (S.U.)	Minimum		Maximum			



★ NPDES Outfalls

— Site Property Line

— Indiana Road Centerlines

— Sediment Pond

→ Flow Path to Outfall

Page Description: Site Map

Location: Springville Quarry

Drawing Name: 2025 NPDES New Application



Scale: 1"=800'

Page: P-X

US Aggregates Corporate
5400 West 60th Street
Indianapolis, IN 46268
Draw Date: 4/2025
Revision Date: -
Drawn By: LAW
Revised By: -

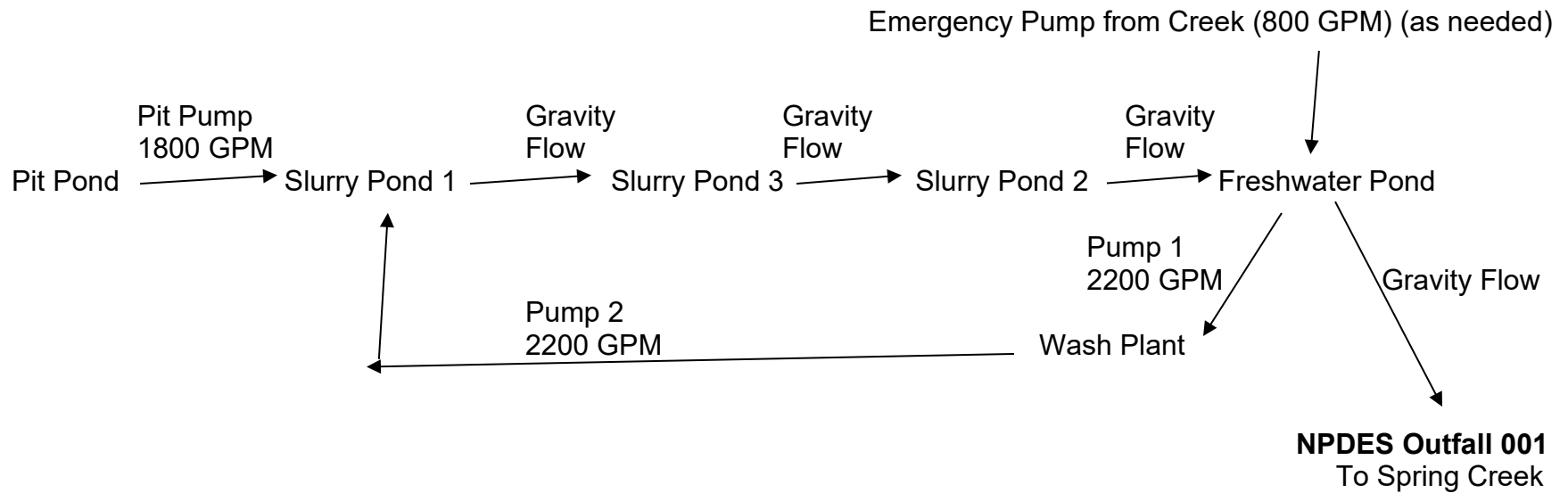


Page Description:

Topo Map	
Location:	Springville Quarry
Drawing Name:	2025 NPDES New Application
Scale:	1"=800'
Page:	P-X
	
US Aggregates Corporate 5400 West 60th Street Indianapolis, IN 46268 	
Draw Date:	4/2025
Revision Date:	-
Drawn By:	LAW
Revised By:	-

U.S. Aggregates, Inc. Springville Plant

Discharge and Flow Diagram



NPDES Outfalls:

Outfall 001: (Calculate Hours of pit pump x 1800 GPM).



June 9, 2025

Indiana Dept of Environmental Management
Office of Water Quality – NPDES General Permits
100 North Senate Ave.
IGCN Room 1255
Indianapolis, IN 46204

RE: NPDES General Permit New Application – US Aggregates Springville
Testing Waiver

To Whom It May Concern –

US Aggregates, Inc is requesting a testing waiver for some of the sampling of pollutants required for submission of a NOI for the renewal of an NPDES ING490000 General Permit for Sand, Gravel, Dimension Stone and Crushed Stone Operations.

Due to the basic nature of crushed stone operations, the following parameters should not be present in our effluent, and therefore we are requesting a testing waiver for the NOI:

- BOD5 – Biochemical Oxygen Demand
- Fecal Coliform
- Total Residual Chlorine
- Oil & Grease
- Ammonia (as N)

We continue to analyze pH and TSS quarterly, if applicable, and feel these are the only two parameters that should be present in our discharge.

If you have any questions regarding this waiver request, or require additional information from me, please contact me at 317-767-4694 or lwebb1@usagg.com.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads 'Laurie Webb'.

Laurie Webb
Corporate Environmental Manager
US Aggregates, Inc.



8720 Robbins Road, Indianapolis, IN 46268



317.434.4600



317.228.8341



usagg.com

Deadlines vary by publication, changes and/or cancellations may not be honored due to deadline restrictions.

Job Details

Order Number:

LSBN0309592

Classification:

Public Notices

Package:

General Package

Additional Options:

1 Affidavit \$12.50

Base amount:

\$59.37

Service fee:

\$2.37

Cash/Check/ACH

?

Discount:

-\$0.00

Total payment:

\$61.74

As an incentive for customers, we provide a discount off the total order cost equal to the 3.99% service fee if you pay with Cash/Check/ACH. Pay by

Cash/Check/ACH and save! In no event are service fees refundable.

Payment Type:

visa

Account Details

Laurie Webb

5400 West 86th St.

Indianapolis, IN 46268

317-767-4694

lwebb1@usagg.com

US Aggregates

Credit Card - visa *****0749

Schedule for ad number LSBN03095920

Wed Jun 4, 2025

Bedford Times Mail

All Zones

Public Notice

US Aggregates Inc – Springville Quarry, located at 1997 State Road 58 West, Springville, IN 47462 is submitting a Notice of Intent to notify the Indiana Department of Environmental Management of our intent to comply with the requirements under National Pollution 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 an Unnamed Ditch emptying into Spring Creek.

Any person wishing further information about this discharge may contact Joe Long, Springville Quarry plant manager, at 812-863-2436. 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.

HSPAXLP

June 4 2025

LSBN0309592

65-42PS Heritage Group P.O. Box 68123 Indianapolis, IN 46268	65-42PS Midian, LLP 4093 Boone Hollow Rd. Springville, IN 47462
65-42PS Aaron & Mattie Brain 1638 Armstrong Station Rd. Springville, IN 47462	65-42PS Stanley Armstrong 3248 State Road 54 West Springville, IN 47462
65-42PS Hoosier Energy Rural Electric Co-Op P.O. Box 908 Bloomington, IN 47402	65-42PS Dennis & Shannon Hardesty 1481 Armstrong Station Rd. Springville, IN 47462
65-42PS Laurie Webb, U.S. Aggregates, Inc. 5400 W 86th St Indianapolis, IN 46268	65-42PS Lawrence County Commissioners Lawrence County Courthouse 916 15 th St. Bedford, IN 47421



Supplemental Notice of Intent (NOI) Form for NPDES General Permit ING490000 for Sand, Gravel, Dimension Stone and Crushed Stone Operations

This Supplemental Notice of Intent (NOI) Form is for use by permittees operating under ING490000, the National Pollutant Discharge Elimination System (NPDES) general permit for discharges of wastewater from Sand, Gravel, Dimension Stone and Crushed Stone Operations. This form is to be used to complete the process of filing for coverage under the recently issued renewal of the Master NPDES General Permit. **The due date is December 30, 2025**, which is ninety (90) days from the effective date of the renewal Master General Permit.

I. PERMITTED SITE NAME, LOCATION, AND CONTACT INFORMATION

NPDES General Permit Coverage No: ING490--- (new permit application- no permit # assigned yet)

Name of Owner: Heritage Aggregates LLC dba US Aggregates, Inc.

Permitted Site Name: US Aggregates – Springville Quarry

Site Location Address: 1997 State Road 58 West

City/State/Zip Code: Springville, IN 47462

Name of Responsible Official: Caleb Brown, President

Responsible Official's

Email address: caleb.brown@usagg.com

Responsible Official's

Telephone Number: 317-228-8316

II. Affirmation of Continued Eligibility and Willingness to be Covered by NPDES General Permit ING490000:

By signing this form, you are verifying all of the following:

1. As the responsible official for this facility, I verify that as of this date, the facility is covered by an NPDES general permit and that I have submitted my renewal NOI previously in 2025.
2. My facility is currently operating in the same capacity as it was when I submitted the renewal NOI earlier in 2025.
3. I am aware that the general permit under which my facility is covered has been renewed and slightly updated between the time of my first NOI submittal and October 1, 2025.
4. I have received and/or located a copy of the renewed general permit and its fact sheet and have read these documents.
5. I verify that my facility is still eligible for coverage under the NPDES general permit, as renewed, and that this coverage is applicable to my facility.
6. I verify that none of the contact persons and/or their information has changed since the initial renewal NOI was submitted earlier in 2025. If changes have been made, they are noted in Section III of this form.
7. I verify that no structures or processes at the facility have changed since submitting the initial NOI for permit coverage renewal. If changes have been made, they are noted in Section III of this form.

III. Identification of Any Stormwater Outfalls at the Site. IDEM is contemplating a future modification to the Master NPDES General Permit ING490000 to fold in the regulatory requirements for stormwater. Please list any stormwater outfalls at the permitted site which have current coverage under 327 IAC 15-6 (aka the Industrial Stormwater General Permit). Please also provide the associated NPDES General Permit coverage number. If there are no additional outfalls, or if all stormwater runoff is already addressed via your coverage under Master NPDES General Permit ING490000, you may insert "N/A" in the text box below.

N/A

IV. List any Changes or Updated Information since the earlier 2025 renewal NOI submittal, if applicable. If no changes are necessary, please insert "N/A" in the text box below.


Effective 7/31/25, in Part A.2 of the original NOI, the Facility Mailing Address Was Changed To:
6640 Intech Blvd.
Suite 300
Indianapolis, IN 46278

Effective 1/1/26, in Part A.4 of the original NOI, the Parent Company's Name and Mailing Address Will Be Changed To:
US Aggregates, LLC
6640 Intech Blvd.
Suite 300
Indianapolis, IN 46278

V. Certification:

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.

NAME:	TITLE:
Laurie Webb (authorized by Caleb Brown, President, in attached letter)	Corporate Environmental Manager
SIGNATURE: 	DATE:
	11/7/2025

Please note that in accordance with 327 IAC 5-2-22, this Supplemental NOI form must be signed by a Responsible Official for the permitted facility.

A completed and signed copy of this form must be mailed to the following address:

**Indiana Department of Environmental Management
Office of Water Quality, Permits Administration Section
100 N Senate Ave, Room N1003
Indianapolis, IN 46204-2251**

Alternatively, the completed form may be scanned and emailed to OWQ@idem.IN.gov. Please note the due date for the submittal of this form is December 30, 2025.