



## 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](http://www.idem.IN.gov)

Mike Braun  
Governor

Clint Woods  
Commissioner

May 22, 2026

### VIA ELECTRONIC MAIL:

Ms. Wenona Fosselman, Sustainability Mgr.  
Mulzer Crushed Stone, Inc., A CRH Company  
534 Mozart St.  
Tell City, IN 47586

Dear Ms. Fosselman:

Re: IDEM Approval of Renewal of NPDES General Permit Coverage #ING490150 (with Modification to Add an Outfall)  
Mulzer Crushed Stone, Inc., Cape Sandy  
19925 S. Alton-Fredonia Rd.  
Leavenworth, IN - Crawford County

Our office has received both of the Notice of Intent (NOI) submittals required for renewal of your facility's coverage under Master NPDES General Permit ING490000 which is for Sand, Gravel, Dimension Stone & Crushed Stone Operations. We are pleased to inform you that the submittals are sufficient to fully comply with the NOI requirements for coverage under the 2025 Master NPDES General Permit ING490000.

Since you already had existing NPDES general permit coverage under ING490000 on the effective date of the renewed permit and you timely filed your renewal NOI, you have been authorized pursuant to IC 13-18-3-15 to continue operating under the terms and conditions of the 2020 edition of the NPDES general permit ING490000 until the effective date of this Notice of Coverage (NOC) letter. Based upon our review of your recent NOI submittal(s), we have determined that your facility continues to be eligible for coverage under this general permit. We have determined that no additional effluent limitations or monitoring requirements are necessary. Additionally, you have requested via separate recent correspondence to **add Outfall 005 to this permit coverage. This request is approved.**

However, due to the quarterly monitoring requirements associated with this permit, the soonest we can make the permit coverage with the new Outfall 005 discharge authorization **effective in the U.S. EPA database (ICIS) is July 1, 2026.** This system then creates the NetDMR electronic reporting for the Discharge Monitoring Reports (DMRs). If you should have the need to discharge during the interim period between the date of this approval letter and July 1, 2026, please contact either me or Mr. Jeff Ewick of the OWQ Compliance Branch so that special accommodations can be made for your data reporting. Jeff's email address is [jewick@idem.in.gov](mailto:jewick@idem.in.gov). Please note that the expiration date for your coverage is **September 30, 2030**, which is the expiration date of the Master NPDES General Permit. You will need to submit a



renewal NOI at least ninety (90) days prior to the expiration date to retain coverage beyond the expiration date.

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 on all correspondence submitted to IDEM in relation to this general permit for this site. This approval of coverage for the facility includes all outfalls as listed in Attachment 1 to this letter. The discharge limits and monitoring requirements are shown in Attachment 2.

The renewed master NPDES general permit ING490000 is available on 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 any documents be sent to you. You are responsible for following the general permit requirements contained therein. You are required to follow the terms and conditions of the NPDES general permit which became effective on October 1, 2025.

One condition of your permit requires periodic reporting of several effluent parameters. You are required to submit both federal discharge monitoring reports (DMRs) and either the state Quarterly Monitoring Reports (QMRs) or the state Monthly Monitoring Reports (MMRs) on a routine basis. Our Compliance staff strongly encourage the use of the QMR form for facilities such as yours which are subject to quarterly reporting requirements.

All NPDES permit holders are required to submit their monitoring data to IDEM using NetDMR. Information on NetDMR is available on our website at <https://www.in.gov/idem/cleanwater/resources/netdmr/>. Both the QMR and MMR forms are available at <https://www.in.gov/idem/cleanwater/wastewater-compliance/wastewater-reporting-forms-notice-and-instructions/>. Once you are on this page, select the "IDEM Forms" page and locate the "Quarterly Monitoring Report (QMR) – 57318 [XLS]" or the "Monthly Monitoring Report (MMR) for Industrial Discharge Permits-30530" under the Wastewater Facilities heading. We recommend selecting the "XLS" version because it will complete all of the calculations when you enter the data.

IDEM shall serve notice of its decision to accept your facility for renewal and 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 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. The 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 Env. 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, please contact Ms. C. Anne Burget of my staff at (317) 234-8745 or you may contact either of us via email at [OWQ@idem.IN.gov](mailto:OWQ@idem.IN.gov).

Sincerely,

*Catherine Hess*

Catherine Hess, Chief  
Permits Administration Section  
Office of Water Quality

Enclosures

cc: Christopher J. Zirkelbach, Environmental & Safety Solutions, Inc.  
(Cjz@essi-inc.com)

**ATTACHMENT 1**

**MULZER CRUSHED STONE, INC. - CAPE SANDY QUARRY**

**NPDES GENERAL PERMIT APPROVAL # ING490150**

**EFFECTIVE DATE: JULY 1, 2026**

**AUTHORIZED OUTFALLS**

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

OUTFALL	LATITUDE	LONGITUDE	RECEIVING WATER
002	38° 07' 44.5"	-86° 20' 57.3"	Unnamed tributary to the Ohio River
003	38° 08' 29.8"	-86° 20' 26.2"	Unnamed tributary to the Ohio River
004	38° 08' 3.39"	-86° 21' 38.5"	Unnamed tributary to the Ohio River
<b>005</b>	<b>38° 08' 5.34"</b>	<b>-86° 21' 26.8"</b>	<b>Unnamed tributary to the Ohio River</b>

**The bold font in the table above indicates the newly permitted outfall.**

The following outfall has been terminated and is no longer covered under the general permit

OUTFALL	LATITUDE	LONGITUDE	RECEIVING WATER
001	38° 07' 47.2"	-86° 21' 32.5"	Unnamed tributary to the Ohio 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 5-23-4. 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			Monitoring Requirements	
	Daily Minimum	Daily Maximum	Units	Measurement Frequency	Sample Type
pH [5]	6.0	9.0	Standard Units	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 Discharge Monitoring Report (DMR) forms. The MMRs or the Quarterly Monitoring Reports (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, QMR, and/or DMR form(s).

**STATE OF INDIANA  
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**PUBLIC NOTICE NO. 20260522 – ING490150 – GP**

**DATE OF NOTICE: MAY 22, 2026**

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

**RENEWAL OF COVERAGE UNDER ING490000**

**MULZER CRUSHED STONE – CAPE SANDY QUARRY**, NPDES General Permit Coverage No. ING490150, located at 19925 S. Alton Fredonia Rd., Leavenworth, IN (CRAWFORD COUNTY). This facility is a limestone mining and processing operation. The permittee submitted a Notice of Intent requesting to renew the facility’s coverage under ING490000, the Master NPDES General Permit for Sand, Gravel, Dimension Stone and Crushed Stone Operations. The facility has four outfalls located as follows:

OUTFALL	LATITUDE	LONGITUDE	RECEIVING WATER
002	38° 07' 44.5"	-86° 20' 57.3"	Unnamed tributary to the Ohio River
003	38° 08' 29.8"	-86° 20' 26.2"	Unnamed tributary to the Ohio River
004	38° 08' 3.39"	-86° 21' 38.5"	Unnamed tributary to the Ohio River
005	38° 08' 5.34"	-86° 21' 26.8"	Unnamed tributary to the Ohio River

It is hereby noted that Outfall 005 is a newly permitted outfall at this quarry. The other three outfalls have been covered under previous general permit cycles. For more information regarding this action, please contact Ms. C. Anne Burget at (317) 234-8745 or via email at [cburget@idem.IN.gov](mailto:cburget@idem.IN.gov). Alternatively, inquiries can be sent to [OWQ@idem.IN.gov](mailto:OWQ@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 41 IAC 2-2-1. 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:

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 41 IAC 2-2-1 and 41 IAC 2-2-3.

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 <https://www.in.gov/oalp/>.



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

State Form 55917 (R / 1-21)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

A scanned copy of all completed documents may be sent via e-mail to [OWQ@idem.IN.gov](mailto:OWQ@idem.IN.gov). Online fee payments may be made at [www.in.gov/idem/6973.htm](http://www.in.gov/idem/6973.htm).

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](mailto: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.

IDEM- WATER QUALITY  
APR 17 2026  
RECEIVED

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

**APPLICATION TYPE**

Application type: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification	PERMIT NUMBER, IF APPLICABLE ING490150 Cape Sandy Location
OTHER PERMIT NUMBER(S) APPLICABLE TO THE SITE SWP3 INRM00055	
DESCRIPTION OF PROPOSED MODIFICATION, IF APPLICABLE NA Adding Outfall #005	

Check N 10510  
\$50.00

PART A: GENERAL INFORMATION FOR FACILITY								
1. FACILITY NAME (See Appendix A.)								
Mulzer Crushed Stone, Inc. a CRH Company Cape Sandy Location								
2. FACILITY MAILING ADDRESS			3. FACILITY PHYSICAL LOCATION					
STREET ADDRESS (number and street) 534 Mozart Street			STREET ADDRESS (number and street) 19925 S. Alton Fredonia Road					
CITY Tell City	STATE IN	ZIP CODE 47586	CITY Leavonworth	STATE IN	ZIP CODE 47137			
4. PARENT COMPANY/OWNER'S COMPLETE MAILING ADDRESS (See Appendix A.)			5a. FACILITY SIC CODE	5b. FACILITY NAICS CODE	6. FACILITY COUNTY			
COMPANY NAME CRH Americas Materials			1442	212312	Crawford			
STREET ADDRESS (number and street) 900 Ashwood Parkway, Ste. 700			7. LATITUDE AND LONGITUDE OF CENTER OF FACILITY SITE (See Appendix A.)					
			LATITUDE			LONGITUDE		
			DEGREE	MINUTE	SECOND	DEGREE	MINUTE	SECOND
CITY Atlanta	STATE GA	ZIP CODE 30338-4780	38	8	10.46	-86	21	13.69
8. What is the nature of the primary business conducted at the facility or site? (Example: limestone is mined and processed) Location mines limestone raw material crushed and transported by barge to retail locations. Also sold by the truck.								
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. 005 will be from groundwater from nearby pit								

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
Ms. Wenona Fosselman	Christopher J. Zirkelbach
RESPONSIBLE OFFICIAL'S TITLE	DELEGATED SIGNATORY PERSON'S TITLE or POSITION
Sustainability Manager	Agent/Consultant
RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER	DELEGATED SIGNATORY PERSON'S TELEPHONE NUMBER
812 547 1400	812 402-3774
RESPONSIBLE OFFICIAL'S FACSIMILE NUMBER	DELEGATED SIGNATORY FACSIMILE NUMBER
	NA
RESPONSIBLE OFFICIAL'S PERSON'S E-MAIL ADDRESS	DELEGATED SIGNATORY PERSON'S E-MAIL ADDRESS
wenona.fosselman@mulzer.com	cjz@essi-inc.com

PART C: OTHER CONTACT INFORMATION			
12. DISCHARGE MONITORING REPORTS CONTACT AND MAILING INFORMATION		CONTACT PERSON AND COMPANY NAME Wenona Fosselman	
CONTACT TELEPHONE NUMBER 812 547-1400		STREET ADDRESS (number and street) 534 Mozart Street	
CONTACT E-MAIL ADDRESS wenona.fosselman@mulzer.com		CITY Tell City	STATE IN
		ZIP CODE 47586	
13. ANNUAL FEE AND FINANCIAL CONTACT AND BILLING ADDRESS		CONTACT PERSON AND COMPANY NAME Wenona Fosselman, Mulzer Crushed Stone	
CONTACT TELEPHONE NUMBER 812 547-1400		STREET ADDRESS (number and street) 534 Mozart Street	
CONTACT E-MAIL ADDRESS brian.peters@mulzer.com		CITY Tell City	STATE IN
		ZIP CODE 47586	

<b>14. OPERATOR/OTHER CONTACT AND MAILING INFORMATION</b> <i>(IF APPLICABLE)</i>		CONTACT PERSON AND COMPANY NAME Ms. Wenona Fosselman, Mulzer Crushed Stone		
CONTACT TELEPHONE NUMBER 812 547-1400		STREET ADDRESS <i>(number and street)</i> 534 Mozart Street		
CONTACT E-MAIL ADDRESS wenona.fosselman@mulzer.com		CITY Tell City	STATE IN	ZIP CODE 47586

<b>PART D: OUTFALL INFORMATION</b>									
Provide the following information for all outfalls/discharges to be covered by this general permit. You may attach additional sheets if necessary.									
15. OUTFALL NUMBER (EX:001)	16. LATITUDE			16. LONGITUDE			17. RECEIVING WATER <i>(SEE APPENDIX A.)</i>	18. FOR ANY DISCHARGE INTO A STORM SEWER IDENTIFY THE STORM SEWER OWNER. <i>(SEE APPENDIX A.)</i>	19. ANTICIPATED DAILY VOLUME OF DISCHARGE IN MGD AND METHOD OF DETERMINATION OF VOLUME
	DEG	MIN	SEC	DEG	MIN	SEC			
Existing 001	38	7	47.2	-86	21	32.5	Eliminated	NA	Stormwater
002	38	7	44.5	-86	20	57.3	unnamed Tributary to Ohio River	NA	0.038 from DMR's
004	38	8	3.39	-86	21	38.5	Unnamed Tributary to Ohio River	NA	0.28 from DMR's
005	38	8	5.34	-86	21	28.8	Unnamed Tributary to Ohio River	N/A	0.20 Estimated
003	38	8	29.8	-86	20	26.2	Unnamed Tributary to Ohio River	NA	0.20 Estimated

<b>PART E: EFFLUENT CHARACTERISTICS</b>						
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 <i>(See Appendix A.)</i>						
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. <i>(See Appendix A.)</i>						
Outfall number	(1)		(2)		22. (3) or (4)	
	20. Maximum Daily Value <i>(include units)</i>		21. Average Daily Value <i>(last year) (include units)</i>		Number of Measurements Taken <i>(last year)</i>	Source of Estimate <i>(if new discharger)</i>
005 Estimated from 001 Info	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)		NA		NA	Zero	NA
Total Suspended Solids (TSS)		23		11.66	3	NA
Fecal coliform (if present or believed present; units in count/100 ml)		NA		NA	Zero	NA
Total Residual Chlorine (if chlorine or chlorinated water is used)		NA		NA	Zero	NA
Oil and Grease		NA		NA	Zero	NA
Ammonia (as N)		NA		NA	Zero	NA
Discharge Flow	Value in MGD <b>6.85</b>		Value in MGD <b>2.93</b>		3	DMR, pump rate
Temperature (Winter; in °F)		ambient		ambient	Zero	NA
Temperature (Summer; in °F)		ambient		ambient	Zero	NA
pH (S.U.)	Minimum <b>8.4</b>		Maximum <b>8.9</b>		3	NA

**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.)
005	Not applicable
002	WT 49 A Polymwer by Interchem 120 mL/minute 1,150 hours/year , 8,280,000 mL/year only discharge once per year or less used in closed loop system, requesting approval 3/22/2021, request approved
003	Not applicable

**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:

**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](mailto: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. A \$50 fee is required to be submitted with this NOI in accordance with IC 13-18-20-12. The \$50 fee is applicable for each new permit, renewal, or modification. (Updates to information in Parts B and C shall not be subject to the \$50 fee for modifications.) Checks or money orders shall be made payable to IDEM. Alternatively, credit card and e-check payments may be made at <https://www.in.gov/idem/6973.htm>.

**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."

<u>Wendee Fosselman</u> Printed or Typed Name of Responsible Official	<u>Sustainability Manager</u> Title
<u>Wendee Fosselman <sup>MCS</sup> by <u>RJESS</u></u> Signature	<u>4/14/26</u> 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.**

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

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

Please provide on the following form the names of those persons affected by these statutes, **and include mailing labels with your NOI**. These mailing labels should 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.

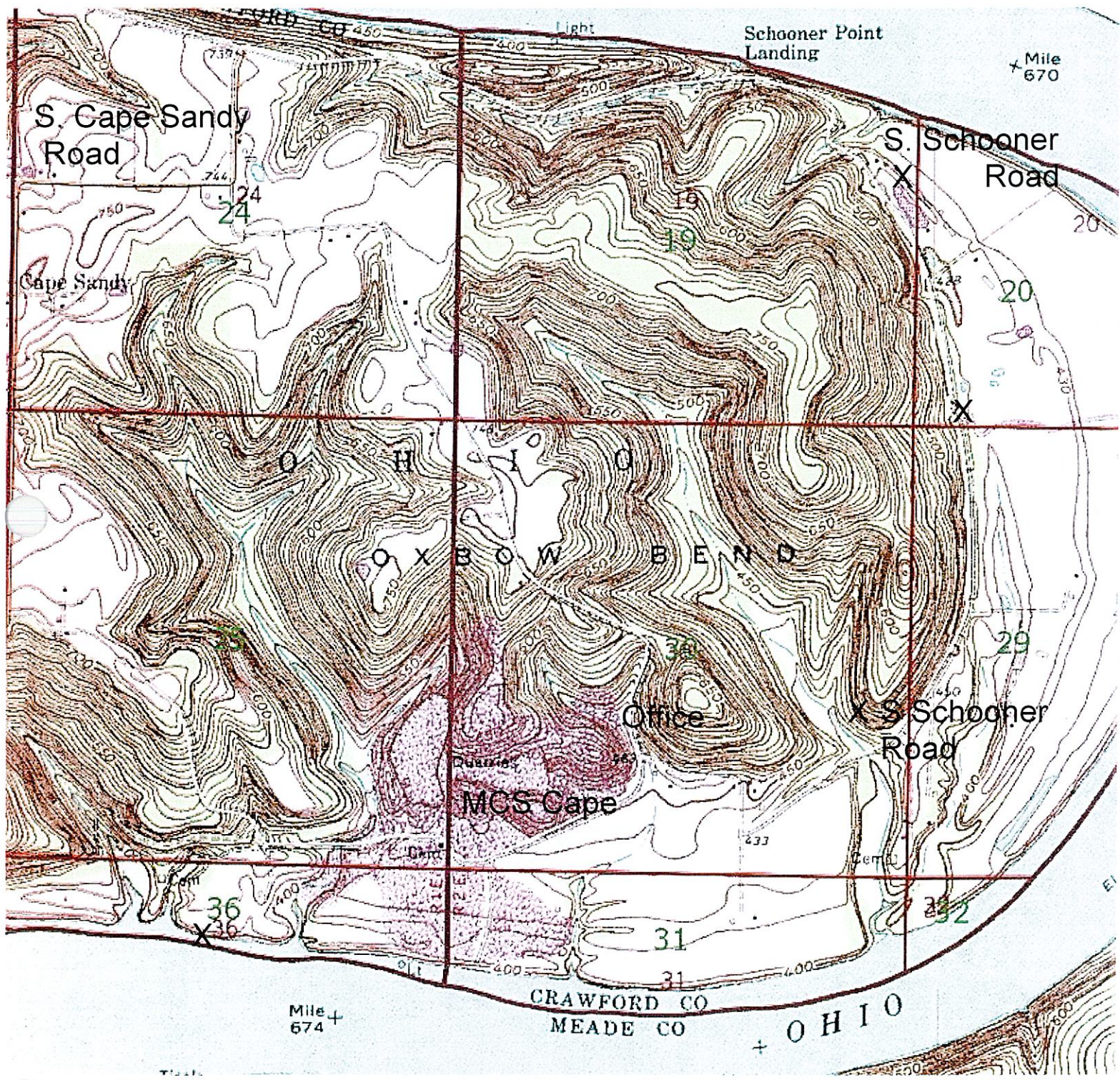
**APPENDIX B – ADDITIONAL TABLES (if needed). This section is available for quarries with multiple outfalls.**

**PART E: EFFLUENT CHARACTERISTICS**

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

- A. Existing Sources – Provide measurements for the parameters listed in the left-hand column.
- 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)

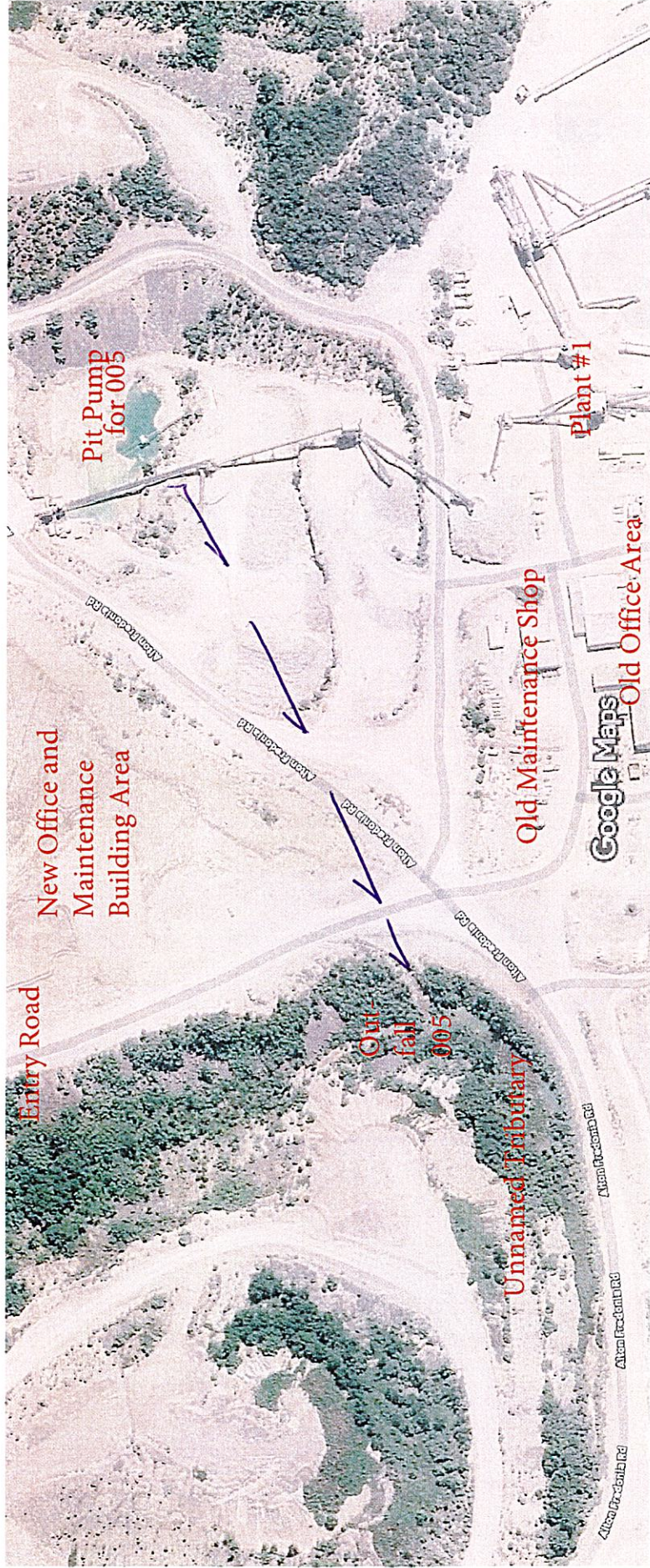
Outfall number	(1)		(2)		22. (3)	or (4)
	20. Maximum Daily Value (include units)		21. Average Daily Value (last year) (include units)		Number of Measurements Taken (last year)	Date(s) samples taken
003 Estimated from 001 Information	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)		NA		NA	Zero	
Total Suspended Solids (TSS)		<5.0		<5.0	1	1 <sup>st</sup> qtr 2020
Fecal coliform (if present or believed present; units in count/100 ml)		NA		NA	Zero	
Total Residual Chlorine (if chlorine or chlorinated water is used)		NA		NA	Zero	
Oil and Grease		NA		NA	Zero	
Ammonia (as N)		NA		NA	Zero	
Discharge Flow	Value in MGD 0.46		Value in MGD 0.038		1	1 <sup>st</sup> qtr 2020
Temperature (Winter; in °F)	ambient		ambient		Zero	
Temperature (Summer; in °F)	ambient		ambient		Zero	
pH (S.U.)	Minimum	8.4	Maximum	8.4	1	1 <sup>st</sup> qtr 2020



# Leavenworth



MCS Cape Mulzer NPDES Outfall #005 4-2026





## 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: ING4900150

Name of Owner: Mulzer Crushed Stone, a CRH Company (Cape Sandy Location)

Permitted Site Name: Same as above

Site Location Address: 19925 S. Alton Fredonia Road

City/State/Zip Code: Leavenworth, IN 47137

Name of Responsible Official: Wenona Fosselman

Responsible Official's  
Email address: Wenona.fosselman@mulzer.com

Responsible Official's  
Telephone Number: 812 547 1400

### 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.

INRM00055

See below for outfall locations

001

Lat: 38.13,

Longitude: -86.359157

002

38.129078

-86.348278

003

38.130462

-86.374628

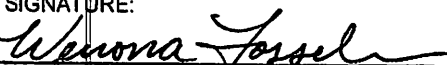
**IV. List any Changes or Updated Information since the earlier 2025 renewal NOI submittal, if applicable. If no changes are necessary, please insert "N/A" in the text box below.**

NA

**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: Wenona Fosselman	TITLE: Sustainability Manager
SIGNATURE: 	DATE: 10/ 12025 12/29/23

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](mailto:OWQ@idem.IN.gov). Please note the due date for the submittal of this form is December 30, 2025.