



Submission of this suggested Notice of Intent (NOI) form or another form of official correspondence that contains all of the information requested here including supplemental information constitutes notice that the person identified in Section II of this form requests authorization to discharge pursuant to NPDES General Permit ILG62. Submission of this NOI also constitutes notice that the person identified in Section II of this form meets the eligibility requirements of Part I.B of the General NPDES Permit for the discharge identified in Sections III and IV of this form. Permit coverage is required prior to commencement of any discharge from the proposed Surface Discharging System – including system testing – and is required until you are eligible to terminate coverage as detailed in Part II.I of the General Permit. To obtain authorization, you must submit a complete and accurate NOI form or another form of official correspondence that contains all of the information requested here including supplemental information (including but not limited to a soil investigation analysis, and a site evaluation report). Refer to the instructions at the end when completing this NOI.

**I. Permit Information**

Tracking Number (EPA Use Only):

Grid for tracking number

Permit Number:

ILG62

General NPDES Permit for Surface Discharging Systems in Illinois that discharge less than 1500 Gallons Per Day

**II. Surface Discharging System Permittee Information**

Last Name:

Grid for last name

First Name:

Grid for first name

Middle Initial

Grid for middle initial

Mailing Address for Treatment System Permittee:

Street:

Grid for street address

City or Town:

Grid for city or town

State:

IL

Zip Code:

Grid for zip code

Phone:

Grid for phone number

Ext.:

Grid for extension

Cell or Other Phone:

Grid for cell or other phone number

E-mail:

Grid for email address

**III. Surface Discharging System Location Information**

Location Name: (Residence, Apartments, etc.)

Grid for location name

Street Address:

Grid for street address

Grid for street address

City or Town:

Grid for city or town

State:

IL

Zip Code:

Grid for zip code

Illinois County Where System is Located:

Grid for Illinois county

Latitude and Longitude Coordinates of System

Grid for latitude

Latitude

Grid for longitude

Longitude

Illinois Tax Parcel Permanent Index Number (PIN):

Grid for Illinois tax parcel PIN

Have wastewater discharges from this location been covered previously under an NPDES permit?  YES  NO

If yes, provide the Permit Number from the Illinois EPA:

Grid for permit number

Estimated date when discharges will begin (Including system testing):

MM/DD/YYYY grid

Is this Surface Discharging System located on federal lands or at a "federal facility"?  YES\*  NO If Yes, Name: \_\_\_\_\_

Is this Surface Discharging System located on state or local government lands?  YES\*  NO If Yes, Name of Location: \_\_\_\_\_

Is the Surface Discharging System from more than one home or other structure?  YES\*  NO

Is the residential or non-residential property where the Surface Discharging System will be located within 300 feet of a sanitary sewer system?  YES\*\*  NO

\*If YES, coverage under the general permit is not available.

\*\*If YES, coverage under the general permit is not available unless you submit a letter from your local health department that your property cannot be served by a sanitary sewer. If YES, have you enclosed a letter from your local health department along with this NOI?

**IV. Discharge Information**

Waterbody receiving the discharge: [grid]

Does the discharge enter a Municipal Separate Storm Sewer System (MS4)?  YES  NO

If yes, provide the name of the MS4: [grid]

Does this Surface Discharging System discharge to an impaired water?  YES  NO

If yes, name of the impaired water: \_\_\_\_\_

List impairment causes: \_\_\_\_\_

If a total maximum daily load (TMDL) has been approved or established for the waterbody receiving the discharge, identify the title or reference of the TMDL document: \_\_\_\_\_

**Plan or Plan Amendment Under Section 208(b) of the Clean Water Act**

Will the discharge from this Surface Discharging System be inconsistent with a plan or plan amendment approved under section 208(b) of the Clean Water Act?

YES\*  NO

**Outstanding Resource Waters**

Does this Surface Discharging System discharge to an Outstanding Resource Water, as defined by Illinois Administrative Code Title 35, Subtitle C, Chapter 1, Part 303?

YES\*  NO If yes, name the Outstanding Resource Water: \_\_\_\_\_

\*If YES, coverage under the general permit is not available.

**V. Surface Discharging System Type, Manufacturer, and Installer Information**

Is this Surface Discharging System a manufactured or prefabricated unit?  YES  NO

If no, provide the following information on the Surface Discharging System designer:

Designer Name: [grid]

Street Address: [grid]

City: [grid] State: [grid] Zip Code: [grid] - [grid]

Phone: [grid] - [grid] - [grid] Ext. [grid] Cell or Other Phone: [grid] - [grid] - [grid]

E-mail: [grid]

If yes, provide the following information on the manufactured / prefabricated system:

Manufacturer: [grid] Series/Model: [grid]

Surface Discharging System installer information:

Installer Name: [grid]

Street Address: [grid]

City: [grid] State: [grid] Zip Code: [grid] - [grid]

Phone: [grid] - [grid] - [grid] Ext. [grid] Cell or Other Phone: [grid] - [grid] - [grid]

E-mail: [grid]

**VI. Disinfection and Other Chemical Treatment Information**

What type of disinfection process will be used for the Surface Discharging System discharge?

Chlorine Tablets  
 Liquid Chlorine Compound  
 Non-Tablet Powdered Chlorine  
 Ultraviolet Lamp  
 Other: \_\_\_\_\_

Will this Surface Discharging System use other chemicals, besides those added for disinfection?  YES  NO

If yes, describe in detail: \_\_\_\_\_

<b>VII. Technological and Economic Feasibility Information</b>		
1) Will the Surface Discharging System subject to this NOI:	Yes	No
a) Treat only domestic sewage? <sup>1</sup>		
b) Discharge effluent to the Waters of the United States or conveyances to Waters of the United States? <sup>1</sup>		
c) Discharge less than 1500 gallons per day? <sup>1</sup>		
d) Serve a lot legally platted or created 6-months or more after the effective date of the permit? <sup>1</sup>		
2) Has the Surface Discharging System site been subject to a soil investigation by a person qualified to conduct soil investigations as identified in Part I.B.2.a.v of the NPDES general permit ILG62? <sup>2</sup>		
3) Has the Surface Discharging System site been evaluated for the installation of a subsurface soil-based wastewater system? <sup>3</sup>		
A) If <u>yes</u> , does the site meet Illinois Department of Public Health (IDPH) requirements for installation of a subsurface soil-based wastewater treatment system? <sup>3A</sup>		
B) If <u>no</u> , would the site meet IDPH requirements for installation of a subsurface soil discharging treatment system if: <sup>3B</sup>		
i) Treatment system flow and related sizing estimates are lowered from the conventional IDPH flow rate (200 gallons / day per bedroom) to 100 gallons / day per bedroom, plus 100 gallons?		
ii) Soil Design Groups as presented in Part I.B.3.c, using the Soil Groups in Appendix 5 in the general permit are assessed and included as eligible for a subsurface soil-based wastewater treatment system?		
iii) An aerobic fixed film or suspended growth treatment system designed to meet Class I effluent standards (e.g., a system listed by NSF/ANSI or otherwise designed to meet Class I effluent standards) is installed, allowing the size of the subsurface soil infiltration system to be reduced by one-third?		
4) Has the applicant been provided a subsurface discharging system cost estimate (capital and installation) by an appropriate installation professional? <sup>4</sup>		
5) Has the applicant used the cost calculator to determine relative system capital, installation, operation, and maintenance costs, annualized over a 30-year period?(Not applicable for businesses or government) <sup>5</sup>		
6) Did the calculator indicate that the 30-year annualized system capital, installation, operation, and maintenance costs would be greater than 2.0% of the applicant's annual adjusted gross income, as averaged over the past 3 full calendar years?(Economic test not available for businesses or government) <sup>6</sup>		

**Owner- Occupied Residential Decision Criteria**

1. If the response to questions 1.a, 1.b, OR 1.c is "no," the site is not eligible for permit coverage under ILG62. If the response to question 1.d is "no," the site is eligible for permit coverage.
2. If the response to question 2 is "no," the site is not eligible for permit coverage under ILG62.
3. If the response to question 3 is "no," the site is not eligible for permit coverage under ILG62.
- 3.A. If the response to question 3.A is "yes," the site is not eligible for permit coverage under ILG62. If the response to question 3.A is "no," please proceed to question 3B.
- 3.B. If the response to questions 3.B.i, 3.B.ii, AND 3.B.iii is "no," the site is eligible for permit coverage under ILG62. If the response to questions 3.B.i, 3.B.ii, OR 3.B.iii is "yes," proceed to Section VII, Question 4.
4. If the response to question 4 is "no," the site is not eligible for permit coverage under ILG62.
5. If the response to question 5 is "no," the site is not eligible for permit coverage under ILG62.
6. If the response to question 6 is "yes," the site is eligible for permit coverage under ILG62.

**Non-Owner-Occupied Residential and Non-Residential (Business or Government) Decision Criteria**

1. If the response to questions 1.a, 1.b, OR 1.c is "no," the site is not eligible for permit coverage under ILG62. If the response to question 1.d is "no," the site is eligible for permit coverage.
2. If the response to question 2 is "no," the site is not eligible for permit coverage under ILG62.
3. If the response to question 3 is "no," the site is not eligible for permit coverage under ILG62.
- 3.A. If the response to question 3.A is "yes," the site is not eligible for coverage under ILG62. If the response to question 3.A is "no," please proceed to question 3B
- 3.B. If the response to questions 3.B.i, 3.B.ii, AND 3.B.iii is "no," the site is eligible for permit coverage under ILG62. If the response to questions 3.B.i, 3.B.ii, OR 3.B.iii is "yes," the site is not eligible for coverage under ILG62.
4. If the response to question 4 is "no," the site is not eligible for permit coverage under ILG62.
5. Not Applicable Business or Government owned discharges.
6. Not Applicable for Business or Government owned discharges.

**VIII. Certification Information**

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.

Print Name:

Title:

Signature: \_\_\_\_\_

Date:  /  /   
M M D D Y Y Y Y

Email:

**Notice of Intent (NOI) for New and Replacement Discharging Wastewater Treatment Systems in Illinois  
Discharging Less Than 1500 Gallons Per Day Under an NPDES General Permit**

NPDES Form Date: July 2013

**Who Must File an NOI FORM?**

Under the provisions of the Clean Water Act, as amended (33 U.S.C. 1251 et. seq.; the Act), federal law prohibits pollutant discharges from point sources to Waters of the United States or conveyances to Waters of the United States unless that discharge is covered under a National Pollutant Discharge Elimination System (NPDES) Permit. Owner(s) or Operator(s) of New or Replacement Surface Discharging Systems with discharges that enter Waters of the United States must submit an NOI to obtain coverage under the NPDES general permit ILG62. If you have questions about whether you need an NPDES permit or other information about general permit ILG62 please visit <http://www.epa.gov/region5/water/npdestek/surfacedischarge/>

**Supplemental Information to be Included with the NOI**

To be covered by the NPDES general permit ILG62, Owners or Operators must submit a written determination that concludes that an individual or clustered (Soil Based Cluster System) soil-based wastewater system and all other alternatives to a Surface Discharging System are technologically or economically infeasible. This determination is based on the technological and economic feasibility analyses, as they are described in the general permit at Part I.B.2 through Part I.B.4. In addition to the written determination, to satisfy the technical analysis, the soil investigation analysis and site evaluation report, as described in the general permit at Part I.B.2.a, and Part I.B.3, respectively, must be submitted with the NOI.

**Where to File the NOI Form**

Completed NOI forms must be sent via certified mail to the U.S. EPA Region 5 Office:

U.S. Environmental Protection Agency  
Region 5, Water Division  
NPDES Programs Branch (WN-16J)  
General Permit ILG62 NOI  
77 West Jackson Boulevard  
Chicago, Illinois 60604-3590

**Completing the Form**

Obtain and read a copy of the NPDES general permit for New and Replacement Surface Discharging Wastewater Treatment Systems (ILG62), and the permit fact sheet, viewable at <http://www.epa.gov/region5/water/npdestek/surfacedischarge/>. To complete this form, type or print uppercase letters, in the appropriate areas only. Please place each character between the marks (abbreviate if necessary to stay within the number of characters allowed for each item). Use one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response.

If you have any questions regarding this form or the NPDES general permit ILG62, please visit <http://www.epa.gov/region5/water/npdestek/surfacedischarge/>. Submit the original NOI with an original signature in ink. Do not send a photocopied signature.

**Section I. Permit Information**

The permit number is already entered. You do not need to provide any information for this section.

**Section II. Surface Discharging System Permittee Information**

Provide the legal name of the person, firm, or any other entity that will be the legal permittee authorized to discharge under the general permit. The permittee is usually the Owner or the Operator of the Surface Discharging System. The permittee is required to sign the legal certification in Section VIII, the Surface Discharging System inspection reports, and is legally liable for permit compliance. Provide the permittee's mailing address, telephone number, and e-mail address, if applicable. Correspondence for the NOI will be sent to this address.

**Section III. Surface Discharging System Location Information**

Enter name (e.g., JONES RESIDENCE) and complete street address, including city, zip code, county, latitude and longitude coordinates, and the Illinois Tax Parcel Permanent Index Number (PIN). Property tax number information can be found at the following website by clicking on the appropriate county <http://tax.illinois.gov/individuals/illinoiscounties.htm>. The following web link can be used to convert a user-entered address into latitude and longitude coordinates: <http://stevemorse.org/jcal/latlon.php> and the following EPA website specifies acceptable formats and precision <http://cfpub.epa.gov/npdes/stormwater/latlong.cfm>. Do not enter Post Office Box information – use street addresses only. Check the YES box if wastewater discharges from this location were previously covered by an NPDES permit, and provide the relevant permit number. Provide the estimated date when discharges will begin, including system testing. No system discharges are authorized prior to NOI approval. Check the appropriate box for systems located on federal, state, or local government lands, and provide the name of the location (e.g., COUNTY ASSESSOR OFFICE, US PARK SERVICE MAINTENANCE GARAGE). Check the appropriate box for systems serving more than one home or other structure. Check the appropriate box for systems located on a residential or non-residential property located within 300 feet of a sanitary sewer.

**Section IV. Discharge Information**

Enter information on the system discharge in this section. For example, if the discharge leaves your site and travels through a roadside swale or a storm sewer and then enters a stream that flows to a river, the stream would be the receiving waterbody. U.S. Geological Survey topographical maps may be used to make this determination. If the map does not provide a name, use a format such as "unnamed tributary to Cross Creek."

If you discharge into a municipal separate storm sewer system (MS4), you must identify the waterbody into which that portion of the storm sewer discharges. That information should be readily available from the operator of the MS4. Illinois MS4 information can be found at <http://www.epa.state.il.us/water/permits/storm-water/ms4-status-report.pdf>.

Indicate whether the discharge will enter an impaired water (see Appendix A-1, or A-2 at <http://www.epa.state.il.us/water/tmdl/303d-list.html>). If yes, enter the name of the impaired water and the cause or causes for the impairment. If a TMDL has been established for the receiving water, provide the title or reference of the TMDL document. Indicate whether the system discharge is inconsistent with a plan or

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NPDES Form Date: July 2013

plan amendment approved under section 208(b) of the Act. Indicate whether the system discharges to an Outstanding Resource Water (see 35 Illinois Administrative Code Section 303.206 for a list of all Outstanding Resource Waters.)

**Section V. Surface Discharging System Type, Manufacturer, and Installer Information**

Indicate whether the treatment system is a manufactured or prefabricated type. If it is not a manufactured or prefabricated system, enter the name, address, phone, and email information for the system designer. If it is a manufactured or prefabricated type, enter the series/model information. Enter the name, address, phone, and email information for the treatment system installer.

**Section VI. Disinfection and Other Chemical Treatment Information**

Check the appropriate box for the type of disinfection process used. If additional chemical treatments will be used, enter this information.

**VII. Technological and Economic Feasibility Information**

The discharge of wastewater to Waters of the United States or conveyances to Waters of the United States is generally viewed as a last resort option. Coverage under NPDES General Permit ILG62 is not authorized if a sanitary sewer is within 300 feet of the property line (as this regulations is interpreted by the Illinois Department of Public Health), or if it is technologically and economically feasible to install a subsurface soil-based wastewater treatment system, or if there is any alternative to a Surface Discharging System at the site. These questions are intended to assure that the site has been reviewed to rule out subsurface soil dispersal. Check the appropriate boxes for questions 1 through 6. For question 1, note that Domestic Sewage includes wastewater derived principally from dwellings, business or

office buildings, institutions, food service establishments, and similar facilities. Principal sources of Domestic Sewage include bathrooms, kitchens, and laundry. Discharges include releases that will enter Waters of the United States or to conveyances to Waters of the United States. Questions 2 and 3 relate to the site evaluation which determines if a subsurface discharging wastewater system is – or is not – feasible for the site. For details on the site evaluation approach, see the permit and fact sheet at <http://www.epa.gov/region5/water/npdestek/surfacedischarge/>.

Note that the site evaluator must be an Illinois Licensed Environmental Health Practitioner, an Illinois Licensed Professional Engineer, or an individual holding either the basic or advanced "Certified Installer of Onsite Wastewater Treatment Systems" (CLOWTS) certification from the National Environmental Health Association. Questions 4, 5, and 6 relate to the capital, installation, operation, and maintenance costs of a subsurface discharging system, if one is deemed to be technologically feasible (i.e., as concluded by questions 1, 2, and 3). Use the cost information from the installation professional, your adjusted gross income (averaged over the most recent 3 full calendar years), and the system capital, installation, operation, and maintenance cost calculator at <http://www.epa.gov/region5/water/npdestek/surfacedischarge/> in responding to these questions. Note the economic feasibility test is not available for businesses or governments.

**Section VIII. Certification Information**

All NOIs must be signed pursuant to the requirements in the NPDES general permit at Part II.F.

An unsigned or undated NOI form will not be considered eligible for permit coverage.

Visit this website for further information and instructions:  
<http://www.epa.gov/region5/water/npdestek/surfacedischarge/>