



**NOTICE OF INTENT (NOI) FOR NEW AND REPLACEMENT SURFACE DISCHARGING Private Sewage Disposal Systems**

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 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 Private Sewage Disposal System – including system testing – and is required until you are eligible to terminate coverage as detailed in Special Condition 2.H 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 (Illinois EPA Use ):  
Only

Permit Number: ILG62 General NPDES Permit for New and Replacement Surface Discharging Private Sewage Disposal Systems

**II. Surface Discharging System Permittee Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mailing Address for Treatment System Permittee:

Street: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: IL Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_ Cell or Other Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

**III. Surface Discharging System Location Information**

Location Name: (Residence, Apartments, etc.) \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City or Town: \_\_\_\_\_ State: IL Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Illinois County Where System is Located: \_\_\_\_\_

Latitude and Longitude Coordinates of System  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Illinois Tax Parcel Permanent Index Number (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: \_\_\_\_\_

Estimated date when discharges will begin (Including system testing):  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
M M D D Y Y Y

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

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

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

Is the property where the Private Sewage Disposal System will be located within 300 feet of a sanitary sewer system for residences and 1000 feet for non-residences?  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 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 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 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 System a manufactured or prefabricated unit?  YES  NO

If no, provide the following information on the 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]

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 System discharge?

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

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

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

**VII. Technological and Economic Feasibility Information**

1) Will the 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 August 10, 2104? <sup>1</sup>		
2) Has the System site been subject to a soil investigation by a person qualified to conduct soil investigations as identified in Illinois Private Sewage Disposal Code Section 905.55? <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 using the Soil Groups in 77 Ill. Adm. Code Part 905 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. 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
4. 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 for Business or Government owned discharges.
6. Not Applicable for Business or Government owned discharges.



**Notice of Intent (NOI) for New and Replacement Surface Discharging Private Sewage Disposal Systems Under an NPDES General Permit**

NPDES Form Date: September 2020

**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 State or conveyances to Waters of the State 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 Private Sewage Disposal Systems with discharges that enter Waters of the State 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 <https://www2.illinois.gov/epa/topics/forms/water-permits/Pages/npdes.aspx>.

**Where to File the NOI Form**

Completed NOI forms must be sent via certified mail to the Illinois EPA Office:

Illinois Environmental Protection Agency  
Division of Water Pollution Control  
Attention: Permit Section, Mail Code #15  
P.O. Box 19276  
Springfield, IL 62794-9276

**Completing the Form**

Obtain and read a copy of the NPDES general permit for New and Replacement Surface Discharging Private Sewage Disposal Systems (ILG62), and the permit fact sheet, viewable at <https://www2.illinois.gov/epa/topics/forms/water-permits/Pages/npdes.aspx>. 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 <https://www2.illinois.gov/epa/topics/forms/water-permits/Pages/npdes.aspx>. 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 Private Sewage Disposal System. The permittee is required to sign the legal certification in Section VIII, the Private Sewage Disposal 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

<https://www2.illinois.gov/rev/individuals/Pages/illinoiscounties.aspx>.

The following web link can be used to convert a user-entered address into latitude and longitude coordinates:

<http://stevemorse.org/ical/latlon.php>. 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 within 300 feet for residences, 1000 feet for non-residences 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 <https://www2.illinois.gov/epa/topics/forms/water-permits/storm-water/Pages/urbanized-area-list.aspx>.

Indicate whether the discharge will enter an impaired water (see Appendix A-1, or A-2 at <https://www2.illinois.gov/epa/topics/water-quality/watershed-management/tmdls/Pages/303d-list.aspx>). 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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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 State or conveyances to Waters of the State 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 a property line for residences and 1000 feet of a property line for non-residences (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

<https://www2.illinois.gov/epa/topics/forms/water-permits/Pages/npdes.aspx>.

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" (CIOWTS) 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

<https://www2.illinois.gov/epa/topics/forms/water-permits/Pages/npdes.aspx>.

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 Standard Condition 11.

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

Visit this website for further information and instructions:

<https://www2.illinois.gov/epa/topics/forms/water-permits/Pages/npdes.aspx>.