

**IOWA DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION**

Cashier's Use Only
17-1734-

NOTICE OF INTENT FOR NPDES COVERAGE UNDER GENERAL PERMIT

No. 1 FOR "STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY"

or

No. 2 FOR "STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY FOR CONSTRUCTION ACTIVITIES"

or

No. 3 FOR "STORM WATER DISCHARGE ASSOCIATED WITH INDUSTRIAL ACTIVITY FOR ASPHALT PLANTS, CONCRETE BATCH PLANTS, ROCK CRUSHING PLANTS, AND CONSTRUCTION SAND AND GRAVEL FACILITIES."

PERMIT INFORMATION

Has this storm water discharge been previously permitted (Check One) Yes No

If yes, please list authorization number _____
Under what General Permit are you applying for coverage?

General Permit No. 1 General Permit No. 2 General Permit No. 3

NPDES PERMIT FEE OPTIONS

For coverage under the NPDES General Permit the following fees apply:

- Annual Permit Fee \$150 (per year) Maximum coverage is one year.
- 3-year Permit Fee \$300 Maximum coverage is three years.
- 4-year Permit Fee \$450 Maximum coverage is four years.

Coverage provided by the multi-year permit fees expires no later than the expiration date of the general permit (October 1, 2007).

Checks should be made payable to: Iowa Department of Natural Resources.

FACILITY OR PROJECT INFORMATION

Enter the name and full address/location (not mailing address) of the facility or project for which permit coverage is requested.

NAME:		STREET ADDRESS OF SITE:	
CITY:	COUNTY:	STATE:	ZIP CODE:

CONTACT INFORMATION. Give name, mailing address and telephone number of a contact person (Attach additional information on separate pages as needed). This will be the address to which all correspondence will be sent and to which all questions regarding your application and compliance with the permit will be directed.

NAME:		ADDRESS:	
CITY:	STATE:	ZIP CODE:	TELEPHONE ()

Check the appropriate box to indicate the legal status of the operator of the facility.

Federal State Public Private Other (specify) _____

SIC CODE* (General Permit No. 1 & 3 Applicants Only)

* SIC code refers to Standard Industrial Classification code number used to classify establishments by type of economic activity.

Turn this form over and complete the back side.

FACILITY LOCATION OR LOCATION OF CONSTRUCTION SITE

Give the location by 1/4 section location (i.e. NW)/section number/ township/ range.

1/4 SECTION	SECTION	TOWNSHIP	RANGE

MAIL TO:
 STORM WATER COORDINATOR
 IOWA DEPARTMENT OF
 NATURAL RESOURCES
 502 E. 9TH STREET
 DES MOINES, IA 50319-0034

OWNER INFORMATION

Enter the name and full address of the owner of the facility.

NAME:		ADDRESS:	
CITY:	STATE:	ZIP CODE:	TELEPHONE: ()

OUTFALL INFORMATION

Discharge Start Date, i.e., when did/will the site begin operation or 10/1/92, whichever is later: _____

Is any storm water monitoring information available describing the concentration of pollutants in storm water discharges? Yes No

NOTE: Do not attach any storm water pollutant information as part of this Notice of Intent.

Receiving water(s) to the first uniquely named waterway in Iowa, (e.g., road ditch to unnamed tributary to Mud Creek to South Skunk River):

Compliance With The Following Conditions:	Yes	No
1. Has the pollution prevention plan been developed prior to the submittal of this Notice of Intent?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the Storm Water Pollution Prevention Plan comply with approved State (Section 161A.64, Code of Iowa) or local sediment and erosion plans? (for General Permit 2 only)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have two (2) public notices been published for at least one day, one each in the two newspapers with the largest circulation in the area where the discharge is located? (new applications only)	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL PERMIT NO. 2 AND GENERAL PERMIT NO. 3 APPLICANTS COMPLETE THIS SECTION.

Description of Project:

For General Permit No. 3 - Is this facility to be moved this year? Yes No Number of Acres of Disturbed Soil: _____
(Construction Activities Only)

Estimated Timetable For Activities / Projects, i.e., approximately when did/will the project begin and end:

Only the following individuals may sign the certification: owner of site, principal executive officer of at least the level of vice-president of the company owning the site, a general partner of the company owning the site, principal executive officer or ranking elected official of the public entity owning the site, any of the above of the general contracting company for construction sites.

CERTIFICATION

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified people properly gathered and evaluated 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, this information 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.

NAME (please print)	TITLE:
SIGNATURE:	DATE: