



IOWA DNR: NPDES FORM 3 FOR INDUSTRIAL FACILITIES
FACILITIES THAT DISCHARGE PROCESS WASTEWATER (EXISTING)

Permit Number _____ Facility Name _____

1. Sources of Pollution

For each outfall, provide descriptions of:

- 1. The route of flow to the first named stream.
2. All operations contributing wastewater to the discharge including process wastewater, cooling water, stormwater, etc.
3. The monthly average and daily maximum flow contributed by each operation.
4. The frequency and duration of the discharge from each operation except stormwater.

Outfall No. _____ Route of Flow: _____

Latitude: Degrees _____ Minutes _____ Seconds _____

Longitude: Degrees _____ Minutes _____ Seconds _____

Table with 6 columns: Operation, Flow (MGD) (Avg., Max.), Frequency (Days/week, Months/year), Duration (in days)

Outfall No. _____ Route of Flow: _____

Latitude: Degrees _____ Minutes _____ Seconds _____

Longitude: Degrees _____ Minutes _____ Seconds _____

Table with 6 columns: Operation, Flow (MGD) (Avg., Max.), Frequency (Days/week, Months/year), Duration (in days)

Outfall No. _____ Route of Flow: _____

Latitude: Degrees _____ Minutes _____ Seconds _____

Longitude: Degrees _____ Minutes _____ Seconds _____

Table with 6 columns: Operation, Flow (MGD) (Avg., Max.), Frequency (Days/week, Months/year), Duration (in days)



2. Production

A. Is this facility subject to a federal effluent guideline in 40 CFR Subchapter N? (see Table 1 of instructions)
 Yes No Unknown If yes, list 40 CFR part number, if known _____

B. If you answered "yes" to 2.A., are the applicable effluent guidelines expressed in terms of production? (See Table 1 of instructions).
 Yes No Not applicable

C. If you answered "yes" to 2.B, list the quantity or quantities that represent your actual production. Attach additional sheets if necessary.

Operational Process	Quantity per Day	Units

3. Treatment System

Briefly describe any wastewater treatment system(s) currently used or planned to be used at this outfall.

4. Effluent Characteristics

Refer to Table 2 of the instructions. List any of the pollutants shown in Table 2 that you know or have reason to believe may be discharged, from any outfall. For each pollutant you list, briefly describe the reasons you believe it to be present. Report any analytical data from the facility's' outfalls. Attach additional sheets if necessary.

Pollutants	Reason for Presence in Discharge	Concentration (mg/L)		Outfall	Certified Lab. No.
		Average	Maximum		

5. Chemical Additives

If you add any chemicals that may be present in the discharge, complete the following table. Additives may include boiler water treatments, cooling tower treatments, water treatment products, etc. You must include a copy of the safety data sheet (SDS).

Manufacturer	Product Name	Estimated Discharge Concentration	LC50*	SDS Included?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

*This is the LC50 for the most sensitive warm-water fish or plankton.

Attach additional sheets if necessary.

6. Toxicity Test Data

Have any biological tests for acute or chronic toxicity been conducted on any of your discharges in the past three years?
 Yes No Unknown

If yes, attach additional sheets describing the test(s), their purpose(s) and the result(s).



Outfall Number: _____

7. Effluent Data

Complete Parts A – H (Pages 3 -14) for each outfall that discharges process wastewater.

Part A. All applicants must provide the results of at least one analysis for every row in these tables.

- If you only have one analysis result, place it the Maximum Daily Value column
- If the laboratory reported non-detect for a parameter, report the concentration as “<” the detection limit. (e.g. < 0.5 mg/L)
- The first 5 pollutants require 24-hour composite samples and analysis by a certified laboratory.
- Temperature and pH must be grab samples and do not need to be analyzed by a certified laboratory.

Pollutant	Maximum Daily Concentration	Long Term Average Concentration (if available)	Number of Analyses	Units	Certified Laboratory Number	Reporting Level ML/MDL
Biochemical Oxygen Demand (BOD)						
Chemical Oxygen Demand (COD)						
Total Organic Carbon (TOC)						
Total Suspended Solids (TSS)						
Ammonia (as N)						

Parameter	Minimum Daily Value	Long Term Average Value (if available)	Maximum Daily Value	Number of Analyses	Units
Flow					million gallons per day
Temperature (October - March)					degrees Fahrenheit
Temperature (April – September)					degrees Fahrenheit
pH					Standard Units



Outfall Number: _____

Part B. All applicants must complete this part.

- For each pollutant, you must mark “X” in either the “Believed Present” column or the “Believed Absent” column.
- You must mark “believed present” for any pollutant limited directly or expressly in an effluent limitations guideline.
- For each pollutant believed present, provide quantitative data.
- Collect grab samples for TRC, *E. coli*, and oil and grease, if believed present.
- All other pollutants in Part B must be 24-hour composite samples.

Pollutant	Mark “X”		Maximum Daily Concentration	Long Term Average Concentration (if available)	Number of Analyses	Units	Certified Laboratory Number	Reporting Level ML/MDL
	Believed Present	Believed Absent						
Bromide	<input type="checkbox"/>	<input type="checkbox"/>						
Chlorine, Total Residual* ¹	<input type="checkbox"/>	<input type="checkbox"/>						
Color	<input type="checkbox"/>	<input type="checkbox"/>						
Escherichia coli (<i>E. coli</i>)* ²	<input type="checkbox"/>	<input type="checkbox"/>						
Fluoride	<input type="checkbox"/>	<input type="checkbox"/>						
Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>						
Nitrogen Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>						
Oil and Grease*	<input type="checkbox"/>	<input type="checkbox"/>						
Phosphorus, Total (as P)	<input type="checkbox"/>	<input type="checkbox"/>						
RADIOACTIVITY	<input type="checkbox"/>	<input type="checkbox"/>						
Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>						
Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>						
Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>						
Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>						
Sulfate (as SO ₄)	<input type="checkbox"/>	<input type="checkbox"/>						
Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>						
Sulfite (as SO ₃)	<input type="checkbox"/>	<input type="checkbox"/>						
Surfactants	<input type="checkbox"/>	<input type="checkbox"/>						
Aluminum, Total	<input type="checkbox"/>	<input type="checkbox"/>						



Pollutant	Mark "X"		Maximum Daily Concentration	Long Term Average Concentration (if available)	Number of Analyses	Units	Certified Laboratory Number	Reporting Level ML/MDL
	Believed Present	Believed Absent						
Barium, Total	<input type="checkbox"/>	<input type="checkbox"/>						
Boron, Total	<input type="checkbox"/>	<input type="checkbox"/>						
Cobalt, Total	<input type="checkbox"/>	<input type="checkbox"/>						
Iron, Total	<input type="checkbox"/>	<input type="checkbox"/>						
Magnesium, Total	<input type="checkbox"/>	<input type="checkbox"/>						
Molybdenum, Total	<input type="checkbox"/>	<input type="checkbox"/>						
Manganese, Total	<input type="checkbox"/>	<input type="checkbox"/>						
Tin, Total	<input type="checkbox"/>	<input type="checkbox"/>						
Titanium, Total	<input type="checkbox"/>	<input type="checkbox"/>						
Chloride (as Cl)	<input type="checkbox"/>	<input type="checkbox"/>						

¹ Mark TRC believed present if you use municipal water or add chlorine to your water.

² Only mark *E. coli* believed present if you have sanitary waste in your discharge or bacteria limits in your permit.

* You must take grab samples for these pollutants.



Outfall Number: _____

Part C [Metals, Cyanide, and Total Phenols Fraction]

- Industry categories with an “X” in the “Metals, etc.” column of Table 1 in the instructions are required to test for all pollutants in Part C. If you are required to test, mark “testing required” and provide the results of at least one analysis for each pollutant.
- For all other industry categories, review each row and mark either “Believed Absent” or “Believed Present.”
- If you mark “Believed Present”, you must submit the results of at least one analysis unless you meet an exemption (see instructions).
- Cyanide and total phenols must be grab samples.
- All other pollutants in Part C must be 24-hour composite samples.

Pollutant	Mark “X”			Maximum Daily Concentration	Long-term Average Concentration (if available)	Number of Analyses	Units	Certified Laboratory Number	Reporting Level ML/MDL
	Testing Required	Believed Present	Believed Absent						
Antimony, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Arsenic, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Beryllium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Cadmium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Chromium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Copper, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Lead, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Mercury, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Nickel, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Selenium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Silver, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Thallium, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Zinc, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Cyanide, Total*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Phenols, Total*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

* You must take grab samples for these pollutants.



Outfall Number: _____

Part D [Volatile Organics Fraction]

- Industry categories with an “X” in the “Volatile” column of Table 1 in the instructions are required to test for all pollutants in Part D. If you are required to test, mark “testing required” and provide the results of at least one analysis for each pollutant.
- For all other industry categories, review each row and mark either “Believed Absent” or “Believed Present.”
- If you mark “Believed Present”, you must submit results of at least one analysis unless you meet an exemption (see instructions).
- All samples must be grab samples. All pollutants must be analyzed by a certified laboratory.

Pollutant	Mark “X”			Maximum Daily Concentration	Long-term Average Concentration (if available)	Number of Analyses	Units	Certified Laboratory Number	Reporting Level ML/MDL
	Testing Required	Believed Present	Believed Absent						
Acrolein*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Acrylonitrile*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Benzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Bromoform*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Carbon Tetrachloride*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Chlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Chlorodibromomethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Chloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2-Chloroethylvinyl Ether*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Chloroform*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Dichlorobromomethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1,1-Dichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1,2-Dichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1,1-Dichloroethylene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1,2-Dichloropropane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1,3-Dichloropropylene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Ethylbenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Methyl Bromide*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Methyl Chloride*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						



Pollutant	Mark "X"			Maximum Daily Concentration	Long-term Average Concentration (if available)	Number of Analyses	Units	Certified Laboratory Number	Reporting Level ML/MDL
	Testing Required	Believed Present	Believed Absent						
Methylene Chloride*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1,1,2,2-Tetrachloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Tetrachloroethylene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Toluene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1,2-trans-Dichloroethylene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1,1,1-Trichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1,1,2-Trichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Trichloroethylene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Vinyl Chloride*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

* You must take grab samples for these pollutants.



Outfall Number: _____

Part E [Acid Fraction]

- Industry categories with an “X” in the “Acid” column of Table 1 in the instructions are required to test for all pollutants in Part E. If you are required to test, mark “testing required” and provide the results of at least one analysis for each pollutant.
- For all other industry categories, review each row and mark either “Believed Absent” or “Believed Present.”
- For each pollutant Believed Present, provide quantitative data or an explanation of its presence in your discharge.
- If you mark “Believed Present”, you must submit results of at least one analysis unless you meet an exemption (see instructions).
- All samples must be 24-hour composite samples. All pollutants must be analyzed by a certified laboratory.

Pollutant	Mark “X”			Maximum Daily Concentration	Long-Term Average Concentration (if available)	Number of Analyses	Units	Certified Laboratory Number	Reporting Level ML/MDL
	Testing Required	Believed Present	Believed Absent						
2-Chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2,4-Dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2,4-Dimethylphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4,6-Dinitro-O-Cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2,4-Dinitro-phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2-Nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4-Nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
P-Chloro-M- Cresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2,4,6-Trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						



Outfall Number: _____

Part F [Base/Neutral Fraction]

- Industry categories with an “X” in the “Base/Neutral” column of Table 1 in the instructions are required to test for all pollutants in Part F. If you are required to test, mark “Testing Required” and provide the results of at least one analysis for each pollutant.
- For all other industry categories, review each row and mark either “Believed Absent” or “Believed Present.”
- For each pollutant Believed Present, provide quantitative data or an explanation of its presence in your discharge (attach additional sheets if necessary).
- If you mark “Believed Present”, you must submit results of at least one analysis unless you meet an exemption (see instructions).
- All samples must be 24-hour composite samples. All pollutants must be analyzed by a certified laboratory.

Pollutant	Mark “X”			Maximum Daily Concentration	Long Term Average Concentration (if available)	Number of Analyses	Units	Certified Laboratory Number	Reporting Level ML/MDL
	Testing Required	Believed Present	Believed Absent						
Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Benzo (a) Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Benzo (a) Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3,4-Benzo- fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Benzo (ghi) Perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Benzo (k) Fuoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Bis (2-Chlorethoxy) Methane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Bis (2-Chloroethyl Ether)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Bis (2-Chloroisopropyl) Ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Bis (2-ethyl- hexyl) Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4-Bromo- phenyl Phenyl Ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Butyl Benzyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2-Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						



Pollutant	Mark "X"			Maximum Daily Concentration	Long Term Average Concentration (if available)	Number of Analyses	Units	Certified Laboratory Number	Reporting Level ML/MDL
	Testing Required	Believed Present	Believed Absent						
4-Chlorophenyl Phenyl Ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Dibenzo (a,h) Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1,2-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1,3-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1,4-Dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3,3'-Dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Diethyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Dimethyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Di-N-Butyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2,4-Dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2,6-Dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Di-N-Octyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1,2-Diphenylhydrazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Hexachlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Hexachlorocyclopentadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Hexachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Indeno(1,2,3-cd)Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
N-Nitrosodimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
N -Nitrosodi-N-Propylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						



Pollutant	Mark "X"			Maximum Daily Concentration	Long Term Average Concentration (if available)	Number of Analyses	Units	Certified Laboratory Number	Reporting Level ML/MDL
	Testing Required	Believed Present	Believed Absent						
N-Nitrosodiphenylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1,2,4-Trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						



Outfall Number: _____

Part G [Pesticide Fraction]

- Industry categories with an “X” in the “Pesticide” column of Table 1 in the instructions are required to test for all pollutants in Part D. If you are required to test, mark “Testing Required” and provide the results of at least one analysis for each pollutant.
- For all other industry categories, review each row and mark either “Believed Absent” or “Believed Present.”
- If you mark “Believed Present”, you must submit results of at least one analysis unless you meet an exemption.
- If you only have one analysis result, place it the Maximum Daily Value column.
- All samples must be grab samples. All pollutants must be analyzed by a certified laboratory.

Pollutant	Mark “X”			Maximum Daily Concentration	Long Term Average Concentration (if available)	Number of Analyses	Units	Certified Laboratory Number	Reporting Level ML/MDL
	Testing Required	Believed Present	Believed Absent						
Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
alpha-BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
beta-BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
gamma-BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
delta BHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4,4’-DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4,4’-DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4,4’-DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Alpha-Endosulfan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Beta-Endosulfan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Endrin Aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Heptachlor Epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						



Pollutant	Mark "X"			Maximum Daily Concentration	Long Term Average Concentration (if available)	Number of Analyses	Units	Certified Laboratory Number	Reporting Level ML/MDL
	Testing Required	Believed Present	Believed Absent						
PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						



Outfall Number: _____

Part H [Dioxin]

- If you use or manufacture certain chemicals (see list below), mark “Testing Required” for dioxin.
- If you do not use chemicals in the list, mark “Believed Absent” or “Believed Present”.
- If you mark “Testing Required” or “Believed Present” you must perform a screening analysis for dioxins using gas chromatography with an electron capture detector.
- Describe the results of the analysis in the space provided.

Pollutant	Mark “X”			Describe screening analysis results.
	Testing Required	Believed Present	Believed Absent	
2,3,7,8-Tetra-chlorodibenzo-p-dioxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

You must mark “Testing Required” for dioxin if you use or manufacture one or more of the following compounds:

Compound Name	Other name(s)	CAS Number
2,4,5-trichlorophenoxy acetic acid	2,4,5-T	93-76-5
2-(2,4,5-trichlorophenoxy) propanoic acid	Silvex; 2,4,5-TP	93-72-1
2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate	Erbon	136-25-4
O,O-dimethyl O-(2,4,5-trichlorophenyl) phosphorothioate	Ronnel	299-84-3
2,4,5-trichlorophenol	TCP	95-95-4
hexachlorophene	HCP	70-30-4



FORM 3 INSTRUCTIONS
DO NOT SUBMIT – FOR APPLICANT USE ONLY

1. Sources of Pollution

- List the route of flow from the outfall to the first named stream, e.g. “discharge pipe to unnamed stream to Des Moines River”.
- List all sources of wastewater discharged through each outfall.
- Operations may be described in general terms (for example, “dye-making reactor” or “distillation tower”).
- You may estimate the flow contributed by each source if no data are available.
- For stormwater discharges, you may estimate the average flow. You must indicate the rainfall event upon which the estimate is based and the method of estimation. Attach additional sheets if necessary.

2. Production

- A. Industries with effluent limit guidelines (ELGs) are shown in Table 1 of these instructions. A guideline applies to your facility if your industry is listed in the table and you have process wastewater.
- B. An effluent guideline is expressed in terms of production if the limitation is expressed as mass of pollutant per operational parameter. For example, “pounds BOD per cubic foot of logs from which bark is removed.” Industries with production-based limits are indicated in Table 1.
- C. Complete this item only if you checked “yes” for Item 2.B. Report quantities in the units of measurement used in the applicable effluent guideline. Production figures must be based on actual daily production and not on design capacity or future operation. More information on ELGs can be found at <https://www.epa.gov/eg/industrial-effluent-guidelines>.

3. Treatment System

Self-explanatory.

4. Effluent Characteristics

- Refer to Table 2 of these instructions. List any of the pollutants shown in Table 2 that you know or have reason to believe are discharged, or may be discharged, from any outfall.
- For each pollutant you list, briefly describe the reasons you believe it to be present.
- Report any analytical data available. Attach additional sheets if necessary

5. Chemical Additives

- If you add any chemicals, please complete the table
- Additives may include boiler water treatments, cooling tower treatments, water treatment products, etc.
- Values for LC₅₀ can usually be found in the “Ecological Information” section of an SDS.
- You must also include a copy of the safety data sheet (SDS).

6. Toxicity Test Data

- Select “yes” if any biological tests for acute or chronic toxicity have been conducted on any of your discharges in the past three years. An example is Whole Effluent Toxicity, or WET testing.
- If yes, attach additional sheets describing the test(s), their purpose(s) and the result(s). Attach additional sheets if necessary.

7. Effluent Data

- Complete 7.A-H for each outfall discharging process wastewater.
- Copy pages 3-14 of Form 3 if needed, or download from <https://www.iowadnr.gov/Environmental-Protection/Water-Quality/NPDES-Wastewater-Permitting>.
- These items require you to collect and report data on the pollutants discharged for each of your process water outfalls.



- Each part of this item addresses a different set of pollutants and must be completed in accordance with the specific instructions for that part.
- The following general instructions apply to the entire item.

You may need to sample and test for pollutants that are not in your current permit.

General Instructions

Reporting

- All levels must be reported as concentration.
- Use the following abbreviations in the columns headed “Units”: ppm - parts per million; mg/l - milligrams per liter; ppb - parts per billion; µg/l - micrograms per liter; lbs – pounds.
- If you measure only one daily value, complete only the “Maximum Daily Concentration” columns and insert “1” into the “Number of Analyses” column.
- You may be required to conduct additional analyses to further characterize your discharges.
- For composite samples, the daily value is the average concentration found in a composite sample taken over the operating hours of the facility during a 24-hour period.
- For grab samples, the daily value is the arithmetic or flow-weighted average concentration found in a series of at least four grab samples taken over the operating hours of the facility during a 24-hour period.
- You also must determine the average of all values within the last year and report the concentration under the “Long Term Average Values” columns and the total number of daily values under the “Number of Analyses” columns.
- All samples that are representative of your effluent and less than 4 ½ years old must be included when determining long term averages and maximum daily values.

Sampling

- The collection of samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater.
- You must follow any specific requirements contained in the applicable analytical methods for sample containers, sample preservation, holding times, the collection of duplicate samples, etc.
- You should sample at a time that is representative of your normal operation, with all processes which contribute wastewater in normal operation, and with your treatment system operating properly with no system upsets.
- You must collect samples during dry weather when the discharge is not influenced by storm water runoff.
- You must collect samples from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present permit, or at any site adequate for the collection of a representative sample.
- You must collect grab samples for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, the volatile organics fraction of the GC/MS, and *Escherichia coli* (E. coli).
- You must collect 24-hour composite samples for all other pollutants.
- If you have an impoundment or holding pond with a retention period of greater than 24 hours, you must take at least one grab sample.
- **Grab sample:** a representative, discrete portion of the sewage, industrial waste, other waste, surface water, or groundwater taken without regard to flow rate.
- **24-Hour Composite sample:** A sample made by collecting a minimum of 6 grab samples taken 4 hours apart and combined in proportion to the flow rate at the time each grab sample was collected. (Generally, grab samples should be collected at 8 am, 12 pm (noon), 4 pm, 8 pm, 12 am (midnight), and 4 am on weekdays (Monday - Friday) unless local conditions indicate another more appropriate time for sample collection).

Analysis

- You must use test methods promulgated in 40 CFR Part 136; however, if none has been promulgated for a particular pollutant, you may use any suitable method for measuring the level of the pollutant in your discharge.
- All analyses must be conducted with sufficiently sensitive methods.



- If you have two or more substantially identical outfalls, you may request permission to sample and analyze only one outfall and submit the results of the analysis for other substantially identical outfalls. You must request permission before submitting your permit application.

Intake Data

- Certain facilities may be eligible for net effluent limitations for one or more pollutants. If you withdraw water from a waterway and discharge it to the same stream, you may be eligible.
- If you believe you may be eligible for net effluent limitations for one or more pollutants and wish to demonstrate your eligibility, you must report the results of at least one analysis of your raw water for the pollutant(s).

Non-Detects

- If a pollutant is not detected in the sample, put a less-than sign (<) in the Maximum Daily Concentration column. For example, if the lab reports “<0.10 mg/L”, for ammonia (as N), you would place “<” in the Concentration column and “0.10” in the “Reporting Level ML/MDL” column.
- Put the detection or reporting level in the last column.
- Do not calculate a mass.

Reporting Levels

- Provide the method detection limit (MDL), minimum level (ML), or other designated method endpoint reflecting the precision of the analytical method used.
- Because the endpoint of the method has also been reported along with the test results, the permit writer will be able to determine if the data are in the “non-detect” or “below quantitation” range.

7.A

- All applicants must complete 7.A for all outfalls that contain process wastewater.
- The Director may be able to waive requirements for one or more pollutants. Waivers must be granted in writing prior to your submission of the application.
- Use composite samples for all pollutants except for pH and temperature.
- The Maximum Daily Value is the greatest concentration measured in any one sample for any day of the month.
- The Long Term Average Value is the average of all representative samples taken in the past year.
- The Maximum 30-Day Value is the greatest average of any 30 days within the past year.

7.B

- All applicants must complete 7.B for all outfalls that contain process wastewater.
- If a pollutant is limited in an effluent limitations guideline, you must report quantitative data for that pollutant.
 - Pollutants may be limited directly, for example, 30 mg/L TSS.
 - Pollutants may be limited indirectly but expressly, such as use of TSS to control the discharge of iron and aluminum.
- For other pollutants, mark either “Believed Present” or “Believed Absent.”
 - For pollutants that are believed present, you must provide quantitative data or explain their presence in your discharge.
 - Use composite samples for all pollutants in 7.B except *E. coli*, total residual chlorine, and oil and grease.

7.C - G

- Table 1 lists the 34 primary industry categories in the left-hand column.
- These industries are required to test for Metals, Cyanide, and Total Phenols (7.C).
- These industries may also be required to test for other GC/MS fractions as indicated by an “X” in Table 1.
- If you are required to test for a pollutant, mark “Testing Required.” You must report at least one analysis result for that pollutant.



- If you are not required to test for a pollutant, mark either “Believed Present” or “Believed Absent.”
- If you mark “Believed Present”, you must submit results of at least one analysis unless you qualify for a small business exemption.

7.H

- Refer to the list on page 14 of Form 3.
- If your facility manufactures or uses any of the chemicals in the list on page 14, mark “Testing Required.”
- If your facility does not manufacture or use any of the chemicals in the list on page 14, mark either “Believed Present” or “Believed Absent” based on your knowledge of the facility and its effluent.
- If you marked “Testing Required” or “Believed Present”, you must have a screening analysis for dioxin performed.

Small Business Exemption

If you are a “small business,” you are exempt from the reporting requirements for the organic toxic pollutants listed in Part V-C. There are two ways in which you can qualify as a “small business”:

- If your facility is a coal mine, and if your probable total annual production is less than 100,000 tons per year, you may submit past production data or estimated future production (such as a schedule of estimated total production under 30 CFR 795.14(c)) instead of conducting analyses for the organic toxic pollutants.
- If your facility is not a coal mine, and if your gross total annual sales for the most recent three years average less than \$100,000 per year (in second quarter 1980 dollars), you may submit sales data for those years instead of conducting analyses for the organic toxic pollutants.

TABLE 1: Effluent Limitation Guidelines Industries and Required Testing
(All industries in this table are subject to an effluent limitation guideline)

40 CFR Part Number	Industry Category	Production Based Guideline	GC/MS Fractions				
			Metals, etc. (7.C)	Volatile (7.D)	Acid (7.E)	Base/Neutral (7.F)	Pesticide (7.G)
456	Adhesives and sealants		X	X	X	X	—
467	Aluminum forming	Yes	X	X	X	X	—
444	Auto and other laundries		X	X	X	X	X
461	Battery manufacturing	Yes	X	X	—	X	—
465	Coil coating		X	X	X	X	—
468	Copper forming		X	X	X	X	—
469	Electrical and electronic components		X	X	X	X	X
413	Electroplating		X	X	X	X	—
457	Explosives manufacturing		X	—	X	X	—
433	Metal finishing		X	X	X	X	—
464	Metal molding and casting	Yes	X	X	X	X	—
454	Gum and wood chemical manufacturing (Except subparts D and F)		X	X	X	—	—
	Subpart D - tall oil rosin		X	X	X	X	—
	Subpart F - rosin-based derivatives		X	X	X	X	—
415	Inorganic chemicals manufacturing		X	X	X	X	—
420	Iron and steel manufacturing	Yes	X	X	X	X	—
425	Leather tanning and finishing	Yes	X	X	X	X	—



40 CFR Part Number	Industry Category	Production Based Guideline	GC/MS Fractions				
			Metals, etc. (7.C)	Volatile (7.D)	Acid (7.E)	Base/Neutral (7.F)	Pesticide (7.G)
471	Nonferrous metals forming		X	X	X	X	X
440	Ore mining and dressing		X	—	X	—	—
414	Organic chemicals, plastics and synthetic fibers		X	X	X	X	X
447	Paint formulating		X	X	X	X	—
446	Ink formulating		X	X	X	X	—
455	Pesticide chemicals	Yes	X	X	X	X	X
419	Petroleum refining		X	X	—	—	—
439	Pharmaceutical preparations		X	X	X	X	—
459	Photographic equipment and supplies		X	X	X	X	—
463	Plastics molding and forming		X	X	—	—	—
448	Printing and publishing		X	X	X	X	X
430	Pulp, paper and paperboard		X	—	—	—	—
428	Rubber processing		X	X	X	X	—
417	Soap and detergent manufacturing		X	X	X	X	—
423	Steam electric power plants	Yes	X	X	X	—	—
410	Textile mills (except Subpart C)		X	X	X	X	—
429	Timber products processing		X	X	X	O	X
	Subpart A		X	O	X	O	O
	Subparts B, C, D, R		X	O	X	O	O
	Subpart E		X	X	X	O	X
	Subparts F, G, H, I, K		X	X	X	O	O
	Subparts L, M, N, O, P		X	X	X	O	O
	Subparts J, U		X	X	X	X	O
	Subparts Q, S, T		X	X	X	O	X

X = Testing required

— = Testing not required

O = Testing required only if believed present

**TABLE 2 - HAZARDOUS SUBSTANCES**

1. Acetaldehyde
2. Allyl alcohol
3. Allyl chloride
4. Amyl acetate
5. Aniline
6. Asbestos
7. Benzonitrile
8. Benzoyl chloride
9. Butylacetate
10. Butylamine
11. Captan
12. Carbaryl
13. Carbofuran
14. Carbon disulfide
15. Chlorpyrifos
16. Coumaphos
17. Cresol
18. Crotonaldehyde
19. Cyclohexane
20. 2,4-D acid (2,4-Dichlorophenoxyacetic acid)
21. Diazanone
22. Dicamba
23. Dichlobenil
24. Dichlone
25. 2,2-Dichloropropionic acid
26. Dichlorvos
27. Diethylamine
28. Dimethylamine
29. Dinitrobenzene
30. Diquat
31. Disulfoton
32. Diuron
33. Epichlorohydrin
34. Ethion
35. Ethylenediamine
36. Ethylene dibromide
37. Formaldehyde
38. Furfural
39. Guthion
40. Isoprene
41. Isopropanolamine dodecylbenzenesulfonate
42. Kelthane
43. Kepone
44. Malathion
45. Mercaptodimethur
46. Methoxychlor
47. Methyl mercaptan
48. Methyl methacrylate
49. Methyl parathion
50. Mevinphos
51. Mexacarbate
52. Monoethylamine
53. Monomethylamine
54. Naled
55. Napthenic acid
56. Nitrotoluene
57. Parathion
58. Phenolsulfate
59. Phosgene
60. Propargite
61. Propylene oxide
62. Pyrethrins
63. Quinoline
64. Resorcinol
65. Strontium
66. Strychnine
67. Styrene
68. 2,4,5-T acid (2,4,5-Trichlorophenoxyacetic acid)
69. 2,4,5-TP acid (2,4,5-Trichlorophenoxy propanoic acid)
70. TDE (Tetrachlorodiphenyl ethane)
71. Trichlorofan
72. Triethanolamine dodecylbenzenesulfonate
73. Triethylamine
74. Trimethylamine
75. Uranium
76. Vanadium
77. Vinyl acetate
78. Xylene
79. Xylenol
80. Zirconium