IOWA DEPARTMENT OF NATURAL RESOURCES - NPDES PERMIT APPLICATION
FORM 30, PART A - BASIC APPLICATION INFORMATION FOR MUNICIPAL AND SEMI-PUBLIC FACILITIES

All Municipal and Semi-public Wastewater Treatment Works must complete Part A (Instructions at end).

1. Facility Information

Facility Name _____ Facility Number _____

Contact Person _____ Title _____

Address/Physical Location _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

2. Applicant Information

Applicant (Owner) Name _____

Contact Person _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Is the applicant the owner, operator, or both of the treatment works? ☐ Owner ☐ Operator

Indicate where correspondence regarding this permit should be sent: ☐ Facility ☐ Applicant

3. Operation/ Maintenance performed by Contractor (Affidavit Operator)

Are any operational or maintenance aspects of the facility the responsibility of a contractor?

☐ No ☐ Yes If no, proceed to Question 4. If yes, provide the following contractor information

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Describe the responsibilities of the contractor:

4. Other Permits

List all environmental permits from federal, state, or local agencies required to operate this facility (storm water, air, solid waste). Please indicate if a permit has been applied for but not issued.

Type of Permit	Permit No.	Issue Date	Issuing Agency

5. Collection System

Do any combined sewer overflows (CSOs) exist in the collection system for the facility? ☐ No ☐ Yes

If no, proceed to Question 6. If yes, estimate the percent contribution. (Note: if CSOs are present, complete Part E.)

Combined storm and sanitary sewer _____ % contribution

6. Inflow and Infiltration

In the last facility inspection report from the DNR Field Office, did the Field Office indicate that the facility has excessive inflow and infiltration (I/I)? ☐ No ☐ Yes

If no, proceed to Question 7. If yes, briefly explain steps underway or planned to minimize I/I.

7. Areas Served by Facility

Provide information on any areas or municipalities outside the corporate limits served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.)

Name	Population Served	Type of System	Ownership

8. Facility Description

a. Provide a description of the treatment facility (e.g. extended aeration activated sludge plant with a storm water equalization basin, controlled discharge lagoon with two cells). Please note the number of process units (e.g. two anaerobic digesters, four aeration basins).

b. Provide the location of the treatment facility.

County _____ Section _____ Township _____ Range _____

Latitude Degrees _____ Minutes _____ Seconds _____

Longitude Degrees _____ Minutes _____ Seconds _____

9. Facility Design Information

Provide the following design information (located in the construction permit for the facility):

Average Dry Weather (ADW) Flow in million gallons per day (MGD): _____

Average Wet Weather (AWW) Flow in million gallons per day (MGD): _____

Maximum Wet Weather (MWW) Flow in million gallons per day (MGD): _____

Biochemical Oxygen Demand (BOD) in pounds per day (lbs/day): _____

Total Kjeldahl Nitrogen (TKN) in pounds per day (lbs/day): _____

Note: Facilities with an AWW flow of greater than 0.1 MGD must fill out Question 19 and facilities with a design AWW flow greater than 1 MGD must fill out Parts B and C.

10. Scheduled Improvements & Schedules of Implementation

Are any improvement of the facility planned or required? ☐ No ☐ Yes

If no, please proceed to Question 11. If yes, provide information on any implementation or plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the facility. Submit separate responses to this question for each implementation schedule or planned improvement.

a. Describe which treatment processes are covered by the implementation schedule(s).

b. Indicate whether the improvements or implementation schedule(s) are required by State or Federal agencies.

☐ No ☐ Yes If yes, briefly describe why the agency required the schedule

c. Provide dates imposed by any required schedule and any actual dates of completion for the implementation steps listed below, as applicable. For planned improvements, indicate the planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Scheduled Date (Month/Day/Year)	Completion Date (Month/Day/Year)
Begin Construction		
End Construction		
Begin Discharge		
Attain Operational Level		

d. Have appropriate permits/clearances concerning other State/Federal requirements been obtained (e.g. construction permit)? ☐ No ☐ Yes

11. Discharges to Surface Waters

List how many of the following types of discharge points are used in the facility and the collection system (indicate zero as needed). Report all outfalls, even those not listed in your current NPDES permit.

	Type	Number
a.	Discharges of treated effluent	
b.	Sanitary Sewer Overflows or SSOs (includes any constructed emergency overflows prior to the headworks)	
c.	Internal discharges of untreated or partially treated effluent (Bypasses of any treatment units after the headworks)	
d.	Combined Sewer Overflow (CSO) points prior to the headworks (Note: if CSOs are utilized, Part E must be completed)	
e.	Internal bypasses of any treatment units (not bypassed to surface waters)	

12. Other Disposal Methods

Does the facility dispose of wastewater or solids by any method not included in Question 11? ☐ No ☐ Yes

If no, proceed to Question 13. If yes, answer each of the questions below.

a. Does the facility discharge treated effluent to basins, pones, or other surface impoundments that do not have outlets for discharge to flowing surface waters (e.g. rivers)? ☐ No ☐ Yes

If yes, provide the location of each surface impoundment

Name _____ Section _____ Township _____ Range _____

Name _____ Degrees _____ Minutes _____ Seconds _____

b. Does the facility land apply treated wastewater or allow another entity to land apply treated wastewater?

☐ No ☐ Yes **If yes, provide the following information for each of each land application site.**

Location: County _____ Section _____ Township _____ Range _____

Number of Acres _____ Average daily flow applied to site: _____ MGD

Is land application ☐ continuous or ☐ intermittent?

c. Does the facility discharge or transport treated or untreated wastewater to another treatment works?

☐ No ☐ Yes **If yes, provide the following information for each recipient of the wastewater**

i. A description of the means by which the wastewater from the treatment works is discharged or transported (e.g. tank truck, pipe):

ii. Average daily flow applied transported: _____ MGD

iii. If transported by a party other than the applicant, provide the following for the other party:

Name: _____ Phone: _____

Name: _____ Phone: _____

iv. For each treatment works that receives this wastewater, provide the following:

Facility Name: _____ Phone: _____

Facility Name: _____ Phone: _____

d. Does the facility discharge or dispose of its wastewater in a manner not included in 12a through 12c (e.g. well injection, re-use)? ☐ No ☐ Yes **If yes, provide the following information for each disposal method:**

i. Description of method (including location and size of sites if applicable):

ii. Average daily flow disposed of by this method: _____ MGD

iii. Is disposal by this method ☐ continuous or ☐ intermittent?

e. Does the facility generate sewage sludge or derive a material from sewage sludge? ☐ No ☐ Yes

If yes, answer the following:

i. DNR Field Offices inspect land application programs to determine compliance. Has the Field Office inspected the land application program for the facility within the last five years?

☐ No ☐ Yes If no, indicate the date of the last Field Office inspection: _____

ii. Has the land application program at the facility changed since the last Field Office inspection?

☐ No ☐ Yes **If yes, please explain briefly:**

13. Maps

Attach at least one map (topographic or aerial photo) with the following clearly marked. A map will be included with renewal applications and it should be marked as detailed below. If any of the unit processes or structures listed below cannot be adequately shown on one map, include additional maps.

a. An outline of the treatment facility, including all major process units;
b. Location of any sanitary sewer overflows (SSO) in the collection system (prior to the headworks) and the location where any SSO reaches a water of the state;
c. Location of any combined sewer overflows (CSO) in the collection system (prior to the headworks) and the location where any CSO reaches a water of the state (refer to Part E for more information);
d. Location of pipes or other structures through which untreated wastewater (raw) enters the plant;
e. Location of major pipes or other structures through which treated wastewater (effluent) is discharged from the treatment plant (show all outfalls);
f. Location where partially treated (wastewater from a bypass after the headworks) or treated wastewater enters a water of the state (include all outfalls);
g. Basins, ponds, or other surface impoundments that receive wastewater;
h. Any areas where the sewage sludge produced by the treatment plant is stored, treated, or disposed;
i. Wells, springs, and surface waterbodies that are within ½ mile of the facility and listed in the public record (or otherwise known to the applicant);
j. Each well where wastewater from the facility is injected underground;
k. Location where any waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA), enters the facility and where it is treated, stored, and/or disposed.

14. Process Flow Diagram or Schematic

Provide a diagram or schematic of the treatment works that includes:

a. All process units (with labels);
b. Path of flow through the facility (Influent flows, flow between treatment units, effluent flows, recirculation, and sludge lines);
c. Piping to and the location of all internal bypasses of any treatment units (after the headworks);
d. All flow measurement locations and devices;
e. All influent and effluent sampling locations and devices;
f. All internal bypasses of any treatment units;
g. All outfall locations, including any outfalls from internal bypasses.

Complete Questions 15 to 17 for <u>each outfall</u> noted in Question 11, a-c. Report all outfalls, including those not listed in the current permit. Make copies of page 6 as needed. If you entered zeroes for a-c in Question 11, proceed to Part D.

15. Description of Outfall

a. Outfall Number (e.g. 001, 002): _____

b. Outfall Name/Description: _____

c. Outfall Type (if known): _____

d. Outfall Location

City or Town (if applicable): _____ State: _____ Zip: _____

County _____ Section _____ Township _____ Range _____

Latitude Degrees _____ Minutes _____ Seconds _____

Longitude Degrees _____ Minutes _____ Seconds _____

e. Does this outfall have either an intermittent or periodic discharge (e.g. controlled discharge lagoon, internal bypass)? ☐ No ☐ Yes **If no, proceed to f. If yes, provide the following information:**

i. Number of times per year discharge normally occurs: _____

ii. Months in which discharge normally occurs: _____

iii. Average duration of each discharge: _____ Days

iv. Estimation of average daily flow discharged: _____ MGD

f. Estimation of average daily flow discharged (for continuously discharging outfalls): _____ MGD

g. Does this outfall have a subsurface discharge? ☐ No ☐ Yes **If no, proceed to h. If yes, provide the following:**

Distance from shore: _____ feet Depth below surface: _____ feet

h. Is outfall equipped with a diffuser? ☐ No ☐ Yes

16. Description of Receiving Waters

Route of Flow:

Waterbody	Stream Designation (if known)

Name of River Basin: _____

17. Description of Treatment

a. What levels of treatment are provided for this outfall? Check all that apply:

☐ Primary ☐ Secondary ☐ Advanced ☐ None ☐ Other (Describe) _____

b. Does the outfall have post aeration? ☐ No ☐ Yes

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

If disinfection is by chlorination, is dechlorination used for this outfall? ☐ No ☐ Yes

18. Effluent Testing Information for All Facilities

All applicants that discharge to surface waters must provide the results of analysis of at least one sample of the final effluent for the following parameters, regardless of whether or not the parameters below are included in the facility's current NPDES permit**.** Testing is required for each active outfall through which effluent is discharged. Collect samples as indicated by the bolded letters. C indicates 24-hour composite and G indicates grab. If the discharge is from a controlled discharge lagoon, a grab sample is acceptable in lieu of a 24-hour composite. Effluent testing data required by your current NPDES permit can be used if it meets these requirements. If only one sample is taken, report the results in the "Maximum Daily Value" column. Do not include information on CSOs her.

Outfall Number (e.g. 001, 002): _____

Pollutant	Maximum Daily Value	Average Daily Value (last year)	Number of Measurements	Certified Laboratory #	Reporting Level (MDL)
Chloride C					
Sulfate C					
E.coli G					

19. Effluent Testing Information for Facilities with Design AWW Flow Greater Than 0.1 MGD

Applicants whose facility has a design wet weather (AWW) flow of greater than or equal to 0.1 MGD (100,000 gal/day) and that discharge to surface waters must provide the results of analysis of at least one sample of the final effluent for the following parameters, regardless of whether or not the parameters below are included in the facility's current NPDES permit. Testing is required for each active outfall through which effluent is discharged. The samples collected must be representative of the current operation and should be collected during dry weather. Collect samples as indicated by the bolded letters. C indicates 24-hour composite and G indicates grab. If the discharge is from a controlled discharge lagoon, a grab sample is acceptable in lieu of a 24-hour composite. Effluent testing data required by your current NPDES permit can be used if it meets these requirements. If only one sample is taken, report the results in the "Maximum Daily Value" column. Do not include information on CSOs in this section. "Other" parameters will be specified by the permit writer as needed. Note: if the design AWW flow of the facility is less than 0.1 MGD, this question does not need to be completed.

Outfall Number (e.g. 001, 002): _____

Pollutant	Maximum Daily Value	Average Daily Value (last year)	Number of Measurements	Certified Laboratory #	Reporting Level (MDL)
Ammonia (as N) C					
Chlorine, Total Residual (TRC) G*					
Dissolved Oxygen G					
Nitrate plus Nitrite Nitrogen C					
Total Kjeldahl Nitrogen C					
Oil and Grease G					
Phosphorus (Total) C					
Other					

*Facilities that do not use chlorine for disinfection and do not use chlorine elsewhere in the treatment process are not required to provide TRC effluent results.

FORM 30, PART A - INSTRUCTIONS

Part A of Form 30 must be completed by all new or existing municipal and semi-public sewage disposal facilities.

- A municipal facility is a system for the treatment or disposal of domestic sewage that is owned by a city, town, sanitary sewer district, or designated management agency.
- A semi-public facility is a system for the treatment or disposal of domestic sewage which is not a private sewage disposal facility and which is not owned by a city, town, sanitary sewer district, or designated management agency.

1. **Facility Information -**
   - Provide the facilities' official or legal name. Do not use a nickname or short name.
   - Provide the 911 address (physical location) of the facility. This address should not be a PO Box. If no address is available, write down the nearest intersection and direction from the nearest city, e.g. "Hwy 181 and 4th Street, Southeast of town".
   - Provide the facilities' mailing address and the name, title, and telephone number of a contact person. The contact person should be someone who has a thorough understanding of the operation of the treatment works.

2. **Applicant Information -** Provide the name and address of the facility owner. Provide the name, title, and telephone number of a contact person.

3. **Operation/Maintenance Performed by a Contractor (Affidavit Operator) -** If a contractor carries out any operational or maintenance aspects associated with wastewater treatment or effluent quality at this facility, provide the name, mailing address, and telephone number of the contractor. Describe the responsibilities of the contractor.

4. **Other Permits -** Self-explanatory. Attach additional pages if needed.

5. **Collection System -** Indicate whether any CSOs exist in the collection system for the facility. If CSOs are present, provide an estimate of what percentage (in terms of miles of pipe) of your entire collection system the CSOs represent. For example, 20 percent combined sanitary and storm sewers would mean that 20 percent of the actual miles of pipes are combined sewers (and 80 percent are separate sanitary sewers).

6. **Inflow and Infiltration -** Self-explanatory. Attach additional pages if needed.

7. **Areas Served By Facility -** Provide the names of all the cities, towns, and unincorporated areas served by the facility and the number of people served by the facility at the time you complete this form. Indicate whether each portion of the collection system is separate or combined storm and sanitary, if known, and note the ownership status of each portion of the system. Attach additional pages as needed.

8. **Facility Description -** Self-explanatory.

9. **Facility Design Information -** Provide the design parameters for the facility (the as-built design flow rates and loadings). Design parameters can be located in the construction permit issued by the Wastewater Engineering section of the DNR or in the Design Schedule G attached to the construction permit. If a design TKN is not available, write "NA".

10. **Scheduled Improvements and Schedules of Implementation** - Indicate whether one or more improvements that will affect the wastewater treatment, effluent quality, or design capacity of your facility are planned or required. Provide the dates for when improvements will start and finish. Attach additional pages as needed.
    a. and b. Self-explanatory.
    c. "Begin Construction" is the date you plan to start construction. "End Construction" is the date you expect to finish construction. "Begin Discharge" is the date that you expect a discharge will start. "Attain Operational Level" is the date that you expect the effluent level will meet the schedule conditions.
    d. Note whether your facility has received other appropriate federal or state permits or clearances, such as a construction permit, 401 Certification, storm water permit, etc.

11. **Discharges to Surface Waters -** Provide information on all discharges to surface waters utilized at the facility and in the collection system. Surface water means any watercourse, waterway, drainage ditch, creek, stream, river, pond, marsh, lake, or reservoir. Note the number of each of the following discharges:
    a. Treated effluent discharge points (e.g. final effluent discharge to surface waters),
    b. SSOs (e.g. lift station overflows, manhole overflows, manholes where portable pumps are regularly used, or any other emergency overflows that are prior to the headworks and discharge to surface waters),
    c. Internal discharge bypasses after the headworks of the facility (e.g. discharge from an equalization basin, storm water basin, or any other discharge of partially treated effluent to surface waters),
    d. CSOs (points where combined sanitary and storm sewers discharge to surface waters prior to the headworks),
    e. Internal bypasses (e.g. bypass of a lagoon cell or aeration basin, etc. that does not discharge to surface waters).

Complete questions 15 through 17 of Part A for each outfall listed in a, b, and c, and mark the locations of each outfall on the map(s) prepared for Question 13. Report all outfalls, even those not listed in the current NPDES permit.

12. **Other Disposal Methods -** If the treatment works discharges or disposes of untreated or treated wastewater in a manner not described in Question 11, or disposes of sewage sludge, complete Question 12.
    a. Indicate if the facility discharges wastewater to any surface impoundment. Report the location of each non-discharging surface impoundment. Show the location of the surface impoundment(s) on the map(s) prepared for Question 13. If the facility discharges to more than one surface impoundment, provide the information for each on additional pages. (Note: A surface impoundment with no point source discharge to flowing waters of the state is a holding pond or basin that is large enough to contain all wastewaters discharged into it. It has no places where water overflows, it is used for evaporation, and very little water seeps into the ground.)
    b. Indicate if the facility land applies treated wastewater. Land application is the spraying or spreading of treated wastewater over an area of land. If your facility or other entity land applies your wastewater, provide the required information. Show the location of all land application site(s) on the map(s) prepared for Question 13. Provide information for any other sites on additional pages.
    c. Indicate if the facility discharges treated or untreated wastewater to another treatment works (including a municipal waste transport or collection system). Describe how the wastewater is transported to the other treatment works, and provide the required information. If the facility sends wastewater to more than one treatment works, provide the information for each on additional pages.
    d. Indicate whether the facility disposes of its wastewater in a way not described in Question 12a to 12c. If so, briefly describe the alternate method of discharge or disposal, and provide the required information. Show the location(s) of any alternate discharge or disposal methods on the map(s) prepared for Question 13. (Note: Other ways to discharge or dispose of wastewater include underground percolation, well injection, and re-use of wastewater.)
    e. Indicate if the facility generates sewage sludge (biosolids) or derives a material from sewage sludge, and provide the required information. Show the location(s) of any sewage sludge disposal site(s) on the map(s) prepared for Question 13.

13. **Maps -** Provide at least one topographic map or aerial photo (or other map if these are unavailable) extending at least one mile beyond property boundaries of the facility, including all unit processes. The Iowa DNR will provide a map with renewal applications. Clearly mark the locations of all elements listed in Question 13 on either the provided map or on a map you have generated.

14. Process Flow Diagram or Schematic - Provide at least one diagram showing all process units of the treatment plant, including all internal bypasses. Include all elements listed in Question 14. Clearly mark all flow measurements and sampling locations. If necessary, include a brief narrative description of the diagram.

Answer Questions 15 through 17 once for each outfall (including bypass points) through which your facility discharges to surface waters. Attach additional pages as needed. Report all outfalls, even those not listed in your current NPDES permit. Describe all outfalls in Question 11 a - c. Do not include information about combined sewer overflow discharges in Part A. (Note, surface water means any watercourse, waterway, drainage ditch, creek, stream, river, pond, marsh, lake, or reservoir.)

15. Description of Outfall - Complete for each outfall

a. Provide the outfall number. Number 001 should be the main outfall from the treatment plant. Higher numbers (002 etc.) should be given to SSOs, bypasses, or alternate outfalls.
b. Provide the name of the outfall.
c. Provide the outfall type, if known. Outfall types include effluent, intermittent discharge, internal outfall, irrigation, SSO, CSO, monitoring well, and sludge.
d. Provide the outfall location, as required. The outfall latitude and longitude should not be the same as those give in Question 8 for the treatment facility.
e. Indicate if this outfall is a periodic or intermittent discharge and provide the required information. A "periodic discharge" is one that happens regularly (i.e., monthly or seasonally), but is not continuous all year. An "intermittent discharge" is one that happens sometimes, but not regularly. Discharges from holding ponds, lagoons, etc. may be included as periodic or intermittent. If you do not have records of exact months in which discharges occurred, provide an estimate.
f. If there is a continuous daily flow from this outfall, provide the average daily flow rate in MGD.
g. Indicate if this outfall has a subsurface discharge to a surface water. If yes, provide the required information. Give both distances in feet during low flow.
h. Self-explanatory.

16. Description of Receiving Waters - Complete for each outfall

a. Provide the name of the surface water(s) to which this outfall discharges directly and the waterbodies to which the discharge will ultimately flow. You are not required to complete all four lines; however, the last waterbody provided in the table should be either a major river (Des Moines River, Mississippi River) or a lake/impoundment. Provide the waterbody designations from the most recent Water Quality Standards, if known. For example:

Waterbody	Designation (if known)
Drainage Ditch A	General Use
Unnamed Tributary	B(WW-3)
"X" Stream	A2, B(WW-2)
"Y" River	A1, B(WW-1), HH

b. If known, provide the name of the State Management/River Basin into which this outfall discharges.

17. Description of Treatment - Complete for each outfall

a. Indicate the levels of treatment that the facility provides for the discharge from this outfall. If the outfall is a bypass where no treatment occurs, indicate none.
   - Primary treatment examples: septic tank, primary clarifier, grit removal;
   - Secondary treatment examples: lagoons, aeration basins, trickling filters;
   - Advanced treatment examples: odor control, pure oxygen activated sludge, infrared disinfection, nitrogen or phosphorous removal, enhanced biological nutrient control, reverse osmosis.
b. Describe the type of disinfection the facility uses (i.e., chlorination, ozonation, ultraviolet, etc.) and any seasonal variation in disinfection technique that may occur. If the facility uses chlorine, indicate whether it also dechlorinates.
c. Self-explanatory.

Every facility must complete Question 18 for each active outfall. Complete Question 19 for each active outfall only if the facility has an AWW design flow of greater than or equal to 0.1 MGD. Complete effluent testing for all required parameters, even if the parameters are not included your current NPDES permit. Active outfalls include discharges from controlled discharge lagoons, but do not include discharges that occur less than once every five years. Provide sample data for any outfall that discharges more than once every five years. Attach additional pages as needed.

18. **Effluent Testing Information -** All applicants must provide effluent testing data for each active outfall. As noted above, an active outfall is one that is currently in operation. Indicate the outfall number (as assigned in Question 15) for which the data are provided. Do not include information about CSO discharges in Question 18.

    For *e.coli*, if the effluent has been chlorinated, the samples shall be analyzed using the Most Probable Number method found in Standard Method 9223B (Colilert® or Colilert-18® made by IDEXX Laboratories, Inc.). If the effluent has not been chlorinated, the samples shall be analyzed using either the MPN method above or EPA Method 1603: *E. coli* in water by membrane filtration using modified membrane-thermotolerant *E. coli* agar or mColiBlue-24® made by Hach.

19. **Effluent Testing Information for Facilities with a with a Design AWW Flow Greater Than or Equal to 0.1 MGD -** Applicants whose facility has a design wet weather (AWW) flow of greater than or equal to 0.1 MGD (100,000 gal/day) and that discharge to surface waters must provide effluent testing data for each active outfall. As noted above, an active outfall is one that is currently in operation. This testing is required by 40 CFR Part 122, Appendix J. Indicate the outfall number (as assigned in Question 15) for which the data are provided. Do not include information about CSO discharge points in Question 19. Note: if the design AWW flow of the facility is less than 0.1 MGD, this question does not need to be completed.

    Pursuant to 40 CFR, Part 122.21(j)(4)(iii), facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to provide TRC effluent results.

Additional Information for Questions 18 and 19. Sampling data must be representative of the treatment works' discharge. All data provided in the application must be based on samples taken within four years prior to the date of submittal of this permit application. If you have existing data that is less than four years old, you may use that data in lieu of conducting additional sampling.

A person experienced in performing wastewater sampling should supervise the collection of samples for the reported analyses. Specific requirements contained in the applicable analytical methods, including Chapter 63 of the Iowa Administrative Code, should be followed for sample containers, sample preservation, and holding times. Samples should be taken at a time representative of normal operation. To the extent feasible, all processes that contribute to wastewater should be in operation and the treatment system should be operating properly with no system upsets. Samples should be collected from the center of the flow channel (where turbulence is at a maximum), at a location specified in the current NPDES permit, or at any location adequate for the collection of a representative sample.

Analytical Method. All data reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods and 567 IAC Chapter 63. Applicants should use methods that enable pollutant detection at levels adequate to meet water quality-based standards. Where no approved method can detect a pollutant at the water quality-based standards level, use the most sensitive approved method. Attach an explanation and supporting documentation for any necessary dilutions or any problems encountered in the analysis.

Reporting Levels. Provide the reporting level, method detection limit (MDL), minimum level (ML), or other method endpoint reflecting the precision of the analytical method used. The method endpoint (reporting level) is shown on the results document from the testing laboratory. Report all analytical results using the actual numeric values determined by the analysis. In other words, even where analytical results are below the detection or quantation level of the method used, the actual data should be reported, rather than reporting “non-detect” (“ND”) or “zero” (“0”).