

**IOWA DEPARTMENT OF NATURAL RESOURCES FORM 30 – NPDES PERMIT APPLICATION
PART G – PREAPPLICATION
FOR MUNICIPAL AND SEMI-PUBLIC FACILITIES**

FACILITY NUMBER (if known):					
1. FACILITY INFORMATION	Facility Name		Facility Address/ Physical Location		
	Contact Person		City	State	Zip Code
	Title		Facility Mailing Address		
	Telephone Number		City	State	Zip Code
2. APPLICANT INFORMATION	Applicant (Owner) Name		Mailing Address		
	Contact Person		City	State	Zip Code
	Title of Contact Person		Telephone Number		
	Is the applicant the owner, operator, or both of the treatment works? <input type="checkbox"/> Owner <input type="checkbox"/> Operator				
	Indicate where correspondence regarding this permit should be sent. <input type="checkbox"/> Facility <input type="checkbox"/> Applicant				
3. 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). 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:	
4. 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) (if known):			_____		
5. INDUSTRIAL USER DISCHARGES	a. Does the treatment works have, or is it subject to, an approved pretreatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide the date the pretreatment program was approved:				
	b. Provide the number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs) that discharge or plan to discharge to the treatment works. 1. Number of non-categorical SIUs. 2. Number of CIUs. 3. Total Number of SIUs (1 plus 2). Attach a copy of the current Treatment Agreement(s) for all Significant Industrial Users.				
6. MAPS	Attach at least one map (topographic or aerial photo) with the following clearly marked:				
	a. An outline of the treatment facility;				
	b. Location of major pipes or other structures through which treated wastewater (effluent) is discharged from the treatment plant (show all outfalls).				

Complete Questions 7 to 9 for each outfall. Report all outfalls, including those that are not listed in the treatment works' current NPDES permit. Please make extra copies as needed.

7. DESCRIPTION OF OUTFALL	A. Outfall Number (e.g. 001, 002):			
	b. Outfall Name/ description (e.g. Discharge from a two-cell aerated lagoon, SSO at lift station):			
	c. Outfall type (if known):			
	d. Outfall Location			
	City or Town (if applicable):		State:	
	County:		ZIP:	
		Section:	Township:	Range:
	Latitude	Degrees:	Minutes:	Seconds:
	Longitude	Degrees:	Minutes:	Seconds:
e. Is or will the outfall equipped with a diffuser? <input type="checkbox"/> Yes <input type="checkbox"/> No				

8. DESCRIPTION OF RECEIVING WATERS	a. Route of Flow:	
	Waterbody:	Designation (if known):
b. Name of River Basin:		

9. DESCRIPTION OF TREATMENT	a. What levels of treatment are provided for this outfall? Check all that apply: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> None <input type="checkbox"/> Other (Describe):	
	b. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. Does the outfall have post aeration? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ALL APPLICANTS MUST SIGN THIS PREAPPLICATION BY COMPLETING THE FOLLOWING CERTIFICATION.

10. SIGNATURE AND MAILING ADDRESS	I certify that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am an authorized representative of the facility for which this application has been prepared.	
	NAME	OFFICIAL TITLE
	SIGNATURE	DATE
	SEND COMPLETED PART G TO: IOWA DEPARTMENT OF NATURAL RESOURCES COURTNEY CSWERCKO, NPDES SECTION 502 EAST 9 TH STREET, DES MOINES, IA 50319	

DO NOT SUBMIT THESE PAGES – FOR APPLICANT USE ONLY**FORM 30, PART G PREAPPLICATION FOR MUNICIPAL AND SEMI-PUBLIC FACILITIES
INSTRUCTIONS**

Part G of Form 30 is the preapplication form for 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.

This preapplication form only needs to be completed by the following facilities: new facilities, expanded discharges, facilities with process changes, facilities who wish to determine if a Tier 2 Antidegradation review is required, or facilities directed to complete this form by the Department. The information included in this application should be as accurate as possible; it should reflect the information that will be used to complete the permit application (Form 30, Parts A – F). Attach additional pages to provide complete answers as needed.

1. Facility Information

Provide the facility's 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 P.O. 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". Be sure to provide the city in which the facility is located. Provide the mailing address of the facility and the name, title, and work 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's owner. Provide the name, title, and work telephone number of a contact person.

3. Facility Description

Provide a short description of the treatment works that includes all process units. Provide the location of the treatment facility. Section, township, range, latitude, and longitude information can be obtained on the internet.

4. Facility Design Information

Provide the design parameters for the facility (the flow rates and loadings that the treatment works was built to handle). These parameters are located in the construction permit issued to the facility by the Wastewater Engineering section of the DNR or in the Design Schedule G attached to the construction permit. If the design TKN is not available, write "NA".

5. Industrial User Discharges

Indicate whether the treatment works has an approved pretreatment program. An "approved pretreatment program" is a program administered by a treatment works that meets the criteria established in 40 CFR 403.8 and 403.9 and that has been approved by a Regional Administrator or State Director. Note that treatment works with a design AWW flow greater than or equal to 5 MGD are required to have an approved pretreatment program.

Provide the number of non-categorical SIUs, the number of CIUs, and the total number of SIUs (non-categorical SIUs plus CIUs) that discharge to the treatment works. A "categorical industrial user" is an industrial user that is subject to Categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N, which are technology-based standards developed by EPA setting industry-specific effluent limits. (A list of Industrial Categories subject to Categorical Pretreatment Standards is included in Appendix A). A "significant industrial user" is defined in 40 CFR 403.3(t) as an industrial user that:

- Is subject to Categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N; and
- Any other industrial user that discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (excluding sanitary, non-contact cooling and boiler blowdown wastewater); contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment works; or is designated as such by the permitting authority as defined in 40 CFR 403.12(a) on the basis that the industrial user has a reasonable potential for adversely affecting the treatment works operation or for violating any pretreatment standard or requirement (in accordance with 40 CFR 403.8(f)(6)).

An "industrial user" means any industrial or commercial entity that discharges wastewater that is not domestic wastewater. Domestic wastewater includes wastewater from connections to houses, hotels, non-industrial office buildings, institutions, or sanitary waste from industrial facilities. The number of "industrial users" is the total number of industrial and commercial users that discharge to the treatment works. Attach a current treatment agreement for each SIU.

6. Maps

Provide at least one topographic map or aerial photo (or other map if a topographic map or aerial photo is unavailable) extending at least one mile beyond property boundaries of the treatment plant, including all unit processes.

Answer Questions 7 through 9 once for each outfall (including bypass points) through which your treatment works discharges to surface waters. Attach additional pages as needed. Surface water means any watercourse, waterway, drainage ditch, creek, stream, river, pond, marsh, lake, or reservoir. Report all outfalls, even those that are not listed in the treatment works' current NPDES permit.

7. Description of 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 a descriptive name for the outfall.
- c. Provide the outfall type, if known. The possible outfall types are: effluent, intermittent discharge, internal outfall, irrigation, SSO, CSO, monitoring well, and sludge.
- d. Provide the location of the outfall. For location, provide the city or town, zip code, county, state, section, township, range, and latitude and longitude to the nearest second. The outfall latitude and longitude for the outfall should not be the same as those give in Question 3 for the treatment facility.
- e. Indicate whether the outfall is equipped with a diffuser.

8. Description of Receiving Waters

- a. Give 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)

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

9. Description of Treatment

- 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. Examples of primary treatment are: septic tank, primary clarifier, and grit removal; examples of secondary treatment are lagoons, aeration basins, and trickling filters; examples of advanced treatment are: odor control, pure oxygen activated sludge, infrared disinfection, phosphorous removal, nitrogen removal, enhanced biological nutrient control, and reverse osmosis.
- b. Describe the type of disinfection the facility uses (for example, 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. Note whether the facility has post aeration.

10. Signature and Mailing Address

All preapplications must be signed and certified. By signing this certification statement, applicants confirm that they are an authorized representative of the facility for which this application is submitted. Mail the preapplication to the address indicated.