

**EXHIBIT 3
ENVIRONMENTAL SERVICES DIVISION
WATER QUALITY BASED PERMIT LIMITS WORK REQUEST FORM**

SECTION I: BACKGROUND INFORMATION	
1) Date Requested:	2) Date Needed:
3a) Wasteload Allocation Priority Justification:	
3b) Reason for Wasteload Allocation:	

SECTION II: FACILITY INFORMATION							
4) Facility Name:				5) NPDES/Sewage File Number:			
6) Facility Location		Section:		Township:		Range:	
Latitude:		Deg:		Minutes:		Seconds:	
Longitude:		Deg:		Minutes:		Seconds:	
7) Description of Industry and Principal Products:							
8) Field Office: Select:				9) County:			
10) Treatment Type: Select:				11) Other Treatment*:			
12) The WLA is being requested for: Existing Facility		13) Map Included (Required for a new/proposed facility): <input type="checkbox"/>			14) Toxicity % Required (For Major Facilities)*: <input type="checkbox"/>		
15)	ADW ** (MGD)	AWW** (MGD)	CDL (MGD) AWW x 10	Latitude (Deg/Min/Sec)		Longitude (Deg/Min/Sec)	
Outfall #							
Discharge Description							
Stream Network							
Classification of Receiving Stream	Select Rec Use: Select Aq Use: Drinking Water Use? High Quality Water? Human Health?						
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16) New WLA Request Options	Regular <input type="checkbox"/>	Diffuser <input type="checkbox"/>	Flow Variable <input type="checkbox"/>	MZ Study MZ%: ZID%:	Site Specific pH and Temperature <input type="checkbox"/>
17) Previous WLA Calculations Completed*	Qual II E <input type="checkbox"/>	Diffuser <input type="checkbox"/>	Flow Variable <input type="checkbox"/>	MZ Study MZ%: ZID%:	Site Specific pH and Temperature <input type="checkbox"/>

*Indicates that this information is optional for consultants and may need access to a facility's file to fill out

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18)* For Facilities who will or may discharge TRC: Time of Travel within the sewage pipe (from sampling point to outfall) if applicable – (it will be an assumed zero if not filled out) (ADW)Time of Travel: or pipe length: Velocity in pipe(ft/s): (AWW)Time of Travel: Velocity in pipe(ft/s):	19) UV Disinfection – (No TRC Required) <div style="text-align: center;"><input type="checkbox"/></div>
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SECTION III: TMDL		
20) Is there an impaired stream in the watershed (check entire route of flow)?	yes: <input type="checkbox"/>	no: <input type="checkbox"/>
21) If yes, list the impaired waterbody segment and impaired pollutants:		
22) Status of the TMDL*:		

SECTION IV: PARAMETER CHECKLIST				
23) Parameter	Frequency	Parameter	Frequency	Frequency
CBOD	<input type="checkbox"/>	Common Metals		
Ammonia	<input type="checkbox"/>	Cadmium	<input type="checkbox"/>	1/week
<i>E. Coli</i>	<input type="checkbox"/>	Chromium	<input type="checkbox"/>	1/week
Fecal Coliform	<input type="checkbox"/>	Copper	<input type="checkbox"/>	1/week
TDS	<input type="checkbox"/>	Cyanide	<input type="checkbox"/>	1/week
Chloride	<input type="checkbox"/>	Lead	<input type="checkbox"/>	1/week
TRC	<input type="checkbox"/>	Nickel	<input type="checkbox"/>	1/week
		Silver	<input type="checkbox"/>	1/week
		Zinc	<input type="checkbox"/>	1/week
Priority Pollutants				
ALL:	<input type="checkbox"/>			
	<input type="checkbox"/>	Others		
	<input type="checkbox"/>	Iron	<input type="checkbox"/>	
	<input type="checkbox"/>	pH	<input type="checkbox"/>	
	<input type="checkbox"/>	Temperature	<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
Submitted Sample Data		Concentration (mg/l)		
24)* TDS:				
Chloride:				

SECTION V: COMMENTS AND CONTACT INFORMATION	
Requested By: Select:	Contact Information (for consultants):
IDNR WW Engineer Name:	
Email (for consultants):	
Additional Comments:	
Population Equivalent (PE) -	

*Indicates that this information is optional for consultants and may need access to a facility's file to fill out

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Instructions for filling out the Wasteload Allocation:

The following is a step by step guide for the completion of the Iowa Department of Natural Resources Water Quality based permit limits work request form. If the required information is not filled out completely, it may take longer for the request to be completed by the Wasteload Allocation (WLA) staff of the Water Resources Section.

Please allow for the request to take up to 30 days for completion. Varying levels of complexities may take up to 60 or more days for the completion of the wasteload allocation. If the wasteload request needs to be completed sooner than 30 days, please state the reason in part three of Section I of the form.

Instructions:

Section I

1. Date Requested – The date the WLA was filled out and sent to the DNR WLA staff.
2. Date Needed – The date the WLA request would need to be back to the requester.
3. a) Wasteload Allocation Priority Justification (optional) – As stated above, a wasteload allocation usually takes up to 30 days to complete with some taking as long as 60 or more days for completion. If the wasteload allocation needs to be completed before the normal processing time, a justification statement needs to be included in the wasteload allocation priority area.
b) Provide a reason why the Wasteload Allocation is being requested.

Section II

4. Facility Name – The name of the facility being requested.
5. Sewage File Number (optional for consultants) – This is the number assigned to the facility as it corresponds to the sewage/NPDES file record. If this is a new/proposed facility, a number may not have been assigned to the facility.
6. Facility Location – The description of the location of the facility (Section/Township/Range). This location is not the location of the discharge/outfall pipe, but the facility itself. This information can be located using the following websites:
<http://ortho.gis.iastate.edu/>
<http://www.topozone.com/>
<http://mapserver.maptech.com/api/espn/index.cfm>
7. a) Description of the Industry and Principal Products (apply only to Industrial Dischargers) - If it is an industrial discharge, please describe what kind of industry, for example, ethanol plant or power plant and the plants principal products.
8. Field Office – There are 6 different field offices in the State of Iowa with a corresponding number: 1-Manchester, 2-Mason City, 3-Spencer, 4-Atlantic, 5-Des Moines, and 6-Washington. Either the number of the field office or the name of the field office will work in this form.
9. County – The name of the County in which the facility is located.

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10. Treatment Type –A treatment type can be one of the following: Aerated Lagoon, Mechanical plant, Industrial facility, Trickling Filter, Sand Filter, Rotating Biological Contactor, Sequencing Batch Reactor, or None. If the treatment type is not listed here, please enter the treatment type in option number 11 “other treatment”. If this is a new/proposed facility or a proposal for a facility upgrade, please indicate which type of treatment the facility plans on providing.

11. Other Treatment (optional)– If the treatment type wasn’t specified in the drop-down box “treatment type”, then use this category to fill in the treatment type being used.

12. Reason for WLA request – By selecting one of the following categories: new/proposed facility, existing facility, or upgrade to an existing facility, the wasteload staff would know if the sewage/NPDES file contains any previous wasteload options that may need to be considered.

 New/Proposed Facility – This facility is not currently an existing facility.

 Existing Facility – A treatment plant that has already been constructed and is currently in operation.

13. Map Included (optional for an existing facility) – A check needs to be added if a map was included with the request. A map is needed for use with a new/proposed facility. If the facility already exists, a map does not need to be provided with the request form.

14. Toxicity % (optional) - If the facility is considered a “major” facility, the wasteload allocation staff will provide a toxicity percentage spreadsheet along with the final limits when a municipal plant discharges more than 1.0 mgd (AWW for municipal treatment plants). For industrial facilities, a “major” discharge is determined on a site-specific basis and will be reviewed by NPDES staff.

15. This is the location and information needed for the outfall. If there are multiple outfalls, please fill out each outfall accordingly. If each outfall has different parameters, please fill out a separate wasteload allocation request form for each outfall.

To find the Latitude/Longitude of the outfalls, please refer to the websites found in instruction number 6.

(Example)	ADW ** (MGD)	AWW ** (MGD)	CDL (MGD)** AWW X 10	Latitude (Deg/Min/Sec)			Longitude (Deg/Min/Sec)		
Outfall #	.5	1.5		42	17	35	32	12	25
Discharge Description	Sewage								
Stream Network	Unnamed Tributary to Cedar River								
Classification of Receiving Stream*	A1, B(WW-1)								

**Indicates that the ADW and AWW flows for municipal and semi-public facilities need to be approved by the Iowa Department of Natural Resources Wastewater Construction Section to be used in a wasteload allocation for an NPDES permit. The definitions for ADW and AWW are provided in Section 14.4.5.1 of the Iowa Wastewater Facilities Design Standards. The ADW and AWW are discharge flows. For Controlled Discharge Lagoon (CDL), multiply the 180-day AWW with a factor of 10, since maximum drawdown rate for a CDL is restricted to the value of 10 times of the AWW flow.

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ADW = Average Dry Weather Flow (MGD)

AWW = Average Wet Weather Flow (MGD)

MGD = Millions of Gallons per Day

16. New WLA Request Options – If the request is for a new/proposed facility, a check needs to be placed in the box if these options need to be included within the wasteload request. If the
17. request is to include a Mixing Zone study, please include what mixing zone percentages need to be included along with the mixing zone study report.
18. Previous WLA Calculations (optional) – If the previous wasteload request included either a Qual II model, Diffuser, or Mixing Zone Study, an “X” needs to be placed in that category. If this request is coming from a consultant, a previous WLA request or sewage file may not be available to them, so this information is not expected to be included.
19. TRC disinfection statement (optional) – If TRC decay needs to be considered within the pipe, or the facility is currently using TRC for disinfection, or will be using TRC for disinfection in the future, a travel time needs to be included with the form. This is the pipe distance from the monitoring location for TRC to the outfall location.
20. UV Disinfection – If the facility uses UV, a check needs to be placed in this category.

Section III

20. TMDL(optional) – An “X” needs to be placed in the Yes or No category. If the watershed doesn’t currently have a TMDL for any stream segments along the discharge route of flow, then skip the next two. If there is an impaired stream, then the next two questions should be completed.
21. Explanation of the impairment for that waterbody (optional) - This information could be gathered from the Iowa Department of Natural Resources 303 (d) report.
22. Status (optional) -Is there a TMDL being worked on for this stream, or is there a TMDL being scheduled for this stream.

Section IV

23. An “X” needs to be placed in the column after the parameter if that parameter is being requested. Please make sure to include all the pollutants in the pre-treatment agreement. If there is a sampling frequency (other than the sampling frequency already determined by department staff), please contact NPDES staff to discuss these options. Specific toxics (other than what was provided) need to be added in the appropriate space (Priority Pollutants). The sampling frequency is based on the population equivalent (PE) in Chapter 63 of the Iowa Administrative Code. The design PE is calculated using peak monthly organic loading. The population equivalent should be included within the “Additional Comments” section at the bottom of the WATER QUALITY BASED PERMIT LIMITS WORK REQUEST FORM.
24. Submitted Sample Data (optional) - The new site-specific TDS and Chloride standard was adopted on June 16, 2004. The site-specific TDS approach would first consider a guideline value of 1000 mg/l as a threshold in-stream level at which negative impacts to the uses of the receiving stream may begin to occur. Chloride is a constituent of TDS. At higher levels, chloride could cause toxicity to aquatic life. Thus, the WLA_{acute} and $WLA_{chronic}$ are calculated

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to evaluate the potential negative impacts. If the facility has already taken either TDS or Chloride data, those concentrations need to be included with the WLA Request form. If the

facility is a new/proposed facility, the data would not be available and therefore would not be expected to be included with the wasteload request.

Section V

Contact Information:

Example

Requested By: Joe Smith

Email: Joe.Smith@hotmail.com

Contact Information:

Joe Smith

M & M Engineering

Des Moines IA, 50320 – phone (515) 555-1212

Additional Information – This section is for any other information that the requester feels should be included with the work request.

Or, if the requester is looking for other options to be included with the wasteload allocation, it needs to be specified within this space.