



National Pollutant Discharge Elimination System (NPDES) Annual Fees Invoice

CASHIER'S USE ONLY
0945-542-NPDE-PM-0570
32-3201
Permit ID#
Facility Name

Facility Name:
Contact Name:
Address:
City, State, Zip:
Permit ID #:
Fee amount due:
Fee due date:

The facility noted above is required to submit the specified annual fee by the specified due date. Failure to submit the required amount by the due date is a violation of Iowa Administrative Code 567-64.16(455B) and may result in revocation or suspension of the facility's NPDES permit as noted in 567-64.3(11)"f". The annual fee must be paid in full.

Please sign and return this form together with a check or money order made payable to "Iowa Department of Natural Resources". If you have any questions regarding the annual fees, please contact Courtney Cswercko at courtney.cswercko@dnr.iowa.gov or 515-725-8411.

Signature of Responsible Official: _____

Printed Name: _____

Title: _____

Mail to:
Iowa Department of Natural Resources
502 East 9th Street
Des Moines, IA 50319-0034