



Iowa Department of Natural Resources
Wastewater Section
Construction Permit Application
SCHEDULE A, Construction Permit Application
Exhibit 11A

APPLICANT	ENGINEER
Owner: _____	Firm: _____
Address: _____	Address: _____
Representative: _____	Project Officer: _____
Phone Number: _____	Phone Number: _____
Email: _____	Email: _____
Project Identification: _____	
Estimated Start Date*: _____ Estimated Completion Date: _____	

PLEASE RESPOND TO ALL QUESTIONS		Yes	No
1. Has an engineering report, facilities plan or other information previously been submitted for this project? If Yes: Project Identity: _____ Date Submitted: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the project and construction permit application, as submitted, follow the recommendations, design loadings, construction schedule, permit limits, and conclusions of the approved engineering report or facilities plan? If No: Provide the design basis and technical information justifying all changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there three complete sets of plans and specifications accompanying this application? For a minor gravity sewer extension within the meaning of 455B.183.3 Code of Iowa and Design Standard 11.1, two complete sets will be adequate for expeditious approval. For more complex projects, three sets of plans and specifications may be requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are approved standard specifications a part of this application? If Yes: Approved Standard Specifications of _____ (municipality or firm): _____ Date Approved: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does each set of plans and specifications or engineering report accompanying this application contain a "professional engineering seal" executed in conformance with 542B.16, Code of Iowa? If No: Processing will be delayed pending receipt of applicable design schedules and certified plans, specifications or engineering report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is this a joint wastewater and water supply project? If Yes: A construction permit application for the water supply project should be submitted separately to the Water Supply Section. A Water Supply permit fee may be required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the applicant to provide treatment of effluent resulting from this construction? If No: A Sewage Treatment Agreement executed by the authority providing treatment must accompany this form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is a new or amended operation permit necessary to use the facilities described in this application? If Yes: A new or amended permit to operate may be requested prior to the receipt of a construction permit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is any waterline located within 10 feet; or any private or public well, lake, or public recreation area located within 400 feet of the proposed construction? If Yes: Identify and locate the facility(ies) relative to the proposed construction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will construction inspection be conducted by a licensed engineer employed by the applicant? If No: Name of Engineering Firm Conducting Inspection: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Will this project utilize CWSRF loan funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT	ENGINEER
I certify that I am the authorized representative of the owner and state that the project identified above is approved by the owner.	I certify that all aspects of the design included in this application conform to applicable standards contained in Chapter 567 IAC 64, or that an explanation and justification for any proposed variations from such standards is attached. I am familiar with the information contained in this application and, to the best of my knowledge, such information is complete and accurate.
Signature _____ Date _____	Signature _____ Date _____

*Estimated Construction Start Date: Complete applications must be submitted at least 120 days in advance of the date for starting construction in accordance with Rules 567 IAC 60.4 and 64.2

Please complete the Schedule Checklist on the following page of this form.

DOCUMENT CHECKLIST

Identify all categories included in this project. Also, identify schedules attached to this application.

Schedule	Title	Attached	Included in Project	Submittal Date
B	Collection System	<input type="checkbox"/>	<input type="checkbox"/>	_____
C	Lateral Sewer Extension	<input type="checkbox"/>	<input type="checkbox"/>	_____
D	Trunk & Interceptor Sewer	<input type="checkbox"/>	<input type="checkbox"/>	_____
E	Wastewater Pump Station	<input type="checkbox"/>	<input type="checkbox"/>	_____
F	Treatment Project Site Selection	<input type="checkbox"/>	<input type="checkbox"/>	_____
G	Treatment Project Design Data	<input type="checkbox"/>	<input type="checkbox"/>	_____
H1	Schematic Flow Diagram	<input type="checkbox"/>	<input type="checkbox"/>	_____
H2	Treatment Process Loading and Removal Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	_____
H3	Mechanical Plant Reliability	<input type="checkbox"/>	<input type="checkbox"/>	_____
I	Screening, Grit Removal and Flow Measurement	<input type="checkbox"/>	<input type="checkbox"/>	_____
J	Septic Tank System	<input type="checkbox"/>	<input type="checkbox"/>	_____
K1	Controlled Discharge Pond	<input type="checkbox"/>	<input type="checkbox"/>	_____
K2	Aerated Pond	<input type="checkbox"/>	<input type="checkbox"/>	_____
K3	Anaerobic Lagoon	<input type="checkbox"/>	<input type="checkbox"/>	_____
L	Setting Tanks	<input type="checkbox"/>	<input type="checkbox"/>	_____
M	Fixed Film Reactor-Stationary Media	<input type="checkbox"/>	<input type="checkbox"/>	_____
N	Rotating Biological Contactor	<input type="checkbox"/>	<input type="checkbox"/>	_____
O	Aeration Tanks or Basins	<input type="checkbox"/>	<input type="checkbox"/>	_____
P	Gas Chlorination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Q	Sludge Digestion and Holding	<input type="checkbox"/>	<input type="checkbox"/>	_____
R1	Sludge Dewatering and Disposal	<input type="checkbox"/>	<input type="checkbox"/>	_____
R2 (A&B)	Low Rate Land Application of Sludge	<input type="checkbox"/>	<input type="checkbox"/>	_____
R3	Land Application of Sewage Sludge (To be developed)	<input type="checkbox"/>	<input type="checkbox"/>	_____
S	Land Application of Wastewater (To be developed)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Sewage Treatment Agreement	<input type="checkbox"/>	<input type="checkbox"/>	_____

Identify any categories included in this project which are not provided in the above list of schedules.