EXHIBIT 3
ENVIRONMENTAL SERVICES DIVISION
WASTE LOAD ALLOCATION REQUEST FORM AND INSTRUCTIONS

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

SECTION II: FACILITY INFORMATION			
4) Facility Name:			5) NPDES/Sewage File Number:
6) Facility Location	Section:	Township:	Range:
Latitude:	Degrees:	Minutes:	Seconds:
Longitude:	Degrees:	Minutes:	Seconds:
7) Field Office: Select:		8) County:	
9) Description of Industry and Principal Products:			
10) Treatment Type: Select:			11) Other Treatment:
12) UV Disinfection – (No TRC limits required): ☐			13) Design Population Equivalent (PE): Existing: New:
14) Design Flows (mgd): Existing – ADW: AWW-30: AWW-180 (CDL): New – ADW: AWW-30: AWW-180 (CDL):			15) Design Mass Loadings (Max. 30-day, lbs/day): Existing – BOD_5: TSS: TKN: New – BOD_5: TSS: TKN:
16) New or existing SIU(s) contributing new pollutants of concern to the POTW? Yes ☐, No ☐, or Not Applicable ☐ If applicable, list the facility(s) and pollutant(s) of concern:			
17) New processes contributing new pollutants of concern (i.e. chlorination/de-chlorination, changes in chemical additives, etc.)? Yes ☐, No ☐, or Not Applicable ☐ If applicable, list the process change(s) and pollutant(s) of concern:			

18) WLA is requested for: Current Existing Facility				19) Map Included (Req'd for a new/proposed facility): ☐					
20) Outfall Information	**ADW ** (MGD)**	**AWW** (MGD)**	**CDL (MGD) AWW x 10**	**Latitude (Deg/Min/Sec)**			**Longitude (Deg/Min/Sec)**		
Outfall # 001									
Discharge Description									
Stream Network									
Classification of Receiving Stream	Select Rec Use: Select Aq Use: Drinking Water Use? Human Health? OIW?								
Outfall #									
Discharge Description									
Stream Network									
Classification of Receiving Stream	Select Rec Use: Select Aq Use: Drinking Water Use? Human Health? OIW?								
Outfall #									
Discharge Description									
Stream Network									
Classification of Receiving Stream	Select Rec Use: Select Aq Use: Drinking Water Use? Human Health? OIW?								

21) New WLA Request Options	Regular ☐	Diffuser ☐	Stepwise Flow Limits ☐	MZ Study: ☐ MZ%: ZID%:	Site Specific pH and Temperature ☐

******Only water quality based effluent limits calculated using DNR approved design flows can be applied in NPDES permits. Proposed flows that have not been approved by the DNR may be used for informational purposes only.

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SECTION III: TMDL		
22) Is there an impaired stream in the watershed (check entire route of flow)?	Yes: ☐	No: ☐
23) If yes, list the impaired waterbody segment and impaired pollutants:		
24) Status of the TMDL:		

SECTION IV: PARAMETER CHECKLIST

25) Parameter		Frequency+	Parameter		Frequency+
Common Pollutants:			**Common Metals:**		
All Common Pollutants	☐		All Common Metals	☐	
CBOD5	☐	--	Cadmium	☐	
Dissolved Oxygen	☐	--	Chromium (VI)	☐	
Ammonia Nitrogen	☐	--	Copper	☐	
E. coli	☐	--	Cyanide	☐	
TRC*	☐		Lead	☐	
Chloride	☐	1/month	Nickel	☐	
Sulfate	☐	1/month	Silver	☐	
pH	☐	--	Zinc	☐	
Priority Pollutants (for Major Facilities):			**Others:**		
All Priority Pollutants	☐		Iron	☐	--
	☐		Temperature	☐	--
	☐		COD	☐	--
	☐		Effluent Toxicity Testing % (For Major Facilities)	☐	--
	☐			☐	
	☐			☐	
	☐			☐	
	☐			☐	
	☐			☐	
	☐			☐	

*For TRC requests please provide the time of travel or distance traveled within the sewage pipe (from sampling point to outfall), if applicable (it will be assumed zero if no information is provided).
Time of travel: **or pipe length:**
Velocity in pipe (ft/s):

+Monitoring frequencies will be assumed as 1/week unless otherwise specified in the "Frequency" column to the right of the parameter check boxes.

26) Antidegradation Review Information - Technology Based Effluent Limits and/or Best Professional Judgment (BPJ) Limits (for DNR Use Only): Please provide as an attachment any and all applicable technology based effluent limits and/or limits based on BPJ.
Attachment Included: ☐

SECTION V: CONTACT INFORMATION AND COMMENTS

Requested By: Select: IDNR Staff Name: IDNR Staff E-mail:	Applicant Name: E-mail: Telephone: Applicant affiliation:	Owner Name(1): E-mail: Telephone:

Additional Comments:

(1)Owner contact information is required for WLA requests from non-DNR staff

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Attachment: Technology Based Limits and/or Limits Based on BPJ	
Facility Name:	NPDES/Sewage File Number:
Outfall No.:	

Parameters	Ave. Conc. (mg/l)	Max Conc. (mg/l)	Ave. Mass (lbs/d)	Max Mass (lbs/d)

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Instructions for filling out the Wasteload Allocation Request Form:
The following is a step-by-step guide for completing 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 send all WLA requests by e-mail to Connie Dou at connie.dou@dnr.iowa.gov. Please allow 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 – Please provide the date the WLA was filled out and sent to the DNR WLA staff.

2. Date Needed – Please provide the date the WLA request needs to be back to the requester.

3. a)Wasteload Allocation Priority Justification (optional) – As stated above, a wasteload allocation can take 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 – Please provide 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 yet.

6. Facility Location – Please provide the description of the location of the facility (Section/Township/Range and Latitude/Longitude). 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. Field Office – There are 6 different field office regions in the State of Iowa with a corresponding number: 1-Manchester, 2-Mason City, 3-Spencer, 4-Atlantic, 5-Des Moines, and 6-Washington. Please identify the Field Office Region in which the facility is located and Field Office Number. Field Office Regions can be found at the following website:
   http://www.iowadnr.gov/InsideDNR/DNRStaffOffices/EnvironmentalFieldOffices.aspx

8. County – Please provide the name of the County in which the facility is located.

9. Provide a description of the Industry and Principal Products (applies only to Industrial Dischargers) - Please describe the type of industry (i.e. ethanol plant or power plant, etc.) and the plant's principal products.

10. Treatment Type –A treatment type can be one of the following: Activated Sludge, Aerated Lagoon, Controlled Discharge Lagoon, Covered Aerated Lagoon, Mechanical Plant, and Industrial Facility w/ No Treatment, Trickling Filter, Septic Tank/Sand Filter, Rotating Biological Contactor, Sequencing Batch Reactor, and Oxidation Ditch, Other 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 item number 10, "Treatment Type", then use this category to fill in the treatment type being used.

12. UV Disinfection – If the facility uses UV, please place a check in the box.

13. Design Population Equivalent (PE) – Please provide the facility's PE based on the approved design capacity for the existing facility. If the facility is going through an expansion or upgrade, please provide the new/proposed PE design value in addition to the approved design capacity of the existing facility. If the facility is not expanding/upgrading please place "NA" (Not Applicable) in the box to the right of "New". The PE value can be computed by using 0.167 pounds of BOD5 per capita per day. For example, if the facility's design max. 30-day BOD5 is 50 lbs/day the resulting design PE value is 299 (50 lbs/day BOD5 / 0.167 lbs of BOD5 per capita per day = 299).

14. Design Flows – Please provide the average dry weather (ADW) and 30-day average wet weather (AWW) flows based on the approved design capacity for the existing facility. For controlled discharge lagoons (CDLs), please provide the 180-day AWW flow. If the facility is going through an expansion or upgrade, please provide the new/proposed ADW and AWW design flows in addition to the approved design capacity of the existing facility. If the facility is not expanding/upgrading please place "NA" (Not Applicable) in the boxes to the right of "New". 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 flows are provided in Section 14.4.5.1 of the Iowa Wastewater Facilities Design Standards. For controlled discharge lagoons, the definition of the 180-day AWW flow is provided in Section 18C.4.1.1 of the Iowa Wastewater Facilities Design Standards.

15. Design Mass Loadings (Max. 30-day, lbs/day) – Please provide the facility's maximum 30-day BOD5, TSS and TKN loadings based on the approved design capacity of the existing facility. If the facility is going through an expansion or upgrade, please provide the new/proposed maximum 30-day BOD5, TSS and TKN design loadings in addition to the approved design capacity of the existing facility. If the facility is not expanding/upgrading please place "NA" (Not Applicable) in the boxes to the right of "New".

    <u>Max. 30-day</u>: The highest average organic loading received in a 30-day period.

16. Significant Industrial Users (SIU) to a Publically Owned Treatment Works (POTW) – Please list any new or existing SIUs that are contributing new non-compatible (i.e. metals or other pollutants for which the treatment plant was not designed to treat) pollutants of concern to the POTW and list the pollutant(s) of concern.

17. New Processes Contributing New Pollutants of Concern – Please list any processes or changes to the facility that are or will be introducing new pollutants of concern to the wastestream, such as chlorination/dechlorination processes, changes in chemical additives, etc. Please also list the pollutants being contributed.

18. Reason for WLA request – By selecting one of the following categories: current existing facility, expansion/upgrade of existing facility, new/proposed industry, or new facility for unsewered community,

the wasteload staff will know if the sewage/NPDES file contains any previous wasteload options that may need to be considered. Additionally, it will help to identify whether antidegradation applies to a facility. Current Existing Facility – A treatment plant that has already been constructed and is currently in operation and is considering no changes that would change the facility's design capacities.

Expansion/Upgrade of Existing Facility – A treatment plant that has already been constructed and is currently in operation and is implementing changes to its facility that will increase one or more of its design capacities.

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

New Facility for Unsewered Community – An unsewered community is constructing a new treatment plant.

19. 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.

20. Please provide the design flows and location(s) to be used in the wasteload allocation calculations. 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.

    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. All other flows will be considered, but may only be used for informational purposes. The definitions for ADW and AWW flows 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 lagoons, the definition of the 180-day AWW flow is provided in Section 18C.4.1.1 of the Iowa Wastewater Facilities Design Standards.

    ADW = Average Dry Weather Flow (MGD)
    AWW = Average Wet Weather Flow (MGD)
    MGD = Millions of Gallons per Day

    For industrial discharges, such as cooling water discharges that do not usually have wastewater design flows since no wastewater treatment plant is needed, please provide the maximum monthly average flow and daily maximum flow as the ADW and AWW flows, respectively.

21. New WLA Request Options – If the request is for a new/proposed facility, a check needs to be placed in the box or boxes if these options need to be included within the wasteload request. "Stepwise flow limits" refers to a facility only being permitted to discharge when stream flows are above a certain level. If the request is to include a Mixing Zone study or site-specific data, please include what mixing zone percentages need to be included along with the mixing zone study report and/or site-specific data.

Section III

22. TMDL (optional) – An "X" needs to be placed in the Yes or No category. If the watershed doesn't currently have an impairment for any stream segments along the discharge route of flow, then skip numbers 23 and 24. If there is an impaired stream, then numbers 23 and 24 should be completed. To check for impaired streams, please visit the following website: http://www.iowadnr.gov/Environment/WaterQuality/WatershedImprovement/WatershedResearchData/ImpairedWaters.aspx. This site presents detailed maps showing the locations of impaired streams within the six

different field office regions within Iowa. Once you click on a particular region a new map appears displaying the impaired streams for that region and a table below the map details the exact locations and causes of the impairments. Additional information on the state's 303(d) lists can be found at the following website: http://www.igsb.uiowa.edu/wqm/ImpairedWaters/303d.html. For questions regarding impaired streams and the 303(d) list, please contact John Olson, DNR Water Quality Assessment Specialist, at (515) 281-8905, or John.Olson@dnr.iowa.gov.

23. Explanation of the impairment for that waterbody (optional) – This information can be gathered from the websites identified above.

24. Status (optional) – Is there a TMDL completed and approved by the EPA for this stream or is there a TMDL being scheduled for this stream? Please indicate the current status of the TMDL. To find out if a stream has a completed TMDL, please visit the following website: http://www.iowadnr.gov/Environment/WaterQuality/WatershedImprovement/WatershedResearchData/WaterImprovementPlans.aspx. If the TMDL has not been completed please check the following website to see when it is scheduled to be completed: http://www.iowadnr.gov/Environment/WaterQuality/WatershedImprovement/WatershedResearchData/WaterImprovementPlans/PlanSchedule.aspx

Section IV

25. An "X" needs to be placed in the checkbox to the right of the parameter if that parameter is being requested. For major municipalities (AWW is equal or greater than 1 MGD), please make sure to check All Priority Pollutants. For wastewater treatment plants that have significant industrial users, please make sure to include all pollutants established in the treatment agreement. If a sampling frequency is required (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 open space (Others). The sampling frequency is based on the population equivalent (PE) in Chapter 63 of the Iowa Administrative Code. The design PE is calculated using the 30-day design organic (BOD) loading.

26. Antidegradation Review Information (for DNR use only) – NPDES permit writers, please calculate and provide the technology based effluent limits and limits based on best professional judgment (BPJ) that are applicable to the facility. Please place a check in the box to indicate that limits have been included. Please use the attached form to list the pollutants and limits.

Section V: Contact Information: and Comments

Requested By: a drop down box including the following options: Consultants, IDNR Field Office, IDNR WW Engineering, NPDES, Treatment Plant Operator, IDNR Water Supply Engineering, Other

IDNR Staff Name: this is either the IDNR staff requesting the WLA, or the IDNR Wastewater Engineer whom the Consultant is working with

IDNR Staff e-mail: Joe.Smith@dnr.iowa.gov

Applicant Information:

Applicant Name: The applicant's name who is requesting the WLA. For example, Joe Smith
E-mail: The applicant e-mail: Joe.Smith@hotmail.com
Telephone: The applicant phone number with area code. For example, (515)555-1212
Applicant affiliation: For example, the name of the consulting firm where the applicant works.

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Owner Information (only filled if the owner wants a copy of the finished WLA):

Owner Name: The owner's name for the facility. For example, Joe Smith
E-mail: The owner's e-mail: Joe.Smith@hotmail.com
Telephone: The owner's phone number with area code.

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