

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

**SECTION I: BACKGROUND INFORMATION**

1. Date Requested: \_\_\_\_\_
2. Reason for Wasteload Allocation Request: \_\_\_\_\_
3. Wasteload Allocation Priority Justification (optional): \_\_\_\_\_

**SECTION II: FACILITY INFORMATION**

4. Facility Name: \_\_\_\_\_ 5. NPDES Number: \_\_\_\_\_
6. Facility Location  
 Latitude: Degrees: \_\_\_\_\_ Minutes: \_\_\_\_\_ Seconds: \_\_\_\_\_  
 Longitude: Degrees: \_\_\_\_\_ Minutes: \_\_\_\_\_ Seconds: \_\_\_\_\_
7. Description of Industry and Principal Products: \_\_\_\_\_
8. Treatment Type: \_\_\_\_\_
9. UV Disinfection
10. Design Flows (mgd):  
 Current - ADW: \_\_\_\_\_ AWW-30: \_\_\_\_\_ AWW-180 (CDL): \_\_\_\_\_  
 Proposed - ADW: \_\_\_\_\_ AWW-30: \_\_\_\_\_ AWW-180 (CDL): \_\_\_\_\_
11. Design Mass Loadings (Max. 30-day, lbs/day):  
 Current - BOD5: \_\_\_\_\_ TSS: \_\_\_\_\_ TKN: \_\_\_\_\_  
 Proposed - BOD5: \_\_\_\_\_ TSS: \_\_\_\_\_ TKN: \_\_\_\_\_
- 12.\* Name of DNR Wastewater Engineer: \_\_\_\_\_

\*Does not need to be completed for industrial discharges that do not have design flows and loads.

Date proposed design flows and loads approved by DNR Wastewater Engineer: \_\_\_\_\_

13. 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: \_\_\_\_\_

14. 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: \_\_\_\_\_

15. Is this project changing the outfall location?  Yes  No 16. Map Included (required):

| 17. Outfall Information            | ADW (MGD)                        | AWW (MGD)                         | CDL (MGD)<br>AWW x 10                         | Latitude (Deg/Min/Sec)            |       | Longitude (Deg/Min/Sec)                     |  |
|------------------------------------|----------------------------------|-----------------------------------|---|-----------------------------------|-------|---|--|
| <b>Outfall #</b>                   |                                  |                                   |   |                                   |       |   |  |
| <b>Discharge Description</b>       |                                  |                                   |   |                                   |       |   |  |
| <b>Receiving Stream</b>            |                                  |                                   |   |                                   |       |   |  |
| <b>Outfall #</b>                   |                                  |                                   |   |                                   |       |   |  |
| <b>Discharge Description</b>       |                                  |                                   |   |                                   |       |   |  |
| <b>Receiving Stream</b>            |                                  |                                   |   |                                   |       |   |  |
| <b>Outfall #</b>                   |                                  |                                   |   |                                   |       |   |  |
| <b>Discharge Description</b>       |                                  |                                   |   |                                   |       |   |  |
| <b>Receiving Stream</b>            |                                  |                                   |   |                                   |       |   |  |
| <b>18. New WLA Request Options</b> | <input type="checkbox"/> Regular | <input type="checkbox"/> Diffuser | <input type="checkbox"/> Stepwise Flow Limits | <input type="checkbox"/> MZ Study |       | <input type="checkbox"/> Site-Specific Data |  |
|                                    |                                  |                                   |   | MZ%:                              | ZID%: |   |  |

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**SECTION III: PARAMETER CHECKLIST**

**19. Parameter**

**Common Pollutants:**

- CBOD5
- Dissolved Oxygen
- Ammonia Nitrogen\*
- E. coli*\*
- Total Residual Chlorine (TRC)\*
- Chloride
- Sulfate
- pH

**Others:**

- All Priority Pollutants
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Parameter**

**Common Metals:**

- Cadmium
- Chromium (VI)
- Copper
- Cyanide
- Lead
- Nickel
- Silver
- Zinc
- Iron

**Others:**

- Temperature\*
- COD
- Whole Effluent Toxicity Testing %  
(For Major Facilities)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\*If consideration of parameter decay in the effluent pipe is wanted, please either provide the time of travel or provide the distance traveled within the pipe (from sampling point to outfall) and the ADW and AWW flow velocities in the pipe.

**Time of Travel:** \_\_\_\_\_ seconds      **OR**

**Pipe Length:** \_\_\_\_\_ ft      **AND ADW Pipe Velocity:** \_\_\_\_\_ fps      **AND AWW Pipe Velocity:** \_\_\_\_\_ fps

**20. For industrial facilities check that you have contacted your NPDES permit writer for any technology based effluent limits (TBELs):** Please provide as an attachment any and all applicable TBELs and/or limits based on best professional judgement.     Attachment Included

**SECTION IV: CONTACT INFORMATION AND COMMENTS**

Requested By<sup>1</sup>: \_\_\_\_\_      Applicant Name: \_\_\_\_\_      Owner Name<sup>2</sup>: \_\_\_\_\_  
DNR Staff Name: \_\_\_\_\_      Email: \_\_\_\_\_      Email: \_\_\_\_\_  
DNR Staff Email: \_\_\_\_\_      Telephone: \_\_\_\_\_      Telephone: \_\_\_\_\_  
\_\_\_\_\_      Applicant Affiliation: \_\_\_\_\_

**Additional Comments:**

<sup>1</sup> Describe the nature of your relationship with the facility (such as consultant, operator, owner, etc.).

<sup>2</sup> Owner contact information is required for WLA requests from non-DNR staff.

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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' Wasteload Allocation (WLA) Request Form. If the required information is not filled out completely, it may take longer for the request to be completed.

Please send all WLA requests along with any attachments by email to [WLArequest@dnr.iowa.gov](mailto:WLArequest@dnr.iowa.gov).

**Instructions:**

**Section I: Background Information**

1. Date Requested - Please provide the date that the WLA request was filled out and sent to the DNR WLA staff.
2. Provide a reason why the Wasteload Allocation is being requested. Describe proposed change(s) made to the existing facility. If this is a new facility, complete item 2 as "new facility."
3. Wasteload Allocation Priority Justification (optional).

**Section II: Facility Information**

4. Facility Name - Please provide the name of the facility being requested.
5. NPDES Number - This is the number assigned to the facility as it corresponds to the 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 (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/> or <http://www.topozone.com/>.
7. Description of Industry and Principal Products - Please describe the type of industry (ethanol plant, power plant, etc.) and the plant's principal products (applies only to industrial dischargers).
8. Treatment Type - Examples of a treatment type: Activated Sludge, Aerated Lagoon, Controlled Discharge Lagoon, Covered Aerated Lagoon, Mechanical Plant, Industrial Facility (e.g. Cooling Tower), Trickling Filter, Septic Tank/Sand Filter, Rotating Biological Contactor, Sequencing Batch Reactor, Oxidation Ditch, Aerated Lagoon + SAGR, Other, or None. If the treatment type is not listed here, please describe it to the best of your ability. 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.
9. UV Disinfection - If the facility would include UV disinfection, please place a check in the box.
10. 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, typically available in the current NPDES permit or construction permit. For controlled discharge lagoons (CDLs), please provide the existing 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 "Proposed". ADW and AWW flows for municipal and semi-public facilities need to be approved by the Iowa DNR's Wastewater Engineering Section before they can 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.
11. 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, typically available in the current NPDES permit or construction permit. 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 "Proposed". Design mass loadings for maximum 30-day BOD5, TSS, and TKN for municipal and semi-public facilities need to be approved by the Iowa DNR's Wastewater Engineering Section before they can be used in a wasteload allocation for an NPDES permit. Max. 30-day is the highest average organic loading received in a 30-day period.
12. Please ensure any proposed flows and loads have been approved by a DNR Wastewater Engineer and provide their name and the date that they approved the proposed design flows and loads. This section does not need to be completed for industrial discharges that do not have design flows and loads.
13. Significant Industrial Users (SIU) to a Publicly 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 new pollutant(s) of concern.
14. 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 waste stream, such as chlorination/de-chlorination processes, changes in chemical additives, etc. Please also list the pollutants being contributed.
15. Please select yes if this project would result in a physical change to the existing outfall.
16. Map Included (required) - A check needs to be added if a map was included with the request. Ensure that the facility and all outfall locations are identified on the map.
17. Please provide the design flows and the Latitude/Longitude of the outfall 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. 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 of the monthly average flow and daily maximum flow as the ADW and AWW flows, respectively.

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18. 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 and/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: Parameter Checklist**

19. 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. Specific toxics (other than what was provided) need to be added in the appropriate open space (Others).
20. For industrial facilities, please contact your NPDES permit writer for technology based effluent limits. Please place a check in the box to indicate that TBELs have been included as an attachment.

**Section IV: Contact Information: and Comments**

Requested By - Describe the nature of your relationship with the facility (such as consultant, operator, owner, etc.).

DNR Staff Name and Email - This is either the DNR NPDES Permit Writer or Wastewater Engineer with whom the requester is working. Applicant Name, Email, and Telephone - This is the person requesting the WLA.

Applicant Affiliation - For example, the name of the consulting firm where the applicant works.

Owner Name, Email, and Telephone - This is required for requests from non-DNR staff.

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