Form 6 - Operation Permits

IOWA DEPARTMENT OF NATURAL RESOURCES FORM 6 FOR OPERATION PERMITS

1. Facility Information NPDES Permit Number _____ Facility Name Street Address State _____ ZIP ____ City County _____ Section ____ Township ____ Range ____ _____ Seconds _____ Latitude: Degrees Minutes Minutes Seconds Longitude: Degrees 2. Contact Person _____ Title ____ Name Mailing Address ____ State _____ ZIP ____ Email Address Phone _____ 3. Owner Information Name _____ Mailing Address ____ _____ State __ ZIP City Phone Email Address 4. Owner Status City Government Corporation County Government Federal (U.S. Government) Municipal or Water District Mixed Ownership State Government Privately Owned Facility School District Tribal Government Other (specify) 5. Operator Information Name _____ Mailing Address _____ State _____ ZIP _____ Email Address Phone 6. Other Permit Indicate whether or not you have an individual NPDES permit.

7. Location Map

Individual Permit?

Yes

Provide a map or photo showing the location of the facility generating wastewater, each treatment or storage system, each disposal site, and the location(s) of each existing groundwater monitoring well. Your application must include a map. You may have received a map from the lowa DNR for this purpose, or you may need to generate your own map from a website or GIS software.

No If Yes, provide the permit number:



8.	Nature	of Faci	lity
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Briefly describe the nature of the facility where the waste is generated (e.g. meat processing, livestock trucking, sewage treatment) and the process(es) that generate wastewater (domestic sewage, process tank cleanout, etc.).
9. Treatment System Briefly describe the treatment system and/or storage system including type of treatment or storage (e.g. lagoon, tank, etc.), location of the treatment or storage, and the volume of the treatment or storage system.
10. Disposal Methods Describe the method(s) used for disposal (land application, pipe to ground surface, golf course irrigation, underground injection, total retention lagoon, etc.).
11. Description of Land Application If wastewater will be land applied how will it be applied (center pivot, traveling gun, sprinklers, mobile equipment, etc.) Will wastewater be surface applied or injected?
12. Additional Sites Indicate if you want approval for additional land application sites. Yes No If you answered yes, you will need to obtain approval for the sites from the Iowa DNR Wastewater Engineering Section. 13. Additional Structures Indicate if you want approval for additional structures, such as center pivots, lagoon cells, Notes Not
or wastewater storage structures. If you answered yes, you will need to obtain approval for the sites from the Iowa DNR Wastewater Engineering Section.

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14. Production Increase or Change

Describe any changes in production that have resulted in new or increased flows or pollutant loads to your land application sites.

15. Site Removal

If you wish to remove any land application sites, list those sites below. Leave blank if you are not removing any sites.

Name of Site to Remove	Description of Site

16. Signature and Certification

State Regulations require applications to be signed as follows:

For a corporation: by a responsible corporate officer. A responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president in charge of a principal business function, or any other person who performs similar policy- or decision- making functions, or (2) the manager of manufacturing, production, or operating facilities, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. Note: Specific assignments or delegation of authority to responsible corporate officers are not required. The department will presume that these responsible corporate officers have the requisite authority to sign permit applications unless the corporation provided notification to the contrary.

For a partnership or sole proprietorship: by a general partner or the proprietor, respectively.

For a municipality, State, Federal, or other public agency: by either the principal executive officer or ranking elected official. A principal executive officer of a public agency includes: (1) the chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a unit of the agency.

I certify under penalty of law that this document and each of the forms indicated above as being part of this application were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

Name:	Official Title:		
Signature:		Date:	
Telephone Number:			

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

Send Completed Application Forms to: npdes.permit.application@dnr.iowa.gov

Form 6 Instructions - DO NOT SUBMIT



FORM 6 - OPERATION PERMIT - INSTRUCTIONS

- **1. Facility Information:** Enter the following information about the facility:
 - NPDES permit number (if existing facility);
 - Facility name;
 - Street address;
 - Section, township, and range; and
 - Latitude and longitude.
- 2. Contact Information: Enter the name and contact information of the person who is the permitting contact. This person will receive all official correspondence; it is also the person we will contact with questions. This person should be thoroughly familiar with the operation of the facility and with the information reported in this application.
- 3. Owner Information: Enter the name and address of the company or person who owns the facility.
- **4. Owner Status:** Select the status that best describes what type of entity the owner is. (Federal agency, State agency, private corporation, other public, other)
- 5. Operator Information: Enter the name and contact information of the operator of the facility.
- **6. Other Permit:** Indicate whether or not an individual NPDES permit has been issued to this facility. If yes, list the individual NPDES permit number.
- 7. Location Map: Provide a map no larger than 8½" x 11" of the area which clearly shows the location of the facility, the location of each treatment or storage system, the location and number of each disposal site, and the location(s) of each existing groundwater monitoring well. An aerial photo or copy of the appropriate section of a 7½ minute series topographic map published by the U.S. Geographical Survey is preferable.
- **8. Nature of Facility:** self-explanatory.
- 9. Treatment System: self-explanatory.
- **10. Disposal Methods:** Describe the method(s) used for disposal of the wastewater.
- **11. Description of Land Application:** Describe the land application method(s) that will be used to apply the wastewater, if the wastewater will be land applied.
- 12. And 13. Additional Sites and Additional Structures: Indicate whether or not you would like approval for additional land application sites or structures. Note, if you answer yes to this question, you are required to obtain approval for the site(s) from the lowa DNR Wastewater Engineering Section. For more information, please see the Department's website at: http://www.iowadnr.gov/Environmental-Protection/Water-Quality/Wastewater-Construction-Permits.
- **14. Production Increase or Change** Provide a description of any increases or changes in production that have resulted in new or increased pollutant loads or flows to your land application sites.
- **15. Site Removal** Provide the name and a brief description of any land application sites that you wish to remove from your permit. If you do not wish to remove any sites, leave this question blank. If you have more than three sites that you wish to remove from your permit, attach additional pages with the site names and descriptions.
- **16. Signature and Certification:** self-explanatory.