

IOWA DEPARTMENT OF NATURAL RESOURCES
NOTICE OF INTENT
TO BE COVERED UNDER NPDES GENERAL PERMIT No. 4
"DISCHARGE FROM PRIVATE SEWAGE DISPOSAL SYSTEMS"

Owner Information (Type or Print)

Owner Name _____
Address _____
City _____ State _____ Zip _____
E-mail _____ Telephone _____

Coverage and Location Information

Has this private sewage disposal system been previously covered by General Permit #4? ☐ Yes ☐ No

If yes, **please list authorization number:** _____ and proceed to Certification at the bottom of the form

If no, please provide the following location information:

Location of private sewage disposal system:

Street address _____ (Required. If 'same as above', write 'same')
City _____ Zip _____
County (required) _____

Latitude/Longitude or Legal Description (one is required)

Latitude _____ Longitude _____ ☐ Deg ☐ Decimal-deg
Or Section _____ Township _____ Range _____ ☐ W ☐ E

Type of Secondary Treatment:

☐ Sand Filter (buried) ☐ Sand Filter (free access) ☐ Mechanical/Aerobic Unit ☐ Packaged Unit
☐ Constructed Wetland ☐ Other (describe) _____

Certification: For existing private sewage disposal systems, check off the first two items below. For new installations, check off all three items below:

- ☐ I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, the information submitted 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.
- ☐ I agree to abide by all terms and conditions of the DNR NPDES General Permit #4.
- ☐ I certify that the permitted system will be constructed in conformance with the requirements of IAC 567 - Chapter 69 and all applicable County requirements.

Printed Name _____ Title _____

Signature _____ Date _____

A copy of the permit will be mailed to you along with your discharge authorization.

Send completed form: npdes.permit.application@dnr.iowa.gov