

## IOWA DEPARTMENT OF NATURAL RESOURCES ENVIRONMENTAL SERVICES DIVISION

## 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?
If yes, <b>please list authorization number:</b> 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
Type of Secondary Treatment:
Sand Filter (buried) Sand Filter (free access) Mechanical/Aerobic Unit Packaged Unit
Constructed Wetland Other (describe)
<ul> <li>Certification: For existing private sewage disposal systems, check off the first two items below. For new installations, check off all three items below:         <ul> <li>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.</li> <li>I agree to abide by all terms and conditions of the DNR NPDES General Permit #4.</li> <li>I certify that the permitted system will be constructed in conformance with the requirements of IAC 567 - Chapter 69 and all applicable County requirements.</li> </ul> </li> </ul>
Signature Date
A copy of the permit will be mailed to you along with your discharge authorization.
Send completed form to <pre>npdes.permit.application@dnr.iowa.gov</pre>
Or either: NPDES Section, Iowa Department of Natural Resources, 502 E 9 <sup>th</sup> St, Des Moines IA 50319