



NOTICE OF RELOCATION FOR MOBILE FACILITIES GENERAL PERMIT NO. 3 - NPDES STORM WATER DISCHARGE

This form is to identify the locations at which ONE portable facility will be located, NOT to permit multiple facilities under one permit

OPERATOR / CONTACT INFORMATION

Give the legal name of the person, firm, or public organization operating the facility. Include the name, mailing address and telephone number of a contact person if different from operator or owner.

AUTHORIZATION NUMBER OR PERMIT NUMBER: IA - _____ - _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

SITE INFORMATION

Number site locations consecutively, using 1 for the first site of the calendar year, followed by 2 for the second, etc.

SITE LOCATION NO. _____

ADDRESS / LOCATION OF PROJECT: _____

CITY: _____ COUNTY: _____

DESCRIPTION OF PROJECT: _____

ESTIMATED TIMETABLES: Discharge Start Date: _____ Discharge End Date: _____

PUBLIC NOTICE: Has a public notice been published for at least one day in newspaper with the largest circulation in the area where the discharge is located (Check One) Yes (Attach copy of public notice) No

LOCATION: Give the location by section/township/range or latitude/longitude

¼ Section	Section	Township	Range	Latitude			Longitude		
				Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

RECEIVING WATERS: _____

SITE LOCATION NO. _____

ADDRESS / LOCATION OF PROJECT: _____

CITY: _____ COUNTY: _____

DESCRIPTION OF PROJECT: _____

ESTIMATED TIMETABLES: Discharge Start Date: _____ Discharge End Date: _____

PUBLIC NOTICE: Has a public notice been published for at least one day in newspaper with the largest circulation in the area where the discharge is located (Check One) Yes (Attach copy of public notice) No

LOCATION: Give the location by section/township/range or latitude/longitude

¼ Section	Section	Township	Range	Latitude			Longitude		
				Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

RECEIVING WATERS: _____

SITE LOCATION NO. _____

ADDRESS / LOCATION OF PROJECT: _____

CITY: _____ COUNTY: _____

DESCRIPTION OF PROJECT: _____

ESTIMATED TIMETABLES: Discharge Start Date: _____ Discharge End Date: _____

PUBLIC NOTICE: Has a public notice been published for at least one day in newspaper with the largest circulation in the area where the discharge is located (Check One) Yes (Attach copy of public notice) No

LOCATION: Give the location by section/township/range or latitude/longitude

¼ Section	Section	Township	Range	Latitude			Longitude		
				Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

RECEIVING WATERS: _____

SITE LOCATION NO. _____

ADDRESS / LOCATION OF PROJECT: _____

CITY: _____ COUNTY: _____

DESCRIPTION OF PROJECT: _____

ESTIMATED TIMETABLES: Discharge Start Date: _____ Discharge End Date: _____

PUBLIC NOTICE: Has a public notice been published for at least one day in newspaper with the largest circulation in the area where the discharge is located (Check One) Yes (Attach copy of public notice) No

LOCATION: Give the location by section/township/range or latitude/longitude

¼ Section	Section	Township	Range	Latitude			Longitude		
				Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

RECEIVING WATERS: _____

CERTIFICATION AND SIGNATURE

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 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 submitted is, to the best of my knowledge and belief, true, accurate, and complete. I further certify that the terms and conditions of the general permit will be met. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

NAME (print or type)

TITLE AND COMPANY NAME OF SIGNATORY

SIGNATURE

DATE

Return completed form to: stormwater@dnr.iowa.gov

Direct questions to the Stormwater Coordinator at David.schelling@dnr.iowa.gov