



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"

(Type or Print)

Current Owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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

If yes, please list authorization number: \_\_\_\_\_ and then proceed to Certification Section at the bottom of this form

If no, please provide the following location information:

Location of sewer system: (Required. If "same as above", please write "same")

Street address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Legal description: (required unless lat./long. available)

\_\_\_\_ 1/4 of \_\_\_\_ 1/4 of \_\_\_\_ 1/4 of \_\_\_\_ 1/4 of Sec. \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_  W  E
1/4 Section 1/4 Section 1/4 Section 1/4 Section Section Township Range

County (required): \_\_\_\_\_

Latitude: (if available) \_\_\_\_\_ (Deg./decimal-deg.) Longitude: \_\_\_\_\_

Type of Secondary Treatment:

Sand Filter (buried)  Sand Filter (free access)  Mechanical/Aerobic Unit

Constructed Wetland  Lagoon  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 the above information is true and accurate, to the best of my knowledge.
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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Send completed form to: NPDES Section
Iowa Department of Natural Resources
502 E 9th Street
Des Moines, IA 50319