



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

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

OPERATOR / CONTACT INFORMATION. Give legal name of person, firm, or public organization, which operates the facility described in this application. Include 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: _____

SITE LOCATION NO. _____ **Number site locations consecutively beginning with 1 for the first site of the calendar year, followed by 2 for the second etc.,.**

ADDRESS / LOCATION OF PROJECT: _____

CITY: _____ COUNTY: _____

DESCRIPTION OF PROJECT: _____

ESTIMATED TIMETABLES:

Discharge Start Date: _____ Discharge End Date: _____

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 No (Attach copy of public notice)

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

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

Receiving Water(s): _____

SITE LOCATION NO. _____

ADDRESS / LOCATION OF PROJECT: CITY: _____ COUNTY: _____

DESCRIPTION OF PROJECT: _____

ESTIMATED TIMETABLES:

Discharge Start Date: _____ Discharge End Date: _____

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 No (Attach copy of public notice)

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

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

Receiving Water(s): _____

Return completed form to:

**Storm Water Coordinator
Iowa Department of Natural Resources
502 E 9th Street
Des Moines, IA 50319-0034**

SITE LOCATION NO. _____

ADDRESS / LOCATION OF PROJECT: _____ CITY: _____ COUNTY: _____

DESCRIPTION OF PROJECT: _____

ESTIMATED TIMETABLES:

Discharge Start Date: _____ Discharge End Date: _____

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 No (Attach copy of public notice)

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

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

Receiving Water(s): _____

SITE LOCATION NO. _____

ADDRESS / LOCATION OF PROJECT: _____ CITY: _____ COUNTY: _____

DESCRIPTION OF PROJECT: _____

ESTIMATED TIMETABLES:

Discharge Start Date: _____ Discharge End Date: _____

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 No (Attach copy of public notice)

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

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

Receiving Water(s): _____

SITE LOCATION NO. _____

ADDRESS / LOCATION OF PROJECT: _____ CITY: _____ COUNTY: _____

DESCRIPTION OF PROJECT: _____

ESTIMATED TIMETABLES:

Discharge Start Date: _____ Discharge End Date: _____

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 No (Attach copy of public notice)

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

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

Receiving Water(s): _____