



IOWA DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION

NOTICE OF INTENT

TO BE COVERED UNDER NPDES GENERAL PERMIT #4

"DISCHARGE FROM ON-SITE WASTEWATER TREATMENT AND DISPOSAL SYSTEMS"

Facility Owner Information (Type or Print)

Name _____ Address _____
City _____ County _____ State _____ Zip Code _____
Telephone () _____

Facility Location

¼ Section ¼ Section ¼ Section Section Township Range County
_____ ¼ of _____ ¼ of _____ ¼ of Sec. _____, T _____ N, R _____ W/E _____

Local address or parcel number: (E911 system or other)(optional)

Type of Secondary Treatment:

Sand Filter Mechanical/Aerobic Unit Constructed Wetland Lagoons
Other (describe) _____

Certification:

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. The permitted system will be constructed in conformance with the requirements of IAC 567 - Chapter 69 and all applicable County requirements.

Name (please print)	
Signature	Date

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

Send completed form to: Department of Natural Resources
Water Supply Section
401 SW 7th Street, Suite M
Des Moines, IA 50309

