



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 Sec. _____, T _____ N, R _____ W E
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