



IOWA DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL SERVICES DIVISION

NOTICE OF INTENT

TO BE COVERED UNDER NPDES GENERAL PERMIT No. 4

“DISCHARGE FROM ON-SITE WASTEWATER TREATMENT AND DISPOSAL SYSTEMS”

(Type or Print)

Current Owner _____
Address _____ City _____
State _____ Zip _____ Telephone () _____

Location of sewer system: (Required If “same as above”, please write “same”)

Street address _____
City _____ Zip _____

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

¼ Section ¼ Section ¼ Section Section Townshi Range County (required)

_____ ¼ of _____ ¼ of _____ ¼ of Sec. _____, T _____^P N, R _____ W/E

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:

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.

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

