



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?

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)

¼ Section ¼ Section ¼ Section Section Township Range County (required)
_____ ¼ of _____ ¼ of _____ ¼ of Sec. _____, T _____ 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: 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