



Exhibit 11A

Iowa Department of Natural Resources
Wastewater Section
Construction Permit Application

SCHEDULE A, Construction Permit Application

APPLICANT

ENGINEER

Owner: \_\_\_\_\_ Firm: \_\_\_\_\_
Address: \_\_\_\_\_ Address: \_\_\_\_\_
Representative: \_\_\_\_\_ Project Officer: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Email: \_\_\_\_\_ Email: \_\_\_\_\_
Project Identification: \_\_\_\_\_
Estimated Start Date\*: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

PLEASE RESPOND TO ALL QUESTIONS

Yes No

- 1. Has an engineering report, facilities plan or other information previously been submitted for this project?
If Yes: Project Identity: \_\_\_\_\_ Date Submitted: \_\_\_\_\_
2. Does the project and construction permit application, as submitted, follow the recommendations, design loadings, construction schedule, permit limits, and conclusions of the approved engineering report or facilities plan?
If No: Provide the design basis and technical information justifying all changes.
3. Is there an electronic set of plans and specifications accompanying this application?
Attachment size is limited to 25MB. Please use zip files or other options to submit attachments greater than 25MB.
4. Are approved standard specifications a part of this application?
If Yes: Approved Standard Specifications of (municipality or firm): \_\_\_\_\_ Date Approved: \_\_\_\_\_
5. Does each set of plans and specifications or engineering report accompanying this application contain a "professional engineering seal" executed in conformance with 542B.16, Code of Iowa?
If No: Processing will be delayed pending receipt of applicable design schedules and certified plans, specifications or engineering report.
6. Is this a joint wastewater and water supply project?
If Yes: A construction permit application for the water supply project should be submitted separately to the Water Supply Section. A Water Supply permit fee may be required.
7. Is the applicant to provide treatment of effluent resulting from this construction?
If No: A Sewage Treatment Agreement executed by the authority providing treatment must accompany this form.
8. Is a new or amended operation permit necessary to use the facilities described in this application?
If Yes: A new or amended permit to operate may be requested prior to the receipt of a construction permit.
9. Is any waterline located within 10 feet; or any private or public well, lake, or public recreation area located within 400 feet of the proposed construction?
If Yes: Identify and locate the facility(ies) relative to the proposed construction.
10. Will construction inspection be conducted by a licensed engineer employed by the applicant?
If No: Name of Engineering Firm Conducting Inspection: \_\_\_\_\_
11. Will this project utilize CWSRF loan funds?

CERTIFICATION

APPLICANT

I certify that I am the authorized representative of the owner and state that the project identified above is approved by the owner.

Signature \_\_\_\_\_ Date \_\_\_\_\_

ENGINEER

I certify that all aspects of the design included in this application conform to applicable standards contained in Chapter 567 IAC 64, or that an explanation and justification for any proposed variations from such standards is attached. I am familiar with the information contained in this application and, to the best of my knowledge, such information is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Estimated Construction Start Date: Complete applications must be submitted at least 120 days in advance of the date for starting construction in accordance with Rules 567 IAC 60.4 and 64.2

Please complete the Schedule Checklist on the following page of this form.

**DOCUMENT CHECKLIST**

Identify all categories included in this project. Also, identify schedules attached to this application.

Schedule	Title	Attached	Included in Project	Submittal Date
B	Collection System	<input type="checkbox"/>	<input type="checkbox"/>	_____
C	Lateral Sewer Extension	<input type="checkbox"/>	<input type="checkbox"/>	_____
D	Trunk & Interceptor Sewer	<input type="checkbox"/>	<input type="checkbox"/>	_____
E	Wastewater Pump Station	<input type="checkbox"/>	<input type="checkbox"/>	_____
F	Treatment Project Site Selection	<input type="checkbox"/>	<input type="checkbox"/>	_____
G	Treatment Project Design Data	<input type="checkbox"/>	<input type="checkbox"/>	_____
H1	Schematic Flow Diagram	<input type="checkbox"/>	<input type="checkbox"/>	_____
H2	Treatment Process Loading and Removal Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	_____
H3	Mechanical Plant Reliability	<input type="checkbox"/>	<input type="checkbox"/>	_____
I	Screening, Grit Removal and Flow Measurement	<input type="checkbox"/>	<input type="checkbox"/>	_____
J	Septic Tank System	<input type="checkbox"/>	<input type="checkbox"/>	_____
K1	Controlled Discharge Pond	<input type="checkbox"/>	<input type="checkbox"/>	_____
K2	Aerated Pond	<input type="checkbox"/>	<input type="checkbox"/>	_____
K3	Anaerobic Lagoon	<input type="checkbox"/>	<input type="checkbox"/>	_____
L	Setting Tanks	<input type="checkbox"/>	<input type="checkbox"/>	_____
M	Fixed Film Reactor-Stationary Media	<input type="checkbox"/>	<input type="checkbox"/>	_____
N	Rotating Biological Contactor	<input type="checkbox"/>	<input type="checkbox"/>	_____
O	Aeration Tanks or Basins	<input type="checkbox"/>	<input type="checkbox"/>	_____
P	Gas Chlorination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Q	Sludge Digestion and Holding	<input type="checkbox"/>	<input type="checkbox"/>	_____
R1	Sludge Dewatering and Disposal	<input type="checkbox"/>	<input type="checkbox"/>	_____
R2 (A&B)	Low Rate Land Application of Sludge	<input type="checkbox"/>	<input type="checkbox"/>	_____
R3	Land Application of Sewage Sludge (To be developed)	<input type="checkbox"/>	<input type="checkbox"/>	_____
S	Land Application of Wastewater (To be developed)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Sewage Treatment Agreement	<input type="checkbox"/>	<input type="checkbox"/>	_____

Identify any categories included in this project which are not provided in the above list of schedules.



Iowa Department of Natural Resources  
 Wastewater Section  
 Construction Permit Application  
**SCHEDULE F, Treatment Project Site Selection, Exhibit 11B**

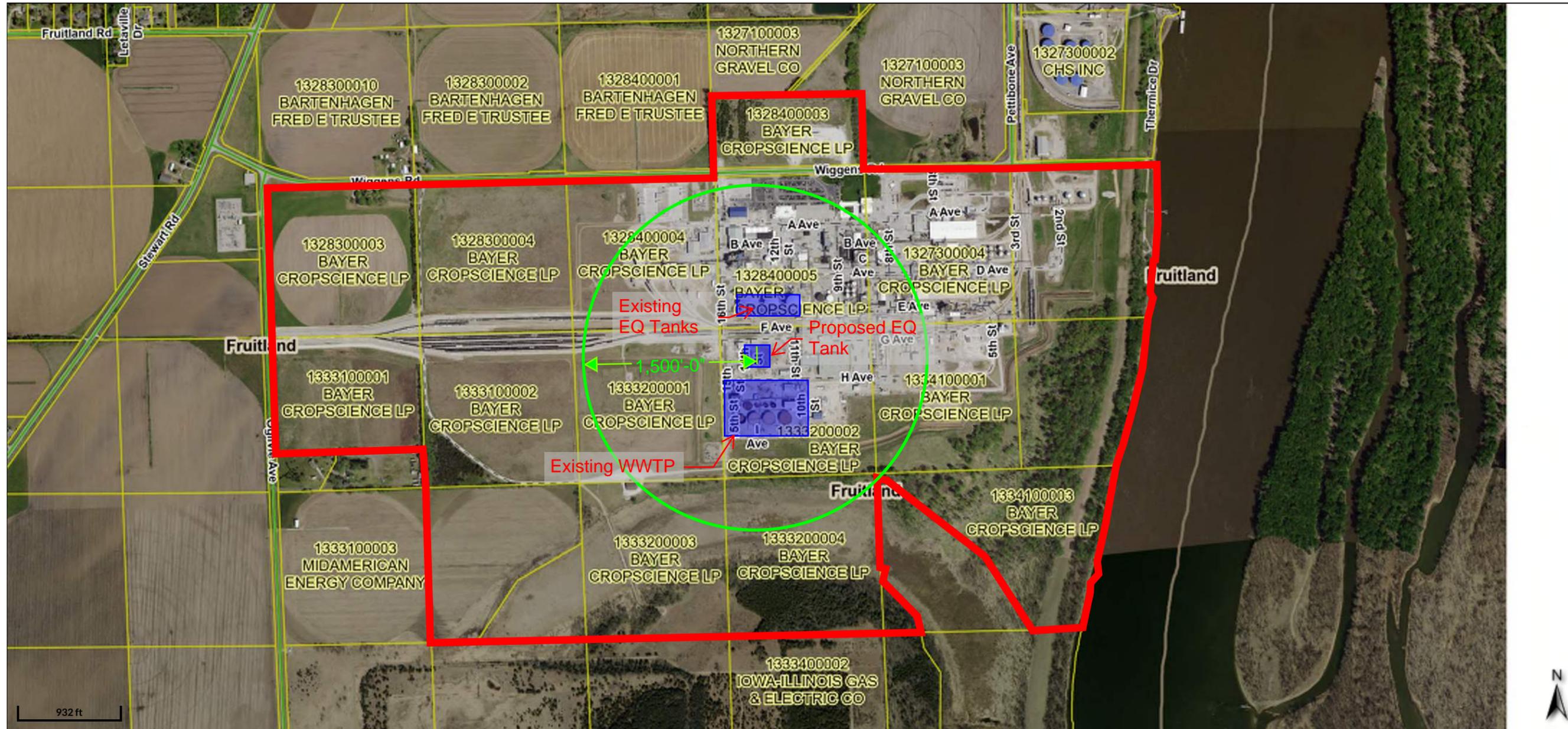
DNR USE ONLY  
 Project No. \_\_\_\_\_  
 Permit No. \_\_\_\_\_

Date Prepared _____	Project Identity
Date Revised _____	

- Project Location: County \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
 Is this a:  New Site  Existing Site  Expansion of Existing Site
- Provide the following as attachments:
  - General plat layout of area within a five mile radius of proposed treatment works, noting all important features (USGS map may be used).
  - Site layout of area within a 1,500 foot radius of the proposed treatment works with a scale of 1 inch equal to 200 feet, noting proposed treatment works, existing treatment works and all features listed in Subrule 567 IAC 64.2(3): inhabitable residences, commercial buildings, inhabitable structures, public shallow wells, public deep wells, private wells, lakes and public impoundments, property lines and rights-of-way, etc. The radius distance from lagoons shall be measured from the water surface.
- Does the project lie in a floodplain?  Yes  No  
 Elevation of 100 year flood (MSL): \_\_\_\_\_ Elevation of 25 year flood (MSL): \_\_\_\_\_  
 Will the treatment works structures, including the electrical and mechanical equipment, be protected from physical damage by the 100-year flood?  Yes  No  
 Will the plant remain operational during the 25 year flood?  Yes  No  
 Method of flood protection: \_\_\_\_\_
- Minimum distance to high water table: \_\_\_\_\_
- Describe geology of area: \_\_\_\_\_
- Describe soil conditions: \_\_\_\_\_
- State the minimum distances and directions from proposed treatment works to:
 

a) Public shallow wells _____	e) Lakes and public impoundments _____
b) Public deep wells _____	f) Property lines and rights-of-way _____
c) Private wells _____	g) Other _____
d) Inhabitable residences, commercial buildings, or other inhabitable structures _____	
- Where any of the separation distance criteria of Subrule 567 IAC 64.2(3) will not be met, state the basis for requesting site approval (e.g. a written agreement with the owner of the inhabitable building has been obtained, the proposed separation distance is at least 90% of the existing separation distance and a problem has not existed or will be created, etc.)  
 \_\_\_\_\_
- Direction of the prevailing winds: \_\_\_\_\_
- Sulfate content of the raw water supply source: \_\_\_\_\_ mg/L. Identify source: \_\_\_\_\_
- Is this area available for expansion?  Yes  No If yes, how much? \_\_\_\_\_  
 Location of area: \_\_\_\_\_ Identify owner of property: \_\_\_\_\_
- Will site be accessible via an all-weather access road?  Yes  No Type: \_\_\_\_\_
- Source of STP water supply:
 

Maintenance/Cleanup _____	Potable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory/Sanitary _____	Potable? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Potable? <input type="checkbox"/> Yes <input type="checkbox"/> No
- Receiving Stream: \_\_\_\_\_ tributary to: \_\_\_\_\_  
 7-day 10-year Low Flow: \_\_\_\_\_ cfs. Source of stream flow data: \_\_\_\_\_  
 Drainage area above site: \_\_\_\_\_ square miles  
 Is stream:  intermittent  continuous flow (perennial)  
 Describe use designation of receiving stream: \_\_\_\_\_



Overview



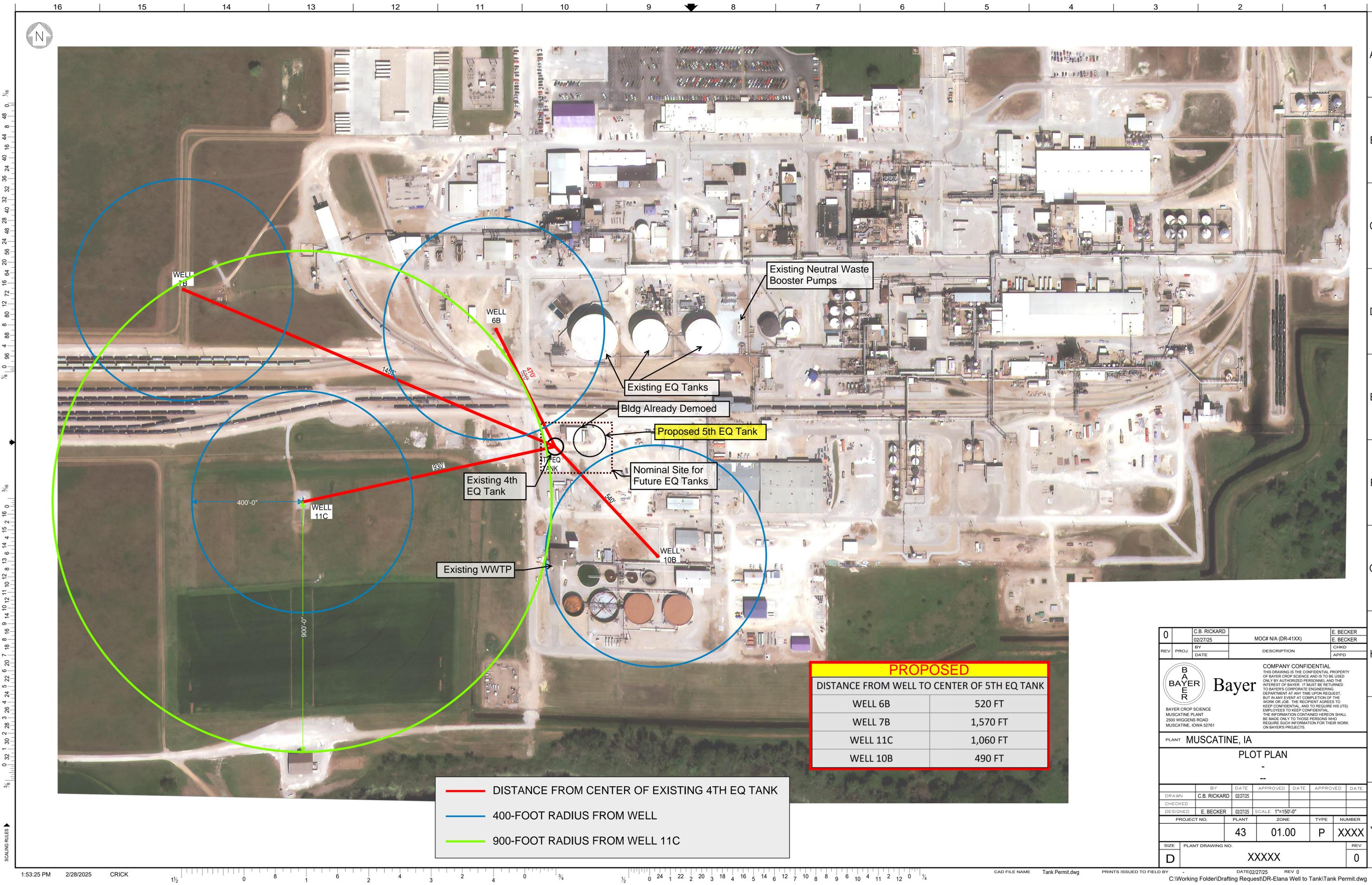
Legend

- Corporate Limits
- Political Townships
- Parcels
- Roads**
- Airport Runway
- City Street
- County Road
- Neighbor County
- Private Drive
- State Highway
- Treadway
- US Highway
- US Hwy - Divided
- <all other values>

Date created: 2/24/2025  
 Last Data Uploaded: 2/21/2025 10:26:00 PM

Developed by **SCHNEIDER** GEOSPATIAL

- Approximate Property Line
- 1,500 Radius



0	C.B. RICKARD 02/27/25	MOCH NA (DR-41XX)	E. BECKER E. BECKER
REV	BY DATE	DESCRIPTION	CHKD APPD
<p><b>BAYER</b></p> <p><b>Bayer</b></p> <p>COMPANY CONFIDENTIAL THIS DRAWING IS THE CONFIDENTIAL PROPERTY OF BAYER CROP SCIENCE AND IS TO BE USED ONLY BY AUTHORIZED PERSONNEL AND THE INTEREST OF BAYER. IT MUST BE RETURNED TO BAYER'S CORPORATE ENGINEERING DEPARTMENT AT ANY TIME UPON REQUEST, BUT IN ANY EVENT AT COMPLETION OF THE WORK OR JOB. THE RECIPIENT AGREES TO KEEP CONFIDENTIAL AND TO REQUIRE HIS (ITS) EMPLOYEES TO KEEP CONFIDENTIAL THE INFORMATION CONTAINED HEREON SHALL BE MADE ONLY TO THOSE PERSONS WHO REQUIRE SUCH INFORMATION FOR THEIR WORK ON BAYER'S PROJECTS.</p>			
PLANT MUSCATINE, IA			
PLOT PLAN			
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DRAWN	C.B. RICKARD	DATE 02/27/25	APPROVED
CHECKED			
DESIGNED	E. BECKER	DATE 02/27/25	SCALE 1"=150'-0"
PROJECT NO.	PLANT	ZONE	TYPE NUMBER
	43	01.00	P XXXX
SIZE	PLANT DRAWING NO.		REV
D	XXXXX		0