

## IOWA DEPARTMENT OF NATURAL RESOURCES ENVIRONMENTAL PROTECTION DIVISION NOTICE OF INTENT FOR NPDES COVERAGE UNDER GENERAL PERMIT

**CASHIER'S USE ONLY** 0253-542-SW08-0581

Name

No. 1 FOR "STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY"

or

No. 2 FOR "STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY FOR CONSTRUCTION ACTIVITIES"

or

No. 3 FOR "STORM WATER DISCHARGE ASSOCIATED WITH INDUSTRIAL ACTIVITY FOR ASPHALT PLANTS, CONCRETE BATCH PLANTS, ROCK CRUSHING PLANTS, AND CONSTRUCTION SAND AND GRAVEL FACILITIES."

PERMIT INFORMATION							
Has this storm water discharge been previously permitted? ☐ Yes ☒ No							
If yes, please list authorization number							
Under what General Permit are you	applying for coverage?						
General Permit No. 1 Gen	eral Permit No. 2 🛚	General Permit N	o. 3 🗌				
PERMIT FEE OPTIONS							
For coverage under the NPDES Ge	neral Permit the following	fees apply:					
☐ Annual Permit Fee \$175 (per ye ☐ 3-year Permit Fee \$350 Maximu ☐ 4-year Permit Fee \$525 Maximu ☑ 5-year Permit Fee \$700 Maximu	um coverage is three years um coverage is four years.	S.					
Checks should be made payable to:	lowa Department of Natu	ral Resources.					
FACILITY OR PROJECT INFORMATION Enter the name and full address/location (not mailing address) of the facility or project for which permit coverage is requested.							
NAME: STREET ADDRESS OF SITE: LOUISA GENERATING STATION 8602 172nd Street							
CITY: MUSCATINE	COUNTY: MUSCATINE		STATE: IA	ZIP CODE: 52761			
CONTACT INFORMATION Give name, mailing address and teleneeded). This will be the address to and compliance with the permit will	which all correspondence						
NAME:		ADDRESS:					
JEREMY MLEKUSH CITY:	8602 172n   ZIP CODE:	8602 172nd Street ZIP CODE: TELEPHONE					
MUSCATINE	STATE:	52761		) 333-8440			
Check the appropriate box to indica	te the legal status of the o	perator of the facilit	y.	,			
☐ Federal ☐ State ☐ Public ☐ Pi	rivate  Other (specify)						
	SIC COD	DE (General Permit	No. 1 & 3 Appli	cants Only)			
SIC code refers to Standard Industrial Classification code number used to classify establishments by type of economic activity.							

## FACILITY LOCATION OR LOCATION OF CONSTRUCTION SITE

Give the location by 1/4 section, section, township, range, (e.g., NW, 7, T78N, R3W).

1/4 SECTION	SECTION	TOWNSHIP	RANGE
	33	76	02
	4, 9	75	02

MAIL TO:
STORM WATER COORDINATOR IOWA DEPARTMENT OF NATURAL RESOURCES 502 E 9 <sup>TH</sup> ST DES MOINES IA 50319-0034

				DES MOINES IA	00319-0	0034	
OWNER INFORMATION							
Enter the name and full address of the owner	er of the facility.						
NAME:			ADDRESS:				
MIDAMERICAN ENERGY COMPANY			666 GRAND AVE				
CITY: STATE:			ZIP CODE: TELEPHONE:				
DES MOINES	IA	50303	2	(515 ) 242-3019			
				(010)212 0010	······································		
OUTFALL INFORMATION							
Discharge start date, i.e., when did/will the site begin operation or 10/1/92, whichever is later: JULY 6, 2016							
Is any storm water monitoring information a	vailable describing th	e concentration	of pollute	nts in storm water disch	orgos'	2	
•	amend decembring th	io concontiation	or politic	into in storii water disci			
NOTE Description					re	es 🗌 No	
NOTE: Do not attach any storm water monit	oring information wit	h the application	ì				
Receiving water(s) to the first uniquely name	ed waterway in Iowa	(e.g., road ditch	to unnam	ned tributary to Mud Cre	ek to S	South	
Skulik River).				,			
UNNAMED DITCHES TO THE MISSISSIPP	I RIVER						
Compliance With The Following Conditions:							
Has the Storm Water Pollution Prevention P	lan haan dayalanad	maian ka klaa al	-:44-1 - 6 ()	- 51-0	Yes	No	
and does the plan most the requirements of	the applicable O	prior to the subm	nittai of th	is Notice of Intent			
and does the plan meet the requirements of	the applicable Gene	rai Permit? (do r	not submi	t the SWPPP with	$\boxtimes$		
the application)							
Maria de Companya							
Will the Storm Water Pollution Prevention PI	an comply with appr	oved State (Sect	tion 161A	.64, Code of Iowa) or			
local sediment and erosion plans? (for Gene	eral Permit 2 only)			,	$\bowtie$		
Has a public notice been published for at lea	ast one day, in the ne	ewspaper with the	e largest	circulation in the area			
where the discharge is located, and is the pr	oof of notice attache	d? (new applica	tions only	)	$\boxtimes$		
		ar (non applica	tionio only				
GENERAL PERMIT NO. 2 AND GENERAL	PERMIT NO 3 ADD	I ICANITE COM	DICTET	LIC SECTION			
Description of Project (describe in one sente	nco what is being as	LICANIS COM	recie!	HIS SECTION.			
COAL COMPLICTION DECIDING AND EFF	THE WHAT IS DEING CO	instructed):					
COAL COMBUSTION RESIDUAL AND EFF	LUENT LIMITATION	GUIDELINE RU	JLES CO	MPLIANCE PROJECTS	5.		
For Conord Dormit No. 2. to this facility to 1	101						
For General Permit No. 3 - Is this facility to be	e moved this year?	🗌 Yes 🗌 No					
Number of Acres of Disturbed Soil: 165							
	struction Activities Only						
Estimated Timetable For Activities / Projects	: - Control Activities Only						
Estimated Timetable For Activities / Projects	, i.e., approximately	when did/will the	project b	egin and end:			
JULY 2016 - JULY 2021							
CENTIFICATION ALL ARRIVATIONS							
CERTIFICATION - ALL APPLICATIONS M	UST BE SIGNED						
Only the following individuals may sign t	he certification: ow	ner of site, princi	ipal execu	itive officer of at least th	ne level	of vice-	
Only the following individuals may sign the certification: owner of site, principal executive officer of at least the level of vice-president of the company owning the site, a general partner of the company owning the site, principal executive officer or							
ranking elected official of the public entity owning the site, any of the above of the general contracting company for construction							
sites.	. ,		9-1.0.0.	oon a doming dompany to	1 001131	dellori	
I certify under penalty of law that this docu	ment was prepared	under my direc	otion or o	unorginion in accorde			
system designed to assure that qualified n	nont was prepared	ander my unec	LIGHT OF S	upervision in accordan	ice with	n a	
system designed to assure that qualified people properly gathered and evaluated the information submitted. Based on my							
inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the							
information, this information is to the best of my knowledge and belief, true, accurate, and complete. I further certify that							
the terms and conditions of the general permit will be met. I am aware that there are significant penalties for submitting							
false information, including the possibility of fine and imprisonment for knowing violations.							
NAME: (print or type)		TITLE AND CO	MONNIX	NAME OF CICALATOR	\/		
DAVID ULVZAS		1.4.0		NAME OF SIGNATOR			
OI III OR MENTE							
SIGNATURE		DA					
			1.10	2/11.			
			61.6	////			