



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

<b>CASHIER'S USE ONLY</b> 0253-542-SW08-0581 Name
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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please list authorization number _____
Under what General Permit are you applying for coverage?
General Permit No. 1 <input type="checkbox"/> General Permit No. 2 <input checked="" type="checkbox"/> General Permit No. 3 <input type="checkbox"/>

**PERMIT FEE OPTIONS**

For coverage under the NPDES General Permit the following fees apply:
<input checked="" type="checkbox"/> Annual Permit Fee \$175 (per year) Maximum coverage is one year.
<input type="checkbox"/> 3-year Permit Fee \$350 Maximum coverage is three years.
<input type="checkbox"/> 4-year Permit Fee \$525 Maximum coverage is four years.
<input type="checkbox"/> 5-year Permit Fee \$700 Maximum coverage is five years.
Checks should be made payable to: Iowa Department of Natural 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: Alice Place - Boone		STREET ADDRESS OF SITE: 1704 Hawkeye Drive	
CITY: Boone	COUNTY: Boone	STATE: IA	ZIP CODE: 50036

**CONTACT INFORMATION**

Give name, mailing address and telephone number of a contact person (Attach additional information on separate pages as needed). This will be the address to which all correspondence will be sent and to which all questions regarding your application and compliance with the permit will be directed.

NAME: Door Creek Construction - Attn: Kevin Kadlec		ADDRESS: 2205 Kimberly Road	
CITY: Bettendorf	STATE: IA	ZIP CODE: 52722	TELEPHONE: (563 ) 355-0794

Check the appropriate box to indicate the legal status of the operator of the facility.

Federal  State  Public  Private  Other (specify) \_\_\_\_\_

SIC CODE (General Permit No. 1 & 3 Applicants 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 ¼ section, section, township, range, (e.g., NW, 7, T78N, R3W).

1/4 SECTION	SECTION	TOWNSHIP	RANGE
SW	34	84N	26W

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

Enter the name and full address of the owner of the facility.

NAME: JNB Senior 1, LP		ADDRESS: 20 Sandstone Court	
CITY: LeClaire	STATE: IA	ZIP CODE: 52753	TELEPHONE: (563) 505-5611

**OUTFALL INFORMATION**

Discharge start date, i.e., when did/will the site begin operation or 10/1/92, whichever is later: November 10, 2017

Is any storm water monitoring information available describing the concentration of pollutants in storm water discharges?  
 Yes  No

**NOTE:** Do not attach any storm water monitoring information with the application.

Receiving water(s) to the first uniquely named waterway in Iowa (e.g., road ditch to unnamed tributary to Mud Creek to South Skunk River):  
 Unnamed ditches, storm sewer and unnamed tributaries to Peas Creek

Compliance With The Following Conditions:	Yes	No
Has the Storm Water Pollution Prevention Plan been developed prior to the submittal of this Notice of Intent and does the plan meet the requirements of the applicable General Permit? (do not submit the SWPPP with the application)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Will the Storm Water Pollution Prevention Plan comply with approved State (Section 161A.64, Code of Iowa) or local sediment and erosion plans? (for General Permit 2 only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has a public notice been published for at least one day, in the newspaper with the largest circulation in the area where the discharge is located, and is the proof of notice attached? (new applications only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**GENERAL PERMIT NO. 2 AND GENERAL PERMIT NO. 3 APPLICANTS COMPLETE THIS SECTION.**

Description of Project (describe in one sentence what is being constructed):  
 Construction of a residential retirement facility.

For General Permit No. 3 - Is this facility to be moved this year?  Yes  No

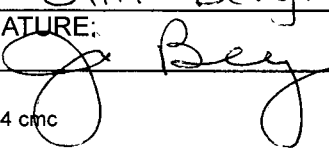
Number of Acres of Disturbed Soil: Approx. 4.0 acres  
(Construction Activities Only)

Estimated Timetable For Activities / Projects, i.e., approximately when did/will the project begin and end:  
 November 2017 - November 2018

**CERTIFICATION – ALL APPLICATIONS MUST BE SIGNED**

**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.

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with 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) <u>Jim Bergman</u>	TITLE AND COMPANY NAME OF SIGNATORY: <u>Managing Member of its GP</u>
SIGNATURE: 	DATE: <u>11/3/17</u>