

IOWA DEPARTMENT OF NATURAL RESOURCES ENVIRONMENTAL SERVICES 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"

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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."

Has this storm water discharge been previously permitted	? ☐ Yes 🏻	No		
f yes, please list authorization number				
Under what General Permit are you applying for coverage	,			
Seneral Permit No. 1 General Permit No. 2 🔀	Gene	ral Permit No. 3		
		•		
PERMIT FEE OPTIONS For coverage under the NPDES General Permit the following	n foot annie			
or coverage under the NFDES General Permit the following	ig ises abbil	•		
🔀 Annual Permit Fee \$175 (per year) Maximum coverage				
3-year Permit Fee \$350 Maximum coverage is three ye				
 4-year Permit Fee \$525 Maximum coverage is four yea 5-year Permit Fee \$700 Maximum coverage is five yea 				
	٥,			
Checks should be made payable to: Iowa Department of N	atural Resou	rces.		
FACILITY OR PROJECT INFORMATION Enter the name and full address/location (not mailing address/location) NAME:3M_KNOXVILLE - AF7 PLANT EXPANSION	ress) of the f	acility or project	for which permit of COUNTY:	coverage is requested. MARION
STREET ADDRESS OF SITE: 3406 E. PLEASANT ST.			, , , , , , , , , , , , , , , , , , , 	
CITY: KNOXVILLE	STATE:	IA	ZIP CODE:	50138
CONTACT INFORMATION Given name, mailing address and telephone number of a cheeded). This will be the address to which all corresponde				
compliance with the permit will be directed.				rding your application and
•			PHONE:	515-986-3527
compliance with the permit will be directed.				
compliance with the permit will be directed. NAME: KENT JOHNSON				
compliance with the permit will be directed. NAME: KENT JOHNSON COMPANY NAME (if applicable): SOIL-TEK	STATE:	_IA		
COMPINE WITH THE PERMIT WILL BE DIRECTED. NAME: KENT JOHNSON COMPANY NAME (if applicable): SOIL-TEK STREET ADDRESS: PO BOX 738	STATE:		PHONE:	515-986-3527
COMPINE WITH THE PERMIT WILL BE DIRECTED. NAME: KENT JOHNSON COMPANY NAME (if applicable): SOIL-TEK STREET ADDRESS: PO BOX 738 CITY: GRIMES E-mail address (if available): KENT@SOIL-TEK.COM		IA	PHONE:	515-986-3527
COMPINE WITH the permit will be directed. NAME: KENT JOHNSON COMPANY NAME (if applicable): SOIL-TEK STREET ADDRESS: PO BOX 738 CITY: GRIMES	e operator o	IA	PHONE:	515-986-3527

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
NE	08	75N	19W

MAIL TO:
STORM WATER COORDINATOR
IOWA DNR
502 E 9TH ST
DES MOINES IA 50319-0034

	<u> </u>	DES N	MUINES IA 50319-00	34	
OWNER INFORMATION Enter the name and full address of the owner of the facility.					
NAME: 3M COMPANY		PHONE:	641-828-5555		
STREET ADDRESS: 3406 E. PLEASANT ST.					
CITY: KNOXVILLE STA	ATE: IA	ZIP COĐE:	50138		
Owner E-mail address (if available):					
OUTFALL INFORMATION					
Discharge start date, i.e., when did/will the site begin operation o	r 10/1/9 2, whi	ichever is later: 1	2-10-18		
Is any storm water monitoring information available describing th	e concentration	on of pollutants in storm w	vater discharges?		
		,		s 🔀 No	
NOTE: Do not attach any storm water monitoring information wit	h the applicat	ion		5 <u>F</u> 3 110	
Receiving water(s) to the first uniquely named waterway in lowa			Mud Creek to Sout	h Skunk	
River):	e.g., road ditt	in to utmained tributary to	, Mud Creek to sout	II SKUIJK	
UNNAMED TRIBUTARY TO COMPETINE CREEK					
Compliance With The Following Conditions:		*** *****	<u>.</u>	B 1 -	
Compliance With The Following Conditions: Has the Storm Water Pollution Prevention Plan been developed p	rior to the cul	hmittal of this Notice of Int	Yes	Nο	
does the plan meet the requirements of the applicable General Po					
application)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C SOUTH CARE STATE TO WHAT C	<u></u>	ш.	
Will the Storm Water Pollution Prevention Plan comply with appr	oved State (Se	ection 161A.64, Code of lo	wa) or 😽		
local sediment and erosion plans? (for General Permit 2 only)	,	,	wa) 01		
Has a public notice been published for at least one day, in the nev	vspaper with t	the largest circulation in th	ne area	r-1 .	
where the discharge is located, and is the proof of notice attached	1? (new applic	cations only)		<u> </u>	
GENERAL PERMIT NO. 2 AND GENERAL PERMIT NO. 3 APPLICAN	TS COMPLETE	THIS SECTION.		·····	
			······································		
Description of Project (describe in one sentence what is being cor BUILDING EXPANSION WITH ASSOCIATED FENCE, ROAD, UTILITIES		WATER DETENTION POND			
For General Permit No. 3 - Is this facility to be moved this year?	Yes 🗌] No			
Number of Acres of Disturbed Soil: 4.75					
(Construction Activities On	ly)				
Estimated Timetable For Activities / Projects, i.e., approximately v	vhen did/will	the project begin and end:			
DECEMBER 2018 - NOVEMBER 2019					
CERTIFICATION – ALL APPLICATIONS MUST BE SIGNED					
Only the following individuals may sign the certification: owner					
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)	TITLE AND C	OMPANY NAME OF SIGNA	TORY:		
Ton BuzzatewsK.	Plant M	lawager 3M			
SIGNATURE:		DATE!			
H 200 ga-		12/12/18			