

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

CASHIER'S US	SE ONLY
0253-542-SW0	8-0581
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."

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PERMIT INFORMATION				
Has this storm water discharge bee	n previously permitted?] Yes 🔳 No		
If yes, please list authorization num	ber			
Under what General Permit are you	applying for coverage?			
General Permit No. 1 Gen	eral Permit No. 2 🔳	General Permit N	lo. 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	Im coverage is three years Im coverage is four years Im coverage is five years.	S.		
Checks should be made payable to	Iowa Department of Natu	iral Resources.		
FACILITY OR PROJECT INFORMA Enter the name and full address/loc) of the facility or p	roject for which perm	iit coverage is requested.
NAME: This'll Do Pork LLC		STREET ADDRE Riverside Road	SS OF SITE:	
CITY: Washington	COUNTY: Washington		STATE:	ZIP CODE: 52353
CONTACT INFORMATION Give name, mailing address and tel needed). This will be the address to and compliance with the permit will	ephone number of a conta which all correspondence	will be sent and to	which all questions	on separate pages as regarding your application
NAME: Knee Deep Solutions IIc		ADDRESS 208 South I	S: Marion Avenue	
CITY: Washington	STATE:	ZIP CODE: 52353	(319)6	DNE 553-5555
Check the appropriate box to indica	_	perator of the facili	ty.	
Federal State Public P	rivate 🔲 Other (specify)			
	SIC COE	DE (General Permit	No. 1 & 3 Applicants	s 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),

Give the location by 74 section, section, township, range, (e.g., NVV, 7, 176N, RSVV).					
1/4 SECTION	SECTION	TOWNSHIP	RANGE		
SE	28	76N	07W		

MAIL TO:

STORM WATER COORDINATOR
IOWA DEPARTMENT OF NATURAL
RESOURCES
502 E 9TH ST
DES MOINES IA 50319-0034

					DES MOINES IA	50319-0	0034
OWNED INFORMA	TION				*		
OWNER INFORMAT	FION full address of the ow	nor of the facility					
NAME:	Tuli address of the own	ner or the facility.	LADDI	RESS:			
This'll Do Pork LLC				/2 East Was	hington St.		
CITY:		STATE:	ZIP C	ODE:	TELEPHONE:		369
Washington		IA	52353	0	(319) 591-0882		
OUTFALL INFORM	ATION			5			
Discharge start date	, i.e., when did/will the	site begin operation o	or 10/1/92, v	whichever i	s later: 9/01/2018		
					lutants in storm water disc		
						□ Ye	es 🔳 No
	n any storm water mor				.,		
Receiving water(s) to Skunk River):	o the first uniquely nar	med waterway in Iowa	(e.g., road	ditch to uni	named tributary to Mud Cr	eek to S	South
through field to grass	ed waterway to unnam	ned tributary to North F	Fork Long Cr	eek .			
Compliance With Th					No		
	r Pollution Prevention						
and does the plan meet the requirements of the applicable General Permit? (do not submit the SWPPP with the application)			\checkmark				
						25	
	· Pollution Prevention l erosion plans? (for Gei		oved State	(Section 16	61A.64, Code of Iowa) or	V	
		,,		20.00			
	been published for at line is located, and is the				est circulation in the area only)	\checkmark	
	NO. 2 AND GENERA				E THIS SECTION.		
Description of Project (describe in one sentence what is being constructed):							
one 101'10" x 195' hog confinement building with 8' deep below building pit For General Permit No. 3 - Is this facility to be moved this year? Yes No							
		be moved this year?					
Number of Acres of		tanatruation Activities Only	<u> </u>				Sc.
(Construction Activities Only) Estimated Timetable For Activities / Projects, i.e., approximately when did/will the project begin and end:							
	gin after DNR authoriza				,		
	ALL APPLICATIONS						
			mer of site	nrincinal ex	xecutive officer of at least	the leve	l of vice-
president of the com	pany owning the site,	a general partner of th	ne company	owning the	e site, principal executive	officer o	r
	ial of the public entity	owning the site, any of	f the above	of the gene	eral contracting company f	or cons	truction
sites.	It af law that this da		d				L
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 typ Sawyer Whisler	e)	[.	THLE ANI This'll Do Po		NY NAME OF SIGNATOI	KY:	
SIGNATURE:			1113 II DO FC	DATE:	no.		
0 . /				The second second	22-14		
Sanfermen				0 4	-6 17		