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"

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 ☐ General Permit No. 2 ☒ General Permit No. 3 ☐

PERMIT FEE OPTIONS

For coverage under the NPDES General Permit the following fees apply:

☒ Annual Permit Fee $175 (per year) Maximum coverage is one year.
☐ 3-year Permit Fee $350 Maximum coverage is three years.
☐ 4-year Permit Fee $525 Maximum coverage is four years.
☐ 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.

CITY OF OSCEOLA - WASTEWATER TREATMENT FACILITY IMPROVEMENTS

NAME: CONTRACT 3 COUNTY: CLARKE

STREET ADDRESS OF SITE: 1986 COUNTRY CLUB ROAD

CITY: OSCEOLA STATE: IA ZIP CODE: 50213

CONTACT INFORMATION

Given 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: KENT JOHNSON PHONE: 515-986-3527

COMPANY NAME (if applicable): SOIL-TEK

STREET ADDRESS: PO BOX 738

CITY: GRIMES STATE: IA ZIP CODE: 50111

E-mail address (if available): KENT@SOIL-TEK.COM

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).

¼ SECTION	SECTION	TOWNSHIP	RANGE
SE	20	72N	25W
SW	21	72N	25W

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

OWNER INFORMATION

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

NAME: CITY OF OSCEOLA PHONE: 641-342-2377

STREET ADDRESS: 115 N. FILLMORE ST.

CITY: OSCEOLA STATE: IA ZIP CODE: 50213

Owner E-mail address (if available):

OUTFALL INFORMATION

Discharge start date, i.e., when did/will the site begin operation or 10/1/92, whichever is later: 12-1-20

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):
WHITE BREAST CREEK TO DES MOINES RIVER

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)	☒	☐
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)	☒	☐
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)	☒	☐

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 WASTEWATER TREATMENT FACILITY STRUCTURES

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

Number of Acres of Disturbed Soil: 1.6
(Construction Activities Only)

Estimated Timetable For Activities / Projects, i.e., approximately when did/will the project begin and end:
DECEMBER 2020 - OCTOBER 2021

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: (p Brandon Carson

TITLE AND COMPANY NAME OF SIGNATORY: Project Engineer, Story Construction

SIGNATURE: Brandon Carson Digitally signed by Brandon Carson DN: C=US, E=bcarson@storycon.com, O=Story Construction Co., CN=Brandon Carson Date: 2020.11.19 08:15:08-06'00'

DATE: 11/19/2020