IOWA DEPARTMENT OF NATURAL RESOURCES
NOTICE OF INTENT FOR COVERAGE UNDER NPDES STORM WATER 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 NPDES General Permit No. 1, No. 2, or No. 3, 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 the 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: Ames WPCF Nutrient Reduction Modifications-Phase 1 COUNTY: Story

STREET ADDRESS OF SITE: 56797 280th Street

CITY: Ames STATE: Iowa ZIP CODE: 50010

Give the facility location or location of construction site by section/township/range and latitude/longitude:

¼ SECTION	SECTION	TOWNSHIP	RANGE
SE	31	83N	23W

¼ SECTION	SECTION	TOWNSHIP	RANGE

Facility SIC Code: _____ Facility NAICS Code: _____

SIC and NAICS codes refer to the Standard Industrial Classification and the North American Industry Classification System code numbers used to classify establishments by type of economic activity. Complete for General Permits No. 1 and No. 3.

CONTACT INFORMATION

Provide the name, mailing address, email address, and telephone number of a contact person. Attach additional information as needed. This will be the address to which all correspondence will be sent and to which all questions will be directed.

NAME: John Dunn PHONE: (515) 239 - 5150

COMPANY NAME (if applicable): City of Ames

STREET ADDRESS: 1800 East 13th Street

CITY: Ames STATE: Iowa ZIP CODE: 50010

EMAIL ADDRESS: john.dunn@cityofames.org

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

☐ Federal ☐ State ☒ Public ☐ Private ☐ Other (specify) _____

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

NAME: City of Ames PHONE: (515) 239 - 5150

STREET ADDRESS: 1800 East 13th Street

CITY: Ames STATE: Iowa ZIP CODE: 50010

EMAIL ADDRESS: john.dunn@cityofames.org

OUTFALL INFORMATION

Discharge start date, i.e., when did/will the site begin operation or 10/1/92, whichever is later: August 2024

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.

List receiving water(s) to the first uniquely named waterway in Iowa (e.g., ditch to unnamed tributary to Mud Creek to Cedar River):

unnamed tributary to South Skunk River

Note compliance With the Following Conditions:	Yes	No
Has the Storm Water Pollution Prevention Plan been developed prior to the submittal of this NOI and does the plan meet the requirements of the applicable General Permit? (do not submit the SWPPP with the NOI)	☒	☐
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)	☒	☐

ADDITIONAL INFORMATION FOR GENERAL PERMIT NO. 2 AND GENERAL PERMIT NO. 3 APPLICANTS.

Description of Project (describe in one sentence what is being constructed):

modifications to existing Water Pollution Control Facility

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

Number of Acres of Disturbed Soil (Construction Activities Only): 6.0

Estimated Timetable for Activities/Projects, i.e., approximately when did/will the project begin and end:

August 2024 through July 2027

CERTIFICATION – ALL APPLICATIONS MUST BE SIGNED

Only the following individuals may sign the certification. State regulations require this form to be signed by one of the following:

a. *Corporations*. A responsible corporate officer; either: (1) A president, secretary, treasurer, or vice -president in charge of a principal business function, or other person who performs similar functions: or (2) The manager of manufacturing, production or operating facilities, if authority to sign documents has been assigned or delegated in accordance with corporate procedures.
b. *Partnerships*. In the case of a partnership, a general partner.
c. *Sole proprietorships*. In the case of a sole proprietorship, the proprietor.
d. *Municipal, state, federal, or other public agency*. Either the principal executive officer or the ranking elected official. A principal executive officer includes: (1) The chief executive officer, or (2) A senior executive officer responsible for a unit of the agency.
e. *Storm water discharge associated with industrial activity from construction activities*. In the case of a storm water discharge associated with construction activity, either the owner of the site or the general contractor.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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, the information submitted 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 known violations.

JOHN R. DUNN
NAME (print or type)

Director, City of Ames WPC
TITLE AND COMPANY NAME OF SIGNATORY

SIGNATURE

03/25/24
DATE

Submit this form to: Storm Water Coordinator, Iowa Department of Natural Resources, 502 E 9th St., Des Moines, Iowa 50319