

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."

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: lowa 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 c	overage is requested.
NAME: Siglin Estates Plat 2 CC	OUNTY:	Dallas
STREET ADDRESS OF SITE: SE of intersection of S Ave and W 5th St		
CITY: Woodward STATE: IA ZIP	CODE.	
51712.	CODE:	50276
Given name, mailing address and telephone number of a contact person (Attach additional information). This will be the address to which all correspondence will be sent and to which all questicompliance with the permit will be directed.	mation or	n separate pages as rding your application and
CONTACT INFORMATION Given name, mailing address and telephone number of a contact person (Attach additional inform needed). This will be the address to which all correspondence will be sent and to which all questicompliance with the permit will be directed. NAME: JD Albright Photos Contact person (Attach additional information person perso	mation or	n separate pages as
CONTACT INFORMATION Given name, mailing address and telephone number of a contact person (Attach additional inform needed). This will be the address to which all correspondence will be sent and to which all questicompliance with the permit will be directed. NAME: JD Albright PH COMPANY NAME (if applicable): Keystone Equity Group, LLC	mation or	n separate pages as rding your application and
CONTACT INFORMATION Given name, mailing address and telephone number of a contact person (Attach additional information needed). This will be the address to which all correspondence will be sent and to which all questicompliance with the permit will be directed. NAME: JD Albright PHOMPANY NAME (if applicable): Keystone Equity Group, LLC STREET ADDRESS: 5031 Timberwood Ct.	mation or	n separate pages as rding your application and 515-897-9062
CONTACT INFORMATION Given name, mailing address and telephone number of a contact person (Attach additional inform needed). This will be the address to which all correspondence will be sent and to which all questicompliance with the permit will be directed. NAME: JD Albright PH COMPANY NAME (if applicable): Keystone Equity Group, LLC STREET ADDRESS: 5031 Timberwood Ct. CITY: WDM STATE: IA ZIP	mation or	n separate pages as rding your application and
CONTACT INFORMATION Given name, mailing address and telephone number of a contact person (Attach additional inform needed). This will be the address to which all correspondence will be sent and to which all questic compliance with the permit will be directed. NAME: JD Albright PH COMPANY NAME (if applicable): Keystone Equity Group, LLC STREET ADDRESS: 5031 Timberwood Ct. CITY: WDM STATE: IA ZIP E-mail address (if available): buildmore4you@gmail.com	mation or ions regal	n separate pages as rding your application and 515-897-9062
CONTACT INFORMATION Given name, mailing address and telephone number of a contact person (Attach additional inform needed). This will be the address to which all correspondence will be sent and to which all questic compliance with the permit will be directed. NAME: JD Albright PHOMPANY NAME (if applicable): Keystone Equity Group, LLC STREET ADDRESS: 5031 Timberwood Ct. CITY: WDM STATE: IA ZIP E-mail address (if available): buildmore4you@gmail.com Check the appropriate box to indicate the legal status of the operator of the facility.	mation or ions regal	n separate pages as rding your application and 515-897-9062
CONTACT INFORMATION Given name, mailing address and telephone number of a contact person (Attach additional inform needed). This will be the address to which all correspondence will be sent and to which all questic compliance with the permit will be directed. NAME: JD Albright PH COMPANY NAME (if applicable): Keystone Equity Group, LLC STREET ADDRESS: 5031 Timberwood Ct. CITY: WDM STATE: IA ZIP E-mail address (if available): buildmore4you@gmail.com	mation or ions regal	n separate pages as rding your application and 515-897-9062

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
sw 1/4	6	T81N	R26W

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

				DE3 I	MOINES IA	00319-00	J34
OWNER INFORMATION Enter the name and full address of the owner of the facility.					281		
NAME: Keystone Equity Group LLC				_ PHONE:	515-897-9	062	
STREET ADDRESS: 5031 Timberwood Ct.							
CITY: WDM	STATE:	IA		ZIP CODE:	50265		
Owner E-mail address (if available): _buildmore4you@gmail.c	om						
OUTFALL INFORMATION							
Discharge start date, i.e., when did/will the site begin operation	n or 10,	/1 / 92, whi	chever is late	r: 6/	/1/24		
Is any storm water monitoring information available describing					vater discha	arges?	*
			- Pondio			_	es 🔳 No
NOTE: Do not attach any storm water monitoring information v	with the	annlicat	ion			Ш"	es [33] 110
Receiving water(s) to the first uniquely named waterway in low				d tributary to	n Mud Cree	k to Sout	th Skunk
D:\						K to sou	ar Skurik
RUNOFF DISCHARGED TO PRIVATE STORM SEWER TO	AN UNI	NAMED I	RIBUTARY TO	BEAVER CRI	EK.		
Compliance With The Following Conditions:						Yes	No
Has the Storm Water Pollution Prevention Plan been developed	prior	to the sub	mittal of this	Notice of In	tent and	103	140
does the plan meet the requirements of the applicable General	Permi	t? (do not	submit the S	WPPP with t	:he		
application)							
Will the Storm Water Pollution Prevention Plan comply with applications and applications and applications and applications and applications and applications and applications are also applicated and applications are also applications are also applications and applications are also applications are also applications and applications are also applications are also applications are also applications and applications are also applications are also applications and applications are also applicatio	proved	State (Se	ection 161A.6	4, Code of Io	wa) or	58	П
local sediment and erosion plans? (for General Permit 2 only)			1 . 7				
Has a public notice been published for at least one day, in the n where the discharge is located, and is the proof of notice attack	ewspa	per with t	ne largest cir	culation in tr	ne area		
GENERAL PERMIT NO. 2 AND GENERAL PERMIT NO. 3 APPLICA			THIS SECTIO	N.			
Description of Project (describe in one sentence what is being of							
Project consists of new residential development with associated	d gradir	ng, utilitie	s, and pavem	ent			
For General Permit No. 3 - Is this facility to be moved this year?	. [Yes	No				
Number of Acres of Disturbed Soil: 8.80							
(Construction Activities	Only)	•					
Estimated Timetable For Activities / Projects, i.e., approximately when did/will the project begin and end: START DATE: JUNE 1, 2024; END DATE: JUNE 1, 2027							
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 a							
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.			B 14100 11110111	idelon, melde	mg the pot	Sibility C	i iiiic
NAME: (print or type) J.D. Albright	TIT		OMPANY NAI				
SIGNATURE:							
Sh			DAIL.	-23-20	124		