

### IOWA DEPARTMENT OF NATURAL RESOURCES NPDES PERMIT APPLICATION FORM 1 FOR INDUSTRIAL FACILITIES

|             |                                      |                                | FORM 1        | – GENERA     | LINFORM      | 1ATION            |                 |                          |             |
|-------------|--------------------------------------|--------------------------------|---------------|--------------|--------------|-------------------|-----------------|--------------------------|-------------|
|             | NAME                                 |                                |               |              |              | STREET ADDRESS    |                 |                          |             |
| OWNER       | Iowa Department Of Transportation    |                                |               |              |              | 800 Lincoln Way   |                 |                          |             |
| INFORMATION | P.O. BOX                             |                                | CITY          |              | ·            |                   | STATE           | ZIP C                    | ODE         |
|             |                                      |                                | Ames          |              |              |                   | Ia              | 5001                     | 0           |
|             | NAME                                 |                                |               |              | STRE         | ET ADDRESS        |                 |                          |             |
| FACILITY    |                                      | 67)39-10, Ia                   | 150 Bridge    | Replacemen   |              | Crk 0.9 Mi.       | N. Of D-47      |                          |             |
| INFORMATION | P.O. BOX                             | <i>ory 57</i> 10, 10           |               |              |              |                   |                 | TE ZIP CODE              |             |
|             |                                      |                                | Rowle         | ey           |              |                   | Ia              | 5232                     |             |
|             |                                      |                                |               |              |              |                   |                 |                          |             |
|             | NAME                                 |                                |               |              | MAI          | ING ADDRESS       |                 |                          |             |
| OPERATOR    | Hugh Holak, Manchester Rce, Iowa Dot |                                |               |              |              | W. Main           |                 |                          |             |
| INFORMATION | TELEPHONE                            |                                | CITY          |              |              |                   | STATE           | ZIP C                    | ODE         |
|             | 563-927-239                          | 97                             | Manc          | hester       |              |                   | Ia              | 5205                     | 57          |
|             |                                      |                                |               |              |              |                   |                 |                          |             |
|             | COUNTY: Buc                          |                                |               |              | LATITUDE     |                   |                 | LONGITUDE                |             |
| FACILITY    | SECTION                              |                                | RANGE         | DEGREES      | MINUTES      | SECONDS           | DEGREES         | MINUTES                  | SECONDS     |
| LOCATION    | 3/4                                  | 87n                            | 9w            | 42           | 22           | 57                | 91              | 53                       | 22          |
|             | NAME                                 |                                |               |              | ΤΙΤΙ         | -                 |                 | TELEDUO                  |             |
| CONTACT     |                                      | o - Office Of                  | Construction  | n Iowa Dot   |              | :<br>hwork Engine | or              | TELEPHO                  |             |
| PERSON      | ADDRESS                              |                                | Constructio   | li, I0wa Dot |              |                   | STATE           | 515/239-1280<br>ZIP CODE |             |
| FERSON      | 800 Lincoln                          | Way                            |               |              | Ame          | S                 | Ia              | 50010                    |             |
|             |                                      |                                |               |              |              |                   |                 | 00010                    |             |
|             | List all envir                       | onmental per                   | mits or licen | ses from fed | oral state o | r local agenci    | ies required to | onerate thi              | s facility  |
|             |                                      | UIC, PSD, wat                  |               |              |              | -                 | -               | -                        | -           |
| OPERATING   | for" under                           |                                |               |              |              | <b>j</b>          |                 |                          |             |
| PERMITS     | ТҮРЕ                                 | OF PERMIT                      |               | PERMIT NO.   |              | ISSUE D           | ATE             | ISSUING                  | AGENCY      |
| AND         | N/A                                  |                                |               |              |              |                   |                 |                          |             |
| LICENSES    |                                      |                                |               |              |              |                   |                 |                          |             |
|             |                                      |                                |               |              |              |                   |                 |                          |             |
|             |                                      |                                |               |              |              |                   |                 |                          |             |
|             |                                      |                                |               |              |              |                   |                 |                          |             |
|             |                                      |                                |               |              |              |                   |                 |                          |             |
|             |                                      |                                |               |              |              |                   |                 |                          |             |
|             |                                      |                                |               |              |              |                   |                 | YE                       | s no        |
|             |                                      | vill you withd                 | raw water fi  | om a well y  | vatorcours   | or lake?          |                 |                          |             |
| ADDITIONAL  |                                      | -                              |               | -            |              | -                 |                 |                          |             |
|             |                                      | vill you inject                |               | -            |              | -                 |                 |                          |             |
| PERMITTING  |                                      | posed station<br>nder the Clea | -             | -            |              | -                 |                 |                          |             |
|             |                                      | y located on                   |               |              |              |                   |                 |                          |             |
|             |                                      | er yes to any                  |               |              | ns vou ma    | need other r      | permits to on   | erate this fa            | cility. You |
|             |                                      | act the Depar                  |               |              |              | -                 | -               |                          | -           |
|             |                                      |                                |               |              |              |                   |                 |                          |             |



|                        | Number  | Description   | Number                       | Description  |  |  |  |
|------------------------|---|---|------------------------------|--|--|--|--|
| ;                      | 1629  | Heavy Construction  |                              |  |  |  |  |
| DES                    | Number  | Description   | Number                       | Description  |  |  |  |
|                        |   |   |                              |  |  |  |  |
|                        |   |   |                              |  |  |  |  |
|                        |   |   |                              |  |  |  |  |
|                        |   |   |                              |  |  |  |  |
|                        | Describe br   | iefly the nature of the business cor  | ducted at this facility.     |  |  |  |  |
|                        | Ia 150 Bridge Replacement Over Bear Creek 0.9 Miles North of Co. Rd. D-47 |   |                              |  |  |  |  |
|                        |   |   |                              |  |  |  |  |
|                        |   |   |                              |  |  |  |  |
| TURE                   |   |   |                              |  |  |  |  |
|                        |   |   |                              |  |  |  |  |
| SINESS                 |   |   |                              |  |  |  |  |
|                        |   |   |                              |  |  |  |  |
|                        |   |   |                              |  |  |  |  |
|                        |   |   |                              |  |  |  |  |
|                        |   |   |                              |  |  |  |  |
|                        |   |   |                              |  |  |  |  |
|                        |   |   |                              |  |  |  |  |
|                        |   |   |                              |  |  |  |  |
|                        | If this facilit   | ty is subject to any requirements o   | r construction schedules fo  | r upgrading or operation of waste  |  |  |  |
|                        |   |   |                              | r upgrading or operation of waste<br>nd list the required and projected find |  |  |  |
|                        | treatment e<br>compliance   | equipment, describe the requireme   |                              |  |  |  |  |
|                        | treatment e   | equipment, describe the requireme   |                              |  |  |  |  |
|                        | treatment e<br>compliance   | equipment, describe the requireme   |                              |  |  |  |  |
| CILITY                 | treatment e<br>compliance   | equipment, describe the requireme   |                              |  |  |  |  |
|                        | treatment e<br>compliance   | equipment, describe the requireme   |                              |  |  |  |  |
|                        | treatment e<br>compliance   | equipment, describe the requireme   |                              |  |  |  |  |
|                        | treatment e<br>compliance   | equipment, describe the requireme   |                              |  |  |  |  |
|                        | treatment e<br>compliance   | equipment, describe the requireme   |                              |  |  |  |  |
|                        | treatment e<br>compliance   | equipment, describe the requireme   |                              |  |  |  |  |
|                        | treatment e<br>compliance   | equipment, describe the requireme   |                              |  |  |  |  |
|                        | treatment e<br>compliance   | equipment, describe the requireme   |                              |  |  |  |  |
|                        | treatment e<br>compliance   | equipment, describe the requireme   |                              |  |  |  |  |
| ACILITY<br>IPROVEMENTS | treatment e<br>compliance<br>N/A  | equipment, describe the requireme   | nt, describe the project, ar | nd list the required and projected fin                                       |  |  |  |
| <i>IPROVEMENTS</i>     | treatment of<br>compliance<br>N/A<br>You must a                           | equipment, describe the requireme<br>dates.<br>ttach a map no larger than 8 1/2". | nt, describe the project, ar | nd list the required and projected fin                                       |  |  |  |
|                        | treatment e<br>compliance<br>N/A<br>You must a<br>stream(s), o            | equipment, describe the requireme   | nt, describe the project, ar | nd list the required and projected fin                                       |  |  |  |



|        |  | SOURCE                     | MILLION<br>GALLONS PER DAY |                            |
|--------|--|----------------------------|----------------------------|----------------------------|
|        | MUNICIPAL WATER SUPP                                       | LY                         | N/A                        | -                          |
| RAW    | PRIVATE WATER SUPPLY                                       |                            | N/A                        |                            |
| WATER  | SURFACE WATER  |                            | N/A                        |                            |
| SOURCE | GROUNDWATER  |                            | N/A                        | _                          |
|        | PRECIPITATION  |                            | N/A                        |                            |
|        |  |                            | Ι                          |                            |
|        | USE  | MILLION<br>GALLONS PER DAY | USE                        | MILLION<br>GALLONS PER DAY |
| WATER  | COOLING WATER  | N/A                        | SANITARY SYSTEM            | N/A                        |
| USAGE  |  |                            |                            |                            |
| WITHIN | BOILER FEED WATER  | N/A                        | OTHER (specify)            | N/A                        |
| PLANT  |  |                            |                            |                            |
|        | PROCESS WATER  | N/A                        | N/A                        | N/A                        |
| WATER  | NAME OF MUNICIPAL WA<br>N/A<br>NAME OF WASTE HAULER<br>N/A | GALLONS PER DAY            |                            |                            |
| LOSSES | INTERNAL CONSUMPTION                                       |                            |                            |                            |
|        | N/A  |                            | N/A                        |                            |
|        | EVAPORATION  |                            |                            |                            |
|        | N/A  | N/A                        |                            |                            |
|        |  |                            |                            |                            |
|        | OTHER (specify)  |                            |                            |                            |

#### FORM 1 GENERAL INFORMATION – INSTRUCTIONS

#### Page 1

**Owner information** - Enter the name and address of the owner of the facility.

**Facility Information** - Enter the name and full address of the facility for which the permit is being requested. If a permit has been applied for but has not yet been issued enter "Applied For" and the date the application was submitted.

**Operator Information** - Enter the name, address, and telephone number of the operator of the facility.

**Location** - Show the location of the facility by section, township, range, and by latitude and longitude.

**Contact Person** - Give the name, title, address and telephone number of the person who is thoroughly familiar with the operation of the facility and with the information reported in this application.

**Operating Permits and Licenses** - List each environmental permit or license required to operate this facility, the permit number, issue date, and issuing agency.

Additional Permitting - Review each question and place an "X" in the appropriate box.

#### Page 2

**SIC Codes** - List, in descending order of significance, the four 4-digit standard industrial classification (SIC) codes which best describe your facility in terms of the principal products or services you produce or provide. Also, specify each classification in words. These classifications may differ from the SIC codes describing the operation generating the discharge.

SIC code numbers and descriptions may be found in the "Standard Industrial Classification Manual" prepared by the Executive Office of the President, Office of Management and Budget, available from the National Technical Information Service, 5285 Port Royal Road, Springfield, VA. 22161, Order No. PB 87-100012.

Nature of Business - self-explanatory.

Facility Improvements - self-explanatory.

**Map** - Provide a map no larger than  $8\frac{1}{2} \times 11$  of the area extending at least one mile beyond the property boundaries of the facility which clearly shows the location of the facility, the location and outfall number of each discharge point, and the location of all surface waters in the area. A copy of the appropriate section of a 7½ minute series topographic map published by the U.S. Geographical Survey is preferable.

#### Page 3

On this page, you must develop a water balance for the facility. Under "Raw Water Source", list the source(s) and volume(s) of water supplied to the facility.

Under "Water Usage Within Plant", show the average daily water use for major plant processes. The total water usage must equal the total of all raw water sources.

Under "Water Losses", list all discharges or losses of water except direct discharges for which application is being made. The sum of water losses plus direct discharges must equal the total of raw water sources.

**Line Diagram** - The line drawing should show generally the route taken by water in your facility from intake to discharge. Show all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and storm water runoff. You may group similar operations into a single unit. The water balance should show average flows and show all significant losses of water to products, atmosphere, and discharge. You should use actual measurements whenever available otherwise use your best estimate. Examples of acceptable line drawings appear in Figure 1 below.

# Figure 1

## Line Drawing Examples

