



IOWA DEPARTMENT OF NATURAL RESOURCES
NOTICE OF NON-DISCHARGE FORM

FROM A PRIVATE SEWAGE DISPOSAL SYSTEM COVERED UNDER IOWA NPDES GENERAL PERMIT #4

PERMITTEE INFORMATION

Provide the name of the owner to which the general permit coverage was issued and the property address and county where the private sewage disposal system discharge is located.

Owner Name: _____
Property Address: _____
County: _____

Provide the Authorization Number for the discharge. This number is at the bottom of the authorization sheet.

General Permit #4 Permit Authorization Number: _____

SAMPLING ATTEMPT AND INSPECTION INFORMATION

I or another qualified sampler attempted to obtain a sample of the above onsite wastewater system, but found no evidence of an effluent discharging. I or another qualified sampler inspected the system for any signs of surface discharge, erosion, soil staining, etc. There did not appear to be any evidence of flow in the last six months. I will continue to monitor the system in accordance with 567 IAC 69.2 and 567 IAC Chapter 64 of the Iowa Administrative Code, and County-specified sampling dates.

Provide the date the effluent sample was attempted: _____

Upon inspection of the system, the discharge pipe is:

[] Clean and cleared of debris [] Covered, or I was unable to locate the discharge
[] Other, please specify: _____

Inspection Information:

Inspection Date: _____ Sampler Name: _____
Maintenance Contractor (if used): _____

CERTIFICATION

The following certification must be signed in accordance with the signatory requirements.

I certify under penalty of law that there is no discharge from the identified private sewage disposal system. I understand that by submitting this Notice of Non-Discharge Form, that there is no discharge at this location under the General Permit No. 4 authorization indicated above and that discharging pollutants to the waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit.

I further 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 personnel 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, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations. This form shall be signed in accordance with subrule 567 IAC 64.3(8) of the Iowa Administrative Code.

Name (print) Title and Company Name

Signature Date

Return this form to: npdes.mail@dnr.iowa.gov AND your local Environmental Health program.