



## NOTICE OF RELOCATION GENERAL PERMIT NO. 3 - NPDES STORM WATER DISCHARGE MOBILE FACILITIES

This form is to identify the locations at which ONE portable facility will be located, NOT to permit multiple facilities under one permit OPERATOR / CONTACT INFORMATION. Give the legal name of the person, firm, or public organization operating the facility. Include the name, mailing address and telephone number of a contact person if different from operator or owner.

AUTHORIZATION NUMBER OR PERMIT NUMBER: IA - \_\_\_\_\_ - \_\_\_\_\_  
 NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SITE INFORMATION.** Number site locations consecutively beginning with 1 for the first site of the calendar year, followed by 2 for the second, etc.

**SITE LOCATION NO.** \_\_\_\_\_  
 ADDRESS / LOCATION OF PROJECT: \_\_\_\_\_  
 CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_  
 ESTIMATED TIMETABLES:  
 Discharge Start Date: \_\_\_\_\_ Discharge End Date: \_\_\_\_\_

Has a public notice been published for at least one day in newspaper with the largest circulation in the area where the discharge is located (Check One)  Yes (Attach copy of public notice)  No

Give the location by section/township/range or latitude/longitude

| ¼ Section | Section | Township | Range | Latitude |         |         | Longitude |         |         |
|-----------|---------|----------|-------|----------|---------|---------|-----------|---------|---------|
|           |         |          |       | Degrees  | Minutes | Seconds | Degrees   | Minutes | Seconds |
|           |         |          |       |          |         |         |           |         |         |

Receiving Water(s): \_\_\_\_\_

**SITE LOCATION NO.** \_\_\_\_\_  
 ADDRESS / LOCATION OF PROJECT: \_\_\_\_\_  
 CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_  
 ESTIMATED TIMETABLES:  
 Discharge Start Date: \_\_\_\_\_ Discharge End Date: \_\_\_\_\_

Has a public notice been published for at least one day in newspaper with the largest circulation in the area where the discharge is located (Check One)  Yes (Attach copy of public notice)  No

Give the location by section/township/range or latitude/longitude

| ¼ Section | Section | Township | Range | Latitude |         |         | Longitude |         |         |
|-----------|---------|----------|-------|----------|---------|---------|-----------|---------|---------|
|           |         |          |       | Degrees  | Minutes | Seconds | Degrees   | Minutes | Seconds |
|           |         |          |       |          |         |         |           |         |         |

Receiving Water(s): \_\_\_\_\_

Return completed form to: [npdes.mail@dnr.iowa.gov](mailto:npdes.mail@dnr.iowa.gov)

**SITE LOCATION NO.** \_\_\_\_\_

ADDRESS / LOCATION OF PROJECT: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

ESTIMATED TIMETABLES:

Discharge Start Date: \_\_\_\_\_ Discharge End Date: \_\_\_\_\_

Has a public notice been published for at least one day in newspaper with the largest circulation in the area where the discharge is located (Check One)  Yes (Attach copy of public notice)  No

Give the location by section/township/range or latitude/longitude

| ¼ Section | Section | Township | Range | Latitude |         |         | Longitude |         |         |
|-----------|---------|----------|-------|----------|---------|---------|-----------|---------|---------|
|           |         |          |       | Degrees  | Minutes | Seconds | Degrees   | Minutes | Seconds |
|           |         |          |       |          |         |         |           |         |         |

Receiving Water(s): \_\_\_\_\_

**SITE LOCATION NO.** \_\_\_\_\_

ADDRESS / LOCATION OF PROJECT: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

ESTIMATED TIMETABLES:

Discharge Start Date: \_\_\_\_\_ Discharge End Date: \_\_\_\_\_

Has a public notice been published for at least one day in newspaper with the largest circulation in the area where the discharge is located (Check One)  Yes (Attach copy of public notice)  No

Give the location by section/township/range or latitude/longitude

| ¼ Section | Section | Township | Range | Latitude |         |         | Longitude |         |         |
|-----------|---------|----------|-------|----------|---------|---------|-----------|---------|---------|
|           |         |          |       | Degrees  | Minutes | Seconds | Degrees   | Minutes | Seconds |
|           |         |          |       |          |         |         |           |         |         |

Receiving Water(s): \_\_\_\_\_

**SITE LOCATION NO.** \_\_\_\_\_

ADDRESS / LOCATION OF PROJECT: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

DESCRIPTION OF PROJECT: \_\_\_\_\_

ESTIMATED TIMETABLES:

Discharge Start Date: \_\_\_\_\_ Discharge End Date: \_\_\_\_\_

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|-----------|---------|----------|-------|----------|---------|---------|-----------|---------|---------|
|           |         |          |       | Degrees  | Minutes | Seconds | Degrees   | Minutes | Seconds |
|           |         |          |       |          |         |         |           |         |         |

Receiving Water(s): \_\_\_\_\_

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