



Iowa Department of Natural Resources
 Wastewater Section
 Construction Permit Application
SCHEDULE K3, Anaerobic Lagoon

DNR USE ONLY
 Project No. _____
 Permit No. _____

Date Prepared _____	Project Identity _____
Date Revised _____	

1. Design Basis	AWW	MWW	PHWW
Flow, MGD	_____	_____	_____
BOD ₅ , #/day	_____	_____	_____
TSS, #/day	_____	_____	_____
Kjeldahl Nitrogen, #/day	_____	_____	_____
Sulfate, mg/l	_____	_____	_____
Design Temperature _____ °F	_____	_____	_____
2. Number of soil borings taken _____ Data included in the _____			
High groundwater elevation (MSL) _____			
3. Top of dike elevation (MSL) _____ ft. 100 year flood elevation (MSL) _____ ft.			
4. Pond Data	Cell No. 1	Cell No. 2	Total
Surface area at maximum depth (A)	_____	_____	_____
Loading (#BOD ₅ /1000 cu ft)	_____	_____	_____
Retention time (days)	_____	_____	_____
Effective volume (MG)	_____	_____	_____
Depth (ft)	_____	_____	_____
Surface width (ft)	_____	_____	_____
Surface length (ft)	_____	_____	_____
Freeboard at maximum depth (ft)	_____	_____	_____
Top width of dike (ft)	_____	_____	_____
Inner embankment slope (H/V)	_____	_____	_____
Outer embankment slope (H/V)	_____	_____	_____
5. Method of raw flow diversion to cells _____			
Are the locations of piping and structures given on Schedule H1? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Series or parallel operation? <input type="checkbox"/> Series <input type="checkbox"/> Parallel			
7. Method of interconnection of cells _____			
8. Describe inlet piping and location _____			
9. Describe outlet piping and location _____			
10. Method of sampling _____			
11. Type of flow measurement Influent _____ Effluent _____			
12. Method of establishing and maintaining a scum cover _____			
13. Method of removing accumulated sludge _____			
14. Fence height _____ Number of strands of barbed wire Top _____ Bottom _____			
15. Number of warning signs _____ Location _____			
16. Maximum allowable leakage rate _____ in/day			
Method of testing leakage rate _____			
17. Are specifications included for:			
a. Seeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Soil sterilization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Pond bottom uniformity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Pond sealing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Erosion protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18. Is service bypass provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharge to _____			