

# IOWA SGP REQUEST FOR REDUCED POTW MONITORING

## Part 1 - Facility Information

---

**Facility Name:** \_\_\_\_\_

**Facility Location** (street address, city): \_\_\_\_\_

Responsible Official	
Name	
Title	
Phone Number	

## Part 2 – Reduced Monitoring By POTW To Federal Minimum Levels

---

By submittal of this form, participant requests reduced monitoring by its POTW for Federal categorical end of process metal finishing wastewater indirect discharges to the POTW collection system for a period not to exceed one year.

This benefit may be withdrawn by the POTW Pretreatment representative, Iowa Department of Natural Resources, Iowa SGP Oversight Committee, or the U.S. EPA at any time there is a change in the local, State, or Federal regulations affecting this agreement, any time the local, State or Federal regulatory agencies have reason to believe a potential or actual violation by the participant of applicable local, State, or Federal codes or regulations may have occurred, if participant fails to meet the Iowa SGP Silver level requirements, or if requested by the participant.

This agreement may not affect and apply to local, State or Federal monitoring requirements pertaining to conventional pollutants used for billing purposes, non categorical pollutants use for permit compliance, combined waste streams covered under permit limits and local limits outlined in the POTW ordinances.

## Part 3 – Signature and Certification

---

I hereby request my categorical metal finishing end of process wastewater receive consideration for reduced monitoring by the POTW Pretreatment program under the guidance outlined in Part 2 above. I understand that receipt of this benefit is contingent upon review of my compliance status by both the Iowa SGP Oversight Committee and the POTW Pretreatment office and completion of a satisfactory site inspection by the POTW Pretreatment office.

\_\_\_\_\_  
**Signature of Responsible Official**

\_\_\_\_\_  
**Title of Responsible Official**

\_\_\_\_\_  
**Print Name of Responsible Official**

\_\_\_\_\_  
**Date Signed**

Note to Iowa SGP participant: Benefit becomes effective upon the signing of Part 5 by the POTW Pretreatment Representative and will only be honored on the dates listed.

Mail completed form to the following address:

Attn: Jeff Fiagle  
Pollution Prevention Services  
Wallace State Office Building  
502 E. 9th St.  
Des Moines, IA 50319

**Part 4 – SGP Facility Record Review Acknowledgement and Recommendation**

---

I hereby acknowledge the above facility's application and supporting documentation has been reviewed and the facility has met the qualification requirements for the Iowa SGP Silver level benefit levels listed in Part 2 above. By signing below, I recommend offering the benefit to the facility for the one year time period of \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Signature of Iowa SGP OC Chair

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Part 5 - POTW Pretreatment Facility Record Review and Site Inspection**

---

I hereby acknowledge the above facility's application and supporting documentation has been reviewed and the facility has been inspected by my office. My office has found that the facility:

1. Has met the requirements for a SGP Silver Level	Yes	No
2. Will be given the SGP Silver Level Benefits	Yes	No

Successful SGP applicants will receive an amendment to their permit outlining the benefits from Part 2 above within thirty (30) calendar days of approval by the POTW Pretreatment office.

\_\_\_\_\_  
Signature of POTW Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Note to POTW Representative: Please return the signed form to the following address:

Attn: Jeff Fiagle  
Pollution Prevention Services  
Wallace State Office Building  
502 E. 9<sup>th</sup> St.  
Des Moines, IA 50319