

Notice: Pursuant to chs. NR 200 and 205, Wis. Adm. Code, this application is required to request coverage under the Wisconsin Pollutant Discharge Elimination System (WPDES) Permit No. WI-0055867-07-1 for landspreading of industrial liquid wastes to Department of Natural Resources (department) approved landspreading sites in the state of Wisconsin. Failure to complete this form in its entirety may result in a returned form or a denied request for coverage. Personal information collected will be used for administrative purposes and may be provided to requestors to the extent required by Wisconsin Open Records law [ss. 19.31-19.39, Wis. Stats.].

SECTION I: FACILITY LOCATION INFORMATION			
Facility Name		Facility Mailing Address (i.e. PO Box, Street, or Route)	
Facility Physical Address (i.e. Street or Route)		City, State, Zip Code	
County	Facility Phone No.	Facility Fax No.	Facility Email Address

SECTION II: FACILITY CONTACT INFORMATION		
Facility Operator/Plant Manager		Title
Company		Contact Mailing Address (i.e. PO Box, Street, or Route)
City, State, Zip Code	Contact Phone No.	Alternative Phone No.
Contact Fax No.	Contact Email Address	
Discharge Monitoring Contact		Title
Company		Contact Mailing Address (i.e. PO Box, Street, or Route)
City, State, Zip Code	Contact Phone No.	Alternative Phone No.
Contact Fax No.	Contact Email Address	
Authorized Representative		Title
Company		AR Mailing Address (i.e. PO Box, Street, or Route)
City, State, Zip Code	AR Phone No.	Alternative Phone No.
AR Fax No.	AR Email Address	

Note: An authorized representative means the any of the following:

- (a) In the case of a corporation, by a principal executive officer of at least the level of vice president or by the principal executive officer's authorized representative responsible for the overall operation of the point source for which a permit is sought.
- (b) In the case of a limited liability company, by a member or manager.
- (c) In the case of a partnership, by a general partner.
- (d) In the case of a sole proprietorship, by the proprietor.
- (e) In the case of publicly owned treatment works or a municipal separate storm sewer system by a principal executive officer, ranking elected official, or other duly authorized employee.

SECTION III: FACILITY OWNER MAILING ADDRESS (if different than Authorized Representative)		
Owner of Facility	Title	
Parent Company	Owner Mailing Address (i.e. PO Box, Street, or Route)	
City, State, Zip Code	Owner Phone No.	Alternative Phone No.
Contact Fax No.	Contact Email Address	

SECTION IV: DISCHARGE CHARACTERIZATION (Only for wastes that are landspread)			
Type of Liquid Wastes:	Outfall # (#1, #2, etc.)	Land Application Rate (Gallons landspread per day)	Is Landspreading of this Waste Seasonal? (Indicate months of operation, or "year-round")
	#		
	#		
	#		
	#		
	#		
	#		

SECTION V: ELIGIBILITY CHECKLIST
<p>1. Is the facility applying for coverage under this permit considered a contract hauler that mixes waste from more than one industrial source prior to landspreading?</p> <p><input type="checkbox"/> Yes. Your discharge is not eligible for this General Permit. <i>Skip the rest of the checklist and complete the certification section on the last page. Contact the Department to obtain an application for an individual WPDES discharge permit.</i></p> <p><input type="checkbox"/> No. Go on to question 2.</p>
<p>2. Nature of the material being landspread:</p> <p>A. Type of Industrial Liquid Wastes Produced (<i>check all that apply – each waste type will be included as a separate outfall</i>):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Industrial process wastewater <input type="checkbox"/> Silage leachate <input type="checkbox"/> Whey, whey permeate, or whey filtrate <input type="checkbox"/> Contact cooling water, cooling or boiler water containing water treatment additives <input type="checkbox"/> Washwater <input type="checkbox"/> Other similar industrial liquid wastes <p>B. Describe the industrial processes that generate the liquid waste. List the raw materials used and the liquid wastes produced:</p> <p>_____</p> <p>_____</p> <p>_____</p>

SECTION V: ELIGIBILITY CHECKLIST

3. Frequency of landspreading:

- Routine landspreading of low volume industrial liquid wastes
- Temporary or one-time landspreading of industrial liquid wastes
- Interim landspreading of high volume industrial liquid wastes until an individual WPDES permit is issued or modified to include the discharge

4. The liquid wastes do not contain toxic or hazardous substances (such as phenolics, metals, solvents, lubricants, pesticides, or bioaccumulative organics, etc.) or the substance are at such small quantities that no environmental pollution will result and the contaminants will not exceed groundwater quality standards established in ch. NR 140, Wis. Adm. Code?

- Yes. **Go on to question 5.**
- No. **Your discharge is not eligible for this General Permit.** Skip the rest of the checklist and complete the certification section on the last page. Contact the Department to obtain an application for an individual WPDES discharge permit.

5. Do you have department approved landspreading sites for the landspreading of these industrial liquid wastes?

- Yes. **Go on to question 6.**
- No. **Please Contact your area Wastewater Engineer/Specialist to find out how to get sites approved.** You shall not spread liquid wastes on a site until approval is received from the department for the sites.

Note: The department Wastewater Engineers/Specialists can be found here:

<http://dnr.wi.gov/topic/wastewater/GeneralPermits.html>.

Please scroll to the "How to Apply" section and click the department region that you are located in. The landspreading contact for that region and this general permit will then appear.

6. Do you have an approved management plan on file with the department that includes these landspreading activities?

- Yes. **Proceed to question 7.**
- No. **A management plan or amended management plan that includes these landspreading activities is required to operate under this general permit.** Check one of the following options and go on to question 7.
 - The management plan or amended management plan is attached to this checklist.
 - The management plan or amended management plan will be submitted to the Department for review within 60 days of initiating land application activity.

7. Has the liquid wastes been analyzed for percent solids, Total Kjeldahl Nitrogen (TKN), total phosphorus, water extractable phosphorus, and chlorides as well as for any other pollutant that may be found in your liquid wastes?

- Yes. **For each parameter analyzed, please attach the laboratory results. Proceed to Question 8.**

Note: These results are necessary to determine if the by-product solids will have no detrimental effect on soils, vegetation or groundwater. Additionally, these results are often necessary to determine an initial pounds/acre land application loading rate so nutrient needs of the cover crop are not exceeded.
- No. **This form will be considered incomplete and returned to you.**

8. Will any liquid wastes be discharged into a manure storage facility?

- Yes. **Please contact your area Wastewater Engineer/Specialist to find out how to get approval to discharge liquid wastes to the manure storage structure. Proceed to the certification section.**
- No. **Proceed to the certification section.**

SECTION VI: CERTIFICATION	
<p>This form must be signed by a responsible executive or municipal officer, manager, partner or proprietor as specified in s. 283.37(3), Wis. Stats., or a duly authorized representative of the officer, manager, partner or proprietor that has been delegated signature authority pursuant to s. NR 205.07(1)(g)2., Wis. Adm. Code. To delegate signatory authority to a duly authorized representative, please fill-out a Delegation of Signature Authority (DSA) form (Form 3400-220).</p> <p>For this request for coverage and all required information and attachments, I certify under penalty of law that these documents and all attachments were prepared under my direction or supervision with a system designed to assure that qualified personnel properly gather and evaluate 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 knowing violations.</p>	
Authorized Representative	Title
Authorized Representative Signature	Date Signed
Submitter Name (If different from Authorized Representative)	Title
Submitter Signature	Date Signed

Please print and sign this certification page. Scan and email the completed form, certification page and any other supporting information to the department regional GP reviewer. A listing of the GP reviewers for each region with mailing addresses and phone numbers can be found at <http://dnr.wi.gov/topic/wastewater/GeneralPermits.html>. Please scroll to the “How to Apply” section and click the department region that you are located in. The landspreading contact for that region and this general permit will then appear.

If submitted by mail, send the completed form, certification page, and any other attachments to:

Department of Natural Resources
 Water Permit Central Intake
 PO Box 7185
 Madison, WI 53707-7185