Mail Complete Application to:

Wisconsin Department of Natural Resources
Permits Section-WQ/3
PO Box 7921
Madison, WI 53707-7921

Phosphorus Multi-Discharger Variance Application for Municipal Facilities - s. 283.16, Wis. Stats.

Form 3200-150 (R 02/25)

Notice: Pursuant to s. 283.16, Wis. Stats, an owner of an existing permitted wastewater treatment system may apply for a variance to a phosphorus water quality based effluent limits (WQBEL). Complete this form and submit to the Department of Natural Resources (DNR) to request coverage under the multi-discharger variance (MDV) for phosphorus. Personal information collected will be used for administrative purposes and may be provided to requestors to the extent required by Wisconsin's Public Records law [ss. 19.31-19.39, Wis. Stats.]

Facility and Permit Information			Facility Contact Information		
WPDES Permit No. **WI-** | | | | | |			Contact Name		
Facility Name			Title		
Facility Street Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Receiving Water	County		Phone No. (incl. area code)	Fax Number	
Source of Water Supply	Average Discharge Flow Rate		Email Address		

Variance Request Schedule

Check all that apply:

1. This variance is being requested at the time of application for permit reissuance pursuant to s. 283.16(4)(b)1, Wis. Stat. ☐

2. This variance is being requested within 60 days after the department reissues or modifies the permit to include a phosphorus WQBEL pursuant to s. 283.16(4)(b)2, Wis. Stat. ☐

3. Has the MDV been included in previously issued WPDES Permits?

   Yes ◯

   How many permits has the MDV been approved for? _____

   No ◯

Variance Requirements

4. Has this point source discharge been authorized by a WPDES permit prior to December 1, 2010? ◯ Yes ◯ No

   Note: If no, you are ineligible for the MDV in accordance with s. 283.16(4), Wis. Stat. STOP

5. Has this point source relocated its outfall location since December 1, 2010? ◯ Yes ◯ No

6. Is the point source located in an eligible MDV county as specified in Appendix H of the MDV Implementation Guidance? ◯ Yes ◯ No

   Note: If no, you are ineligible for the MDV in accordance with s. 283.16(4), Wis. Stat.

7. Does this limit require a major facility upgrade in order to achieve compliance? ◯ Yes ◯ No

Justify:

Note: If no, you are ineligible for the MDV in accordance with s. 283.16(4), Wis. Stat. STOP. A major facility upgrade means that a facility needs to install new equipment and a new process such as installing filtration or equivalent technology.

8. Phosphorus Water Quality-Based Effluent Limitation from which variance is sought:

◯ Concentration-based WQBEL pursuant to s. NR 217.13, Wis. Adm. Code
◯ TMDL mass-based WQBEL pursuant to s. NR 217.16, Wis. Adm. Code

Check all months for which variance is requested:

◯ All

☐ Jan	☐ Apr	☐ Jul	☐ Oct
☐ Feb	☐ May	☐ Aug	☐ Nov
☐ Mar	☐ Jun	☐ Sep	☐ Dec

9. Do you believe these limits could be achieved during the term of the permit? ◯ Yes ◯ No

10. Current effluent quality

Note: Use 30-day P99 if 11 or more representative effluent samples are present. Only include effluent data for those outfall(s) a variance is being requested for.

Outfall Number(s)	Conc. (mg/L)	Number of Samples Results Used	Sample Time Period Used	

11. Are applicable phosphorus limits currently effective in the WPDES permit more restrictive than 1 mg/L? ◯ Yes ◯ No

Facility Information (provide attachments as necessary)

12. What are the average phosphorus levels within your influent TP concentration? _____ mg/L

13. Has the treatment process at the facility been optimized to maximize its phosphorus removal capabilities?

◯ Yes

Completion date: _____

◯ No, but in process of completing

◯ No, not yet started

14. Has a final compliance alternatives plan for phosphorus been approved by the Department?

◯ Yes

Approval date: _____

◯ No, but in process of completing

◯ No, not yet started

15. Has a financial alternatives analysis for phosphorus limits been submitted to the Department?

◯ Yes

Document date: _____

◯ No, but in process of completing

◯ No, not yet started

16. Describe the technology that would need to be added to comply with phosphorus water quality based effluent limits from which the variance is sought:

Attach any new or additional information that you would like to provide the Department regarding optimization measures and/or compliance alternatives planning efforts.

Projected Compliance Costs

17. What is the projected net present value cost for complying with the phosphorus WQBELs? $ _____

Source of cost projection:

Note: If a facility uses projected compliances costs provided in the Economic Impacts Analysis, they must certify that these costs are reasonable for the facility in question. See "projected compliance costs" in Section 2.02 of the MDV Implementation Guidance for details.

18. Has the feasibility of water quality trading or adaptive management been evaluated for the facility?

◯ Yes

◯ No

19. Is the facility eligible for adaptive management or water quality trading?

◯ Yes

◯ No

20. What is the needed offset to comply with AM/WQT?

_____ lbs/year

21. Is adaptive management or water quality trading a viable compliance option?

◯ Yes

◯ No

Describe:

Service Area Information- Provide the following information for each municipality included in the wastewater facility service area.

Municipality Name	County	Population Served	Customer Households Served	Median Household Income (MHI)

Non-Residential Customers:

Percent of wastewater flow attributed to commercial, industrial, large institutional or any other non-residential customer category: %

Describe types of non-domestic wastewater contributions that constitute a significant phosphorus contribution or that significantly affect the capabilities of the treatment facility. Examples include: large food processors, dairies, or industries with unique wastewater.

Affordability to Municipal Dischargers

22. What is the projected household user charge, expressed as a percent of MHI, once phosphorus compliance costs are factored in? _____ %

Attach supporting information on a separate attachment to this form. The applicant may also provide additional information on impacts to commercial, industrial, or other special customers or any other information regarding affordability.

23. What is the current annual average cost for sewer service paid by residential households? $ _____

24. What is the secondary indicator score for the county (counties) in which the service area is located in? _____
Note: See Appendix A of the MDV Implementation Guidance for details.
If the service area is located in multiple counties, provide the weighted average value.

25. Does the municipality currently have sewer-related debt that will be retired within the next 5-year permit term?

◯ Yes
◯ No

Watershed Project. Select one of the following watershed project options:

Option A. County payment contribution ◯

Option B. Binding, written agreement with the DNR to construct a project or implement a watershed plan. ◯

Submit Form 3200-148 and watershed plan document with MDV application

Option C. Binding, written agreement with another entity that is approved by the DNR to construct a project or implement a watershed plan. ◯

Submit Form 3200-148 and watershed plan document with MDV application.

Certification

Based on the information provided, I believe that my permitted facility qualifies for coverage under the multi-discharger phosphorus variance based on the requirements of s. 283.16 (4), Wis. Stat. I understand that as a condition of the variance, the Department will impose interim limitations and require a watershed project or plan to be completed as part of the phosphorus reduction measures for phosphorus during the term of the variance in accordance with s. 283.16(6), Wis. Stat. I understand that these conditions will be included in the WPDES permit issued to this facility and I agree to comply with all applicable permit conditions for this variance. I hereby certify that the determination in s. 283.16(2)(a), Wis. Stat., applies to my permitted facility and that my permitted facility cannot otherwise comply with its phosphorus water quality based effluent limitations without a major facility upgrade. To the best of my knowledge, the information in this application is true, accurate, and complete.

Print or type name of person submitting request (Individual must be an Authorized Representative)	Title
Signature of Official	Date Signed