

## COPPER VARIANCE APPLICATION FORM FOR MUNICIPAL PERMITTEES

*Section 283.15, Wisconsin Statutes requires that a permittee who wishes to apply for a variance shall submit an application for a variance within 60 days after the department issues, reissues or modifies the permit. **This form is not required** but is provided to help applicants provide complete submittals. Attach additional sheets if needed for full explanations.*

1. Permittee name \_\_\_\_\_  
Contact name \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Permit number \_\_\_\_\_ Date permit was issued \_\_\_\_\_
  
2. Effluent limits (list all that apply)  
Daily maximum - \_\_\_\_\_  $\mu\text{g/L}$  \_\_\_\_\_ lbs/day  
Weekly average - \_\_\_\_\_  $\mu\text{g/L}$  \_\_\_\_\_ lbs/day
  
3. Supply monitoring data (You may use attached Monitoring Data Table to report data).  
Be sure to attach the laboratory data quality submittal from your lab.
  
4. Treatment changes - What changes could be made that might enhance treatment for copper.  
  
Estimated costs of these changes \$ \_\_\_\_\_  
How did you estimate costs? \_\_\_\_\_
  
5. Industrial contributors to the wastewater collection system (you may use attached Collection System Monitoring Data Table to report monitoring data)  
  
Are there industrial contributors of copper? \_\_\_\_\_  
If no, how do you know? \_\_\_\_\_  
If yes, provide details (include attachment if more than one entity)  
Industry name \_\_\_\_\_  
Type of industry \_\_\_\_\_  
Average flow from industry \_\_\_\_\_  
Average concentration of copper in discharge \_\_\_\_\_
  
6. Contributions from corrosion of water supply piping in service area - Please describe the water supply or supplies (municipal wells, private wells, combination of municipal and private wells, surface water).  
  
\_\_\_\_\_

For each source, indicate if the water supply receives chemical or other treatment and provide measures of the corrosive characteristics (pH, alkalinity, hardness, or results of a stability index). If data for corrosive characteristics are not available, it would be good to take samples for testing for those water quality characteristics.

<u>Source</u>	<u>Describe Treatment</u>	<u>Corrosive characteristics</u>
_____	_____	_____
_____	_____	_____

7. Sludge levels - Please supply sludge copper levels (mg/Kg) for the last 5 years. If you have a pond or lagoon system, supply any results of testing for copper.

<u>Year</u>	<u>Test 1</u>	<u>Test 2</u>	<u>Test 3</u>	<u>Test 4</u>	<u>Yearly Average</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. Whole effluent toxicity - If you test for whole effluent toxicity (WET), have you had failures that could be attributed to metals toxicity? \_\_\_\_\_ If yes and you have a WET permit limit, do you wish to request a variance for WET as well as copper? \_\_\_\_\_

9. Interim limits - The Department will use a statistical calculation to set limits that you can currently meet. Are there actions that you plan to take in the next few years that will reduce copper concentrations in your effluent? \_\_\_\_\_ If yes, please explain.

10. Other information - Please supply here any other evidence or explanations of why you believe you should be granted a copper variance. Attach additional sheets, if necessary.

11. Certification by Authorized Representative - You need to somehow certify the information you are submitting. You may use the following:

*I certify that the information contained in this document and all attachments was gathered and prepared under my supervision and based on inquiry of people directly under my supervision that, to the best of my knowledge, the information is true, accurate and complete.*

\_\_\_\_\_  
Signature of Authorized Representative      Date

Title \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

**MONITORING DATA TABLE (make copies if you need more spaces)**

Report all values in  $\mu\text{g/L}$

Date	Influent Include sample type	Effluent Include sample type	Field Blank*	Other

Describe in detail your sampling procedures, including how you clean equipment, preserve samples and ship samples to your laboratory:

\* Describe how field blanks are collected:

**Attach the data quality submittal obtained from your laboratory.**

**COLLECTION SYSTEM MONITORING DATA TABLE**

Date	Collection system location (describe location fully below)	Result ( $\mu\text{g/L}$ )

Describe collection system locations: