State of Wisconsin Department of Natural Resources PO Box 7921, Madison WI 53707-7921 dnr.wi.gov

Mercury Variance Application

Form 3400-192 (R 4/06)

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Notice: Information requested is required for the Department to determine whether or not to grant a variance under the provisions of section NR 106.145, Wis. Adm. Code. Failure to provide all of the requested information may result in denial of your application. Personal information collected will be used to administer the watershed program and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]

Applicant Information								
Company Name			Contact Name					
WPDES Permit No.			Street Address					
Facility Name				Dity			ZIP Code	
Street Address			Telephone N	lumber(include area code	FAX N	umber	<u> </u>	
City	State	ZIP Code	E-mail Addre	ess	-1			
Receiving Water		Source of Water S	Supply		А	verage	Discharge Flow Rate	
Alternatives								
What feasible actions (e.g. pollution preventior sufficiently to meet, or make progress toward r					reduce m	nercury d	lischarge levels	
What types of waste materials or byproducts w	ould be I	produced by these st	eps and what	would be the ultimate	means of o	disposal	of those wastes?	
What are the estimated costs of these actions'	2 How	do these costs com	nare with curr	ent costs?				
	i	do tricoc ocoto com	pare with our	CHI GOSIO:				
Capital \$ Annual Operational \$	-							
If this is a new discharge, what danger to publi	c health	or welfare would this	variance help	alleviate?				
Pollutant Minimization Program (PMP)								
If you have not previously submitted a PMP pla already submitted the plan or have begun to in								
Other Information								
Supply any other information that you believe r	may be re	elevant to your reque	st.					
Test Data: Supply mercury data on page 2 of	this form	ı.						
Certification								
Based on the information provided, I believe the adverse social and economic impacts in the arthe permittee will need to agree upon an alterrivill be included in the WPDES permit issued to	ea where ative effl	e this discharge is loc uent limitation and sp	ated. I under	stand that, as a condit	on of the	/ariance	the Department and	
I certify that the information provided is true, ac	ccurate a	nd complete.						
Individual Submitting Request (Individual mu-	st be an	Authorized Represe	ntative)	Title			of those wastes? tit now. If you have enting the PMP. antial and widespread, the Department and	
Signature of Official				Date Si	gned			

Mercury Data to Support Variance Request or Determination of Reasonable Potential

Make additional copies if necessary.

Sample Sample Date Type*								
	Treatment System Influent (if tested)	Intake (if water supply is surface water)	Effluent to Surface Water	Field Bank	Limit of Detection (LOD)	Limit of Quantitation (LOQ)	Laboratory Name	

^{*}Describe sample type as composite or grab for all samples.