Please find the mailing address for the DNR location nearest you by visiting our website
http://dnr.wi.gov/Contact/SSbyCity.html

Attachment to Variance Application for Municipal Facilities

September 14, 2012

Notice: This form must be completed and submitted to the Department to request the variance. Failure to provide all requested information may result in denial of your application. Personally identifiable information collected on this form will be used to administer the watershed management program and may be provided to requestors as required by Wisconsin Open Records law [ss. 19.31, Wis. Stats.]

Facility and Permit Information

WPDES Permit No.

Facility Name

1. **Specifically, what steps do you plan to undertake (and when) in the next 5-year permit term to reduce levels of the pollutant (mercury, chloride or other pollutant for which you request a variance) to the treatment plant?** – Examples: "Inspect dental facilities to confirm proper maintenance of amalgam separators"; "Ensure community clean sweep events"; "Evaluate ordinances to require tune-ups of residential point-of-use softeners".

2. **How significant are the reductions you expect with the steps described above?**– Examples: Show expected levels that can be attained over the next five years.

3. **What is the history of variances at your facility?** – Examples: previous variances and previous permit limits, significant changes and efforts made to reduce discharges. Dates of Pollutant Minimization Plans (PMP), Source reduction Measures (SRM) or other plans. Status of annual reports. Summary of steps that have been already taken.

4. **Provide trend analysis dating back to before the implementation of PMP, SRM or other variance steps.** – Examples: Include influent and effluent data. For mercury include all data and show trends including sludge data. For chlorides include mass and concentration trends. Reference or attach any facility planning or evaluation study that evaluated facility performance capabilities (Note – Only include studies that are recent or otherwise applicable for the evaluation of the existing facility and current conditions).

Variance Request and Certification	
Based on the information provided, I am requesting a variance on the basis that attainment of the applicable water quality standard may cause substantial and widespread adverse social and economic impacts in the area where this discharge is located. I certify that the information provided is true, accurate and complete.	
Print or type name of individual submitting request (must be an Authorized Representative for the treatment facility)	Title
Signature of Official	Date Signed