GENERAL PERMIT REQUEST FOR COVERAGE

NONCONTACT COOLING WATER, REFRIGERATION CONDENSATE, AND BOILER BLOWDOWN WPDES Permit No. WI-0044938-5

State of Wisconsin

Department of Natural Resources

Rev. 1/10/13

SECTION I: FACILITY IDENTIFIC	CATION INFORMATIO	N					
Facility Name		Cor	Contact Phone #				
Facility Address – Street		Title					
City, State, Zip Code		Fax # Internet Address					
Site Map: Attach a site map, such as groundwater discharges, and/or rece				ation of the faci	ility, the disch	arge site for	
SECTION II: PARENT COMPANY	OWNER INFORMATION	ON (i	if different fro	m above)			
Parent Company/Owner		Company Contact					
Mailing Address – P.O. Box, Street, or Route		Title					
City, State, Zip Code		Fax	Fax # Phone #				
		<u> </u>					
SECTION III: DISCHARGE CHARA	ACTERIZATION						
Type of Wastewater (check all that apply):	Average Daily Flo		Maximum Expected Temperature (°F)			re (°F)	
			Spring	Summer	Fall	Winter	
☐ Noncontact Cooling Water							
☐ Boiler Water (Blowdown or Drawdown)							
☐ Refrigeration Condensate							
☐ Other (Describe Type)							
For Department Use Only: CALCULATED TEV'S: (°F)							

SECTION IV: ELIGIBILITY CHECKLIST						
. Are any of the following wastewaters from your facility discharged to surface waters or groundwater? Contact cooling water, water from boiler cleaning operations, air compressor condensate contaminated with oil and grease, softener regeneration backwash, or other process wastewaters (wastewaters that come in contact with or are the result of production operations at a facility)?						
 □ No. Continue with checklist. □ Yes. Your discharge is not eligible for this General Permit. Skip the rest of the checklist and sign last page. Contact the Department to obtain an application for an individual WPDES dishcarge permit. 						
To the maximum extent of your knowledge, does your discharge contain any of the substances listed below or other substances that would be harmful to animal, plant, aquatic life (metals, volatile compounds, etc.)?						
alpha–BHC 4,4'-DDT Polychlorinated Biphenlys (PCB) beta–BHC Dieldrin Pentachlorobenzene gamma–BHC (Lindane) Hexachlorobenzene Photomirex delta–BHC Hexachlorobutadiene 1,2,3,4-Tetrachlorobenzene Chlordane Mercury 1,2,4,5-Tetrachlorobenzene 4,4'-DDDMirex 2,3,7,8-Tetrachlorodibenzo-p-dioxin 4,4'-DDE Octachlorostyrene Toxaphene □ No. Continue with checklist.						
☐ Yes. Your discharge is not eligible for this General Permit. Skip the rest of the checkling Department to obtain an application for an individual WPDES discharge permit						
 3. Are Water Treatment Additives used in wastestreams that are discharged to surface waters or groundwaters (biocides such as chlorine, scale and rust inhibitors, etc.)? □ No. Continue with checklist. □ Yes. For each additive used, you must submit the following information in order for the Department to determine eligibility for the general permit: a. Commercial name of the additive to be used. b. Amount or concentration of additive to be used. c. Anticipated discharge concentration of additive. d. Proposed frequency of usage. If your discharge enters a surface water, you must also submit the following information: e. At least one 48-hour LC₅₀ or EC₅₀ value for Ceriodaphnia dubia or daphnia magna, and at least one 96-hour LC₅₀ or EC₅₀ value for either fathead minnow, rainbow trout, or bluegill, (except for chlorine). The toxicity values must be based on the whole product rather than components or active ingredients. The above information should be provided to you by your additive supplier. 	For Department Use Only: Completed: Re-sent:					
 4. Does your discharge flow to a wetland? □ No Continue with checklist. □ Yes The Department will need to determine if you are significantly adversely impacting 	□ NR 103 Completed: □ N/A					

5.	Wl	hat is the receiving water for your discharge?	For Department Use Only:		
		Groundwater (infiltration of wastewater through the soil via irrigation, septic system and associated drain fields, ditches, absorption ponds, etc.). Your discharge is eligible for this General permit. Skip the rest of the checklist and sign last page. Read attached permit and comply with its requirements, submitting annual summaries as required by the permit on an annual basis.	☐ Eligible ☐ F&AL: Meets TEVs? Spring ☐ Yes ☐ No Summer ☐ Yes ☐ No Fall ☐ Yes ☐ No Winter ☐ Yes ☐ No		
		Surface Water (includes ditches, stormsewers, and pipes that convey wastewater to creeks, streams, rivers, and lakes).			
		What is the name of the surface water your discharge enters?	□ Non- F&AL Great Lakes TEV = 120°F		
		<u> </u>	□ Ineligible		
		How far is it from the point where it leaves your plant until it reaches the surface water (how far does it travel through storm sewers or drainage ditches)? (Check one):	□ ERW □ ORW		
		☐ Less than 1000 feet ☐ Between 1000 and 5000 feet ☐ Greater than 5000 feet			
		What is the source of the cooling water (or other type of non-contact water)? (Check one):			
		□ 100% from wells □ % from wells and % from the surface water receiving the discharge □ 100 % from the surface water receiving the discharge □ 100 % from the Municipal Water Supply			
		Sanitary Sewer (discharge line to a Publicly Owned Treatment Works, typically for sanitary wastes. This does not include discharges to septic systems). Discharges to sanitary sewers do not require regulation under a WPDES discharge permit. Therefore, skip the rest of the checklist and sign last page. We will remove you from our tracking system. If at some point in the future operations at your facility result in a discharge, you will need to inform the Department.			
6.	Fo	r discharges to the Great Lakes (Lake Michigan and Lake Superior), which of the follow	ving apply:		
	Dio	d you answer "No" to questions 3 and 4? \square N	lo □ Yes		
	Is y	your discharge temperature at or below 120°F year-round? □ N	lo □ Yes		
	es				
If you answered yes to <u>all</u> of the above, your discharge is eligible for this general permit. Sign the last page. Read attached permit and comply with its requirements, submitting annual summaries as required by the permit on an annual basis.					
Other Comments for Great Lakes Dischargers:					
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SECTION V: SIGNATORY REQUIREMENTS					
This information checklist must be signed by the official representative of the permitted facility who is: the owner; the sole proprietor for a sole proprietorship; a general partner for a partnership; or by a ranking elected official or other duly authorized representative for a unit of government; for a limited liability company, by a member or manager; or, for a corporation, by a responsible corporate officer including a president, secretary, treasurer, vice president, manager, or a duly authorized representative having overall responsibility for the operation of the facility for which this permit is issued. If the checklist is not signed, or is found to be incomplete, it will be returned.					
Signature	Date Signed				
Typed or Printed Name	Title				
Mailing Address - P.O. Box, Street or Route	Company Name				
City, State, and Zip Code	Telephone Number				

Mail to: Wisconsin Department of Natural Resources Water Permits Central Intake - WT/3 P.O. Box 7185 Madison, WI 53707-7185