

**GENERAL PERMIT REQUEST FOR COVERAGE**  
**NONCONTACT COOLING WATER, REFRIGERATION CONDENSATE, AND**  
**BOILER BLOWDOWN**  
 WPDES Permit No. WI-0044938-5

For DNR Use Only
Date Rec'd _____
Complete <input type="checkbox"/> Re-sent <input type="checkbox"/>
FID Number: _____

State of Wisconsin  
 Department of Natural Resources  
 Rev. 6/15/01

SECTION I: FACILITY IDENTIFICATION INFORMATION	
Facility Name	Contact _____ Phone # _____
Facility Address - Street	Title _____
City, State, Zip Code	Fax # _____ Internet Address _____
<b>Site Map: Attach a site map, such as a USGS topographic map, showing the location of the facility, the discharge site for groundwater discharges, and/or receiving water for surface water discharges.</b>	

SECTION II: PARENT COMPANY/OWNER INFORMATION (if different from above)	
Parent Company/Owner	Company Contact _____
Mailing Address - P.O. Box, Street, or Route	Title _____
City, State, Zip Code	Fax # _____ Phone # _____

SECTION III: DISCHARGE CHARACTERIZATION					
Type of Wastewater (check all that apply):	Average Daily Flow (gallons per day)	Maximum Expected Temperature (°F)			
		Spring	Summer	Fall	Winter
<input type="checkbox"/> Noncontact Cooling Water					
<input type="checkbox"/> Boiler Water (Blowdown or Drawdown)					
<input type="checkbox"/> Refrigeration Condensate					
<input type="checkbox"/> Other (Describe Type)					
For Department Use Only: <b>CALCULATED TEV'S: (°F)</b>					

**SECTION IV: ELIGIBILITY CHECKLIST**

1. 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 discharge permit.*

2. 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 Biphenyls (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'-DDD	Mirex	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 checklist and sign last page. Contact the 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 LC<sub>50</sub> or EC<sub>50</sub> value for Ceriodaphnia dubia or daphnia magna, and at least one 96-hour LC<sub>50</sub> or EC<sub>50</sub> 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. What is the receiving water for your discharge?

- 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.*
- 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?**

\_\_\_\_\_.

**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):

- 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.*

For Department Use Only:

- Eligible
  - F&AL: Meets TEVs?
    - Spring  Yes  No
    - Summer  Yes  No
    - Fall  Yes  No
    - Winter  Yes  No
  - Non- F&AL; Great Lakes TEV = 120°F
- Ineligible
  - ERW
  - ORW

6. For discharges to the Great Lakes (Lake Michigan and Lake Superior), which of the following apply:

- Did you answer "No" to questions 3 and 4?  No  Yes
- Is your discharge temperature at or below 120°F year-round?  No  Yes
- Is your average discharge volume at or below 13.2 million gallons per day?  No  Yes

*If you answered yes to all 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:

**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: Regional Wastewater Permit Coordinator  
Wisconsin Department of Natural Resources