

**Request for Coverage for
SWIMMING POOL FACILITY**

WPDES Permit No. WI-0046523-5

State of Wisconsin
Department of Natural Resources

Form 46523R.INFO Rev. 7/20/09

**For Department Use Only
Stamp date Received**

FID #:

SECTION I: FACILITY INFORMATION		
Facility Name	Contact	Title
Facility Address – Street	Phone #	Fax #
City, State, Zip Code	County	Internet Address
<ul style="list-style-type: none"> Indicate volume of pool here: _____ gallons. 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. 		

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

Complete SECTION III only for those outfalls that are identified as surface or groundwater discharges in SECTION IV, question 1, of the ELIGIBILITY CHECKLIST.

SECTION III: DISCHARGE CHARACTERIZATION					
Type of Wastewater (check all that apply):	Outfall # (#1, #2, etc.)	Average Daily Flow (gallons of water discharged per day)	Type of Wastewater (check all that apply):	Outfall # (#1, #2, etc.)	Average Daily Flow (gallons of water discharged per day)
<input type="checkbox"/> Pool Cleaning Water	#		<input type="checkbox"/> Other (describe type)	#	
	#			#	
	#			#	
<input type="checkbox"/> Pool Draining	#		<input type="checkbox"/> Other (describe type)	#	
	#			#	
	#			#	
<input type="checkbox"/> Pool Filter Backwash Water	#		<input type="checkbox"/> Other (describe type)	#	
	#			#	
	#			#	
<input type="checkbox"/> Overflow flow or drainage from aquatic amusement ride	#		<input type="checkbox"/> Other (describe type)	#	
	#			#	
	#			#	

SECTION IV: ELIGIBILITY CHECKLIST

1. What is the receiving water for your discharge, not including discharges of domestic wastes? If your facility has more than one outfall (an outfall is an individual discharge point, like a pipe, channel, or seepage pond, that wastewater enters prior to discharging to a receiving water), indicate in the space provided which outfalls go to groundwater and which go to surface waters. (*check all that apply*)

- Groundwater (this includes infiltration of wastewater through the soil via irrigation, **septic systems and associated drain fields**, ditches, absorption ponds, etc.).
Outfall #(s): _____
- Surface Water (this includes creeks, streams, rivers, and lakes and any ditches, stormsewers, and pipes that convey wastewater to a creek, stream, river, and lake).
Outfall #(s): _____

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

Sanitary Sewer (discharge to a Publically Owned Treatment Works). A septic system is not considered a sanitary sewer. *If all discharges from your facility go to a sanitary sewer, you do not require regulation under a WPDES discharge permit. Therefore, skip the rest of the checklist and sign page 4. 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. If only some or no discharges from your facility go to the sanitary sewer, identify the receiving water for the other discharges below.*

For facilities with discharges to groundwater or surface waters, continue on to question #2.

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- Eligible
 - F & AL: Meets TEVs?

Spring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Summer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fall	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Winter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
 - Non- F & AL; Great Lakes
TEV = 120°F
- Ineligible
 - ERW
 - ORW

2. Are any of the following wastewaters from your facility discharged to surface waters or groundwater? (*check all that apply*)

- No Yes Contact cooling water.
- No Yes Water from boiler cleaning operations.
- No Yes Air compressor condensate contaminated with oil and grease.
- No Yes Water softener regeneration backwash.
- No Yes Other process wastewaters (wastewaters that come in contact with or are the result of production operations at a facility).

If you answered yes to any of the above, your discharge is not eligible for this general permit. Skip the rest of the checklist and complete the signatory requirements on page 4. Contact the Department to obtain application for an individual WPDES discharge permit. If you answered no to all of the above, continue on to question #3.

(Continued on next page)

SECTION IV: ELIGIBILITY CHECKLIST

3. To the fullest 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 on to question #4.

Yes. Your discharge is not eligible for this general permit. Skip the rest of the checklist and complete the signatory requirements on page 4. Contact the Department to obtain application for an individual WPDES discharge permit..

4. Does your discharge flow to a wetland?

NR 103 Completed: _____
 N/A

No. Continue on to question #5.

Yes. The Department will need to determine if your discharge causes significant adverse impacts to wetlands. Continue on to question #5.

5. Are Water Treatment Additives used in wastestreams that are discharged to surface waters or groundwater (scale and rust inhibitors, biocides such as chlorine, etc.)?

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- No.
- a. Do all discharges from your facility go to groundwater (see your answer to question #1)?
- | | |
|----|-----|
| No | Yes |
|----|-----|
- b. Did you answer no to question #4?
- | | |
|----|-----|
| No | Yes |
|----|-----|

Completed: _____
 Re-sent: _____

If you answered yes to both questions a. and b. above, your discharge is eligible for the general permit. Complete the signatory requirements on page 4. Read the attached permit and comply with its requirements, submitting annual summaries as required by the permit. Facilities with discharges to surface waters also complete the signatory requirements on page 4. However, surface water discharges will need additional Department review to determine if your facility is eligible for this general permit.

Additive follow-up necessary:
 Yes No

- Yes. Is the additive considered a biocide (biocides are designed to control biological growth, such as algae, in tanks, cooling towers, and other equipment)?
- No Yes

For each additive used, you must submit the following information in order for the Department to determine eligibility for this general permit:

- Commercial name of the additive to be used.
- Amount or concentration of additive to be used.
- Anticipated discharge concentration of additive.
- Proposed frequency of usage.

If your discharge enters a surface water, you must also submit the following information:

- 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.. The toxicity values must be based on the whole product rather than components or active ingredients.

NOTE: The above information should be provided to you by your additive supplier.

End of Checklist - Complete Signatory Requirements on Next Page

SECTION V: SIGNATORY REQUIREMENTS

This form 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; a ranking elected official or other duly authorized representative for a unit of government; a member or manager for a limited liability company; 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 this form is not signed, or is found to be incomplete, it will be returned.

Signature	Date Signed
Typed or Printed Name and Title	Phone #
Fax #	Internet Address

Mail to: Regional Wastewater Permit Coordinator
 Wisconsin Department of Natural Resources

