

GENERAL PERMIT REQUEST FOR COVERAGE

Subsurface Absorption Systems
 WPDES Permit No. WI-0055611-6

State of Wisconsin
 Department of Natural Resources

Rev. 7/01/2011 w/exemption request

For Department Use Only Stamp Date Rec'd
FID #: FIN #:

SECTION I: FACILITY LOCATION INFORMATION			
Facility Name	Contact	Title	
Facility Address - Street	Phone #	Fax #	
City, State, Zip Code	County	Internet Address	
¼ Section _____, Section _____, Town _____ N, Range _____, Circle E or W.	Lat: Deg, _____, Min _____, Sec _____ N, Long: Deg, _____, Min _____, Sec _____ W		

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 wastes that are discharged to a subsurface absorption system.

SECTION III: DISCHARGE CHARACTERIZATION			
Type of Discharge: (Sanitary waste, wash water, etc.)	Outfall # (#1, #2, etc.)	Average Daily Flow (gallons of water discharged per day)	Comments
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		

For Department Use Only: COMMENTS:
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SECTION IV: ELIGIBILITY CHECKLIST Continued

4. The subsurface absorption system plans and specification approval *(check all that apply)*

- Department of Commerce Approval, Date: _____, Transaction ID No. _____, and Site ID No. _____.
- County Approval, Date: _____, Transaction ID No. _____,
- And Site ID No. _____.
- Department of Natural Resources Approval, Date: _____, Approval No. _____.

Describe approvals received or why no approvals received for the subsurface system:

5. The subsurface absorption system was installed when and by whom: *(check all that apply)*

- Licensed Plumber, Date: _____, Name: _____, and License No. _____.
- Licensed Sanitarian, Date: _____, Name: _____, and License No. _____.
- Licensed Engineer, Date: _____, Name: _____, and License No. _____.
- Other: Date: _____, Name: _____, License Type: _____, and License No. _____.

Describe the subsurface system installation:

6. What is the nature of the subsurface absorption system *(check all that apply)*

- Pretreatment System, Describe: _____.
- Design Flow Rate: _____ gallons per day.
 ___ Gravity Flow Distribution System. ___ Mound System.
 ___ Surge Pump Distribution System. Give method or frequency of surge: _____.
- Soil Type at Base of the System: _____.
- Ground surface to: Base of System: ___ ft, To Groundwater: ___ ft, To Bedrock: ___ ft.
- Distance to nearest Public Water Supply Well: ___ ft, To nearest Private Well: ___ ft.
- Distance to nearest Inhabited Dwelling: ___ ft, To nearest Property Line: ___ ft.

___ Yes in a, or ___ Not in a: Floodway, Flood Fringe or Flood Plain.

Describe additional subsurface system particulars:

Complete the signatory requirements on next page. Read the attached permit and comply with its requirements, submitting annual summaries as required by the permit.

For Department Use Only:

Treatment System Eligible

Explain: Plan Approved System or Equivalent to a Plan Approved System.

Ineligible

Explain:

NR 214.16(1) Met

NR 214.16(1) Not Met

Explain:

SECTION V: REQUEST FOR EXEMPTION <i>(check all that apply and explain)</i>	
<input type="checkbox"/> Not Applicable: _____ <input type="checkbox"/> The owner requests an exemption from all specific requirements of ch. NR 214, Wis. Adm. Code, that are not currently met by this treatment system, including but not limited to, the 250 foot separation distance from the treatment system and the nearest private potable well. The owner requests an exemption from the following requirements of ch. NR 214, Wis. Adm. Code. List the ch. NR 214 requirement(s) not met and give reason(s) for exemption request: _____ _____ _____ _____ <input type="checkbox"/> To the best of my knowledge, I believe this system has a low potential for exceeding the applicable groundwater standards of ch. NR 140, Wis. Adm. Code. Explain: _____ _____ _____ <i>Complete the signatory requirements below. Read the attached permit and comply with its requirements, submitting annual summaries as required by the permit.</i>	For Department Use Only: <input type="checkbox"/> Exempted. Explain (Also grant exemption in the letter of coverage): <input type="checkbox"/> Not Exempted. Explain:

Complete Signatory Requirements Below

SECTION VI: SIGNATORY REQUIREMENTS	
Signature of person completing the form, attesting to the accuracy and completeness of the statements made	Date Signed
Typed or Printed Name and Title	Phone #
<p>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 manager for a limited liability company, or a responsible corporate officer of at least the level of manager, having overall responsibility for the operation of the facility for a corporation. If this form is not signed, or is found to be incomplete, it will be returned.</p> <p>Ownership:</p> <p> <input type="checkbox"/> Private, <input type="checkbox"/> State, <input type="checkbox"/> County/Local Government, <input type="checkbox"/> Federal, <input type="checkbox"/> Specify Other _____ <input type="checkbox"/> Tribal Land <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
Signature	Date Signed
Typed or Printed Name and Title	Phone #
Fax #	Internet Address

Mail to: Appropriate Regional Department Office, see Web Page:

<http://dnr.wi.gov/org/water/wm/ww/wwstaff/staff.htm>