

**GENERAL PERMIT INFORMATION SUMMARY/ELIGIBILITY CHECKLIST**

Land Application of Liquid Industrial Waste  
 WPDES Permit No. WI-0055867-5

State of Wisconsin  
 Department of Natural Resources

Rev. 8/2007

<b>For Department Use Only</b> <b>Stamp Date Received</b>
<b>FID #:</b>

SECTION I: FACILITY LOCATION INFORMATION		
Facility Name	Contact	Title
Facility Address - Street	Telephone No.	Fax #
City, State, Zip Code	County	Internet Address

SECTION II: MAILING ADDRESS INFORMATION (Parent Company/Owner - if different from above)		
Parent Company/Owner	Company Contact	Telephone No.
Mailing Address - PO Box, Street, or Route	Title	
City, State, Zip Code	Fax #	Internet Address

**Complete SECTION III only for wastes that are land applied.**

SECTION III: DISCHARGE CHARACTERIZATION			
Type of Discharge: (Whey permeates, washwater, etc.)	Outfall # (#1, #2, etc.)	Average Daily Flow (gallons landspread per day)	Is Landspreading of Waste Seasonal? (Indicate months of operation, or "year-round")
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		

(Continued on next page)

**SECTION IV: ELIGIBILITY CHECKLIST**

1. What is the nature of the material being land applied (*check all that apply*)

- Liquid industrial wastes containing primarily organic material and crop nutrients.
- Liquid industrial wastes generated by:
  - food processing facilities handling fruit, vegetable, dairy products, meat, fish or poultry
  - mink raising operations
  - aquaculture operations
  - other operations with similar wastes that have no detrimental effects on groundwater, soil, or vegetation:

Describe waste(s) produced for land application. If you are a contractor, please also indicate their source of origin:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

other:

\_\_\_\_\_

\_\_\_\_\_

3. Do you have DNR-approved land application sites for this discharge?

- Yes. **Go on to question 4.**
- No. Contact your area Land Application/Wastewater Specialist immediately to find out how to get sites approved. *You must curtail all land application activity until approved sites are secured.*

For Department Use Only:

- Eligible  
  
Wastes of this type can be covered under the general permit
- Ineligible  
Explain:

Monitoring required for:

- TKN
  - Organic nitrogen
  - Ammonia nitrogen
  - Phosphorus
  - Chloride
  - Percent Solids
  - Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Monitoring frequency:

- Daily
- Monthly
- Quarterly
- Annually
- Other: \_\_\_\_\_

4. Do you have an approved management plan on file with the Department?

Yes.

No. **A management plan is required to operate under this general permit.** Check one of the following options and go on to question 5.

*The management plan is attached to this checklist.*

*The management plan will be submitted to the Department for review within 60 days of initiating land application activity.*

5. Have you submitted analysis for Total Kjeldahl Nitrogen (TKN), organic nitrogen, ammonia nitrogen, phosphorus, chloride, and percent solids as well as for any other pollutant that may be found in your wastewater?

Yes. For each parameter analyzed, attach the laboratory results. The Department will determine what parameters require monitoring and what frequency will be required.

No. Attach an explanation as to why the analysis has not been conducted.

### End of Checklist - Complete Signatory Requirements

#### SECTION V: SIGNATORY REQUIREMENTS

Signature of person completing the form, attesting to the accuracy and completeness of the statements made

Date Signed

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.

Typed or Printed Name and Title

Telephone No.:

Fax #

Internet Address

Mail to: Regional Permit Coordinator