

GENERAL PERMIT REQUEST FOR COVERAGE

Landspreading of Industrial Sludge
WPDES Permit No. WI-0057657-4

State of Wisconsin
 Department of Natural Resources

Rev. 7/01/07

For Department Use Only Stamp Received Date FID #
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SECTION I: FACILITY LOCATION INFORMATION		
Facility Name	Contact	Title
Facility Address - Street	Phone #	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	Phone #
Mailing Address - PO Box, Street, or Route	Title	
City, State, Zip Code	Fax #	Internet Address

Complete SECTION III only for sludges that are land applied.

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

For Department Use Only: COMMENTS:
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(Continued on next page)

SECTION IV: ELIGIBILITY CHECKLIST

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

- Industrial sludge containing primarily organic material and crop nutrients.
- Industrial sludge 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 as listed above that have no detrimental effects on groundwater, soil, vegetation, or surface waters
 - other operations, lab testing may be required for chloride, TKN, phosphorus.etc.

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

2. To the fullest extent of your knowledge, does your discharge contain any of the substances or have you added to the discharge any of the following substances: acid or basic solutions, cadmium, copper, lead, nickel, and zinc?

- No. **Go on to question 3.**
- Yes. **Your discharge may be eligible for this General Permit.** *Submit metal testing results for cadmium, copper, lead, nickel, and zinc and completed check list to determine if site may not exceed the levels listed in s. NR 214.187(4)(g), Table 4, Wis. Adm. Code or contact the Department to obtain an application for an individual WPDES discharge permit.*

3. To the fullest extent of your knowledge, does your discharge contain any or had added oil and grease, nitrate nitrogen, volatile organic chemicals, bioaccumulating toxic substances, sodium, other toxic metals or other substances that would be harmful to animal, plant, aquatic life (biocides, pesticides, additives, etc.)?

- No. **Go 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 the next page. Contact the Department to obtain an application for an individual WPDES discharge permit.*

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

- Yes. **Go on to question 5.**
- 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.*

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

Monitoring required for:

- Percent Solids
- Chloride
- TKN
- Phosphorus
- Ammonia nitrogen
- Organic nitrogen
- Ammonia nitrogen
- Potassium
- pH
- Lead
- Zinc
- Copper
- Nickel
- Cadmium

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

- Yes. Complete the signatory requirements on next page. Read the attached permit and comply with its requirements including updated daily log(s), submitting annual summaries as required by the permit.**
- 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 3 months of initiating land application activity.*

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

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

Typed or Printed Name and Title

Telephone No.:

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.

Signature

Date Signed

Typed or Printed Name and Title

Telephone No.:

Fax #

Internet Address

Mail to Regional Permit Coordinator: