

**GENERAL PERMIT REQUEST FOR COVERAGE**  
**Land Application of Food Processing By-Products Solids**  
**WPDES Permit No. WI-0057665-04**

State of Wisconsin - Department of Natural Resources  
 Rev. 07/2007

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

<b>SECTION II: MAILING ADDRESS INFORMATION (Parent Company/Owner - if different from above)</b>		
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 landspread.**

<b>SECTION III: DISCHARGE CHARACTERIZATION</b>			
Type of Discharge:	Outfall # (#1, #2, etc.)	Average Daily Flow (gallons, cubic yards or tons landsread per day)	Is Land Application of this Waste Seasonal? (Indicate months of operation, or "year-round")
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		
	#		

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**SECTION IV: ELIGIBILITY CHECKLIST**

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

- Industrial food processing by-product solids containing primarily organic material and crop nutrients.
- Industrial food processing by-product solids generated by:
  - paunch manure
  - vegetable waste material (leaves, cuttings, peelings)
  - sweet corn silage
  - other operations with similar wastes that have no detrimental effects on groundwater, soil, vegetation, or surface waters:

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

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other:

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2. To the fullest extent of your knowledge, does your discharge contain any toxic or organoleptic substances listed in NR 105, Wisconsin Administrative Code in levels that could be harmful to animal, plant, aquatic life (metals, volatile compounds, etc.)?

- No. **Go on to question 3.**
- 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.*

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
- Potassium
- 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. Complete the signatory requirements on next page. Read the attached permit and comply with its requirements, 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 60 days of initiating land application activity.*

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

**Yes.** For each parameter analyzed, attach the laboratory results. These results are often necessary to determine an initial pounds/acre land application loading rate so nutrient needs of the cover crop are not exceeded. Proceed to the signatory requirements section.

**No.** Attach an explanation showing how the proposed initial land application rate would be less than crop needs.

### 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