

**GENERAL PERMIT REQUEST FOR COVERAGE**  
**Hydrostatic Test Water or Water Supply System Water**  
 WPDES Permit No. WI-0057681-4

State of Wisconsin  
 Department of Natural Resources

Rev. 7/23/07

**For Department Use Only**  
**Stamp Date Rec'd**

**FID #:**

SECTION I: FACILITY LOCATION INFORMATION		
Facility Name	Contact	Title
Facility Address - Street	Phone #	Fax #
City, State, Zip Code	County	Internet Address
<b>Site Map: 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.</b>		

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"/> Hydrostatic Test Water	#		<input type="checkbox"/> Well Disinfection	#	
	#			#	
	#			#	
<input type="checkbox"/> Water Supply Flushing	#		<input type="checkbox"/> Distribution Pipe Disinfection	#	
	#			#	
	#			#	
<input type="checkbox"/> Water Tower Cleaning	#		<input type="checkbox"/> Other (describe type)	#	
	#			#	
	#			#	
<input type="checkbox"/> Well Testing	#		<input type="checkbox"/> Other (describe type)	#	
	#			#	
	#			#	

(Continued on next page)

**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 3. 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.*

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

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Eligible  
 Ineligible

ERW  
 ORW

2. Are any process wastewaters (wastewaters that come in contact with or the result of production operations at a facility such as contact cooling water or softener regeneration water), other than those wastewaters (or similar wastewaters) listed on page 1, Section III, discharged from your facility to surface waters or groundwater that are not covered under a separate WPDES permit?

Yes *Your discharge is not eligible for this General Permit. Skip the rest of the checklist and complete the signatory requirements on page 3. Contact the Department to obtain an application for an individual WPDES discharge permit.*

No *If process wastewater discharges are covered under a separate WPDES permit, list the permit number below. WPDES Permit No. WI-\_\_\_\_\_. Continue on to question #3.*

3. Does your discharge flow to a wetland?

No. *Continue on to question #4.*

Yes. *Continue on to question #4.*

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NR 103 Completed: \_\_\_\_\_

N/A

**Question #4 and associated information submittal requirements do not apply to additives that are used on a regular basis by municipalities in municipal water supplies.**

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

No. *Complete the signatory requirements in Section V, below. Read the attached permit and comply with its requirements, submitting annual summaries as required by the permit.*

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 outfall at which additives are used, you must submit the following information for each additive on Appendix A (at the back of this form):*

a. *Material Safety Data Sheets (MSDS's) for each additive.*

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Water Treatment Additives

Completed: \_\_\_\_\_

Re-sent: \_\_\_\_\_

Additive follow-up necessary:

Yes  No

**SECTION IV: ELIGIBILITY CHECKLIST**

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

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

- f. At least one 48-hour LC<sub>50</sub> or EC<sub>50</sub> value for *Daphnia magna* and at least one 96-hour LC<sub>50</sub> or EC<sub>50</sub> value for either fathead minnow, rainbow trout, or bluegill.

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

Complete the signatory requirements in Section V, below. Read the attached permit and comply with its requirements, submitting annual discharge summaries as required by the permit or more frequently if notified to do so by the Department.

**End of Checklist - Complete Signatory Requirements Below**

**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	Phone #
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 an 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	Phone #
Fax #	Internet Address

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Mail to:

