

GENERAL PERMIT REQUEST FOR COVERAGE

Vehicle and Equipment Washing
 WPDES Permit No. WI-0059153-3

For Department Use Only
Stamp Date Rec'd

State of Wisconsin
 Department of Natural Resources

Rev. 3/2009

FID #:

SECTION I: FACILITY LOCATION INFORMATION		
Facility Name	Contact	Title
Facility Address - Street	Phone #	Fax #
City, State, Zip Code	County	E-mail Address
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 outfall location for surface water discharges.		

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 #	E-mail 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"/> Vehicle Wash Waters	#		<input type="checkbox"/> Degreasing Washwaters	#	
	#			#	
	#			#	
<input type="checkbox"/> Building Washwaters	#		<input type="checkbox"/> Other (describe type)	#	
	#			#	
	#			#	
<input type="checkbox"/> Equip. Washwaters	#		<input type="checkbox"/> Other (describe type)	#	
	#			#	
	#			#	

Comments:

SECTION IV: ELIGIBILITY CHECKLIST

For Department Use Only:

Eligible

Ineligible

ERW

ORW

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. If only some or no discharges from your facility go to the sanitary sewer, identify the receiving water for the other discharges below.*

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

2. Are any of the following wastewaters from your facility discharged to surface waters or groundwater? (*check all that apply*)

- No Yes Contact cooling water.
- No Yes Water from boiler cleaning operations.
- No Yes Air compressor condensate contaminated with oil and grease.
- No Yes Water softener regeneration backwash.
- No Yes Other process wastewaters (wastewaters that come in contact with or are the result of production operations at a facility).

If you answered yes to any of the above, 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 application for an individual WPDES discharge permit. If you answered no to all of the above, continue with the checklist.

(Continued on next page)

<p>3. To the fullest extent of your knowledge, does your discharge contain any substances that would be harmful to animal, plant, aquatic life (metals, volatile compounds, etc.)?</p> <p><input type="checkbox"/> No. <i>Continue on to question #4.</i></p> <p><input type="checkbox"/> Yes. <i>Your discharge is not eligible for this General Permit. Skip the rest of the checklist and complete the signatory requirements in Section V. Contact the Department to obtain application for an individual WPDES discharge permit.</i></p>	
<p>4. Does your discharge flow to a wetland?</p> <p><input type="checkbox"/> No. <i>This is the end of the checklist. Complete the signatory requirements in section V.</i></p> <p><input type="checkbox"/> Yes. <i>The Department will need to determine if your discharge causes significant adverse impacts to wetlands.</i></p>	<p style="text-align: center;">For Department Use Only</p> <p><input type="checkbox"/> NR 103 Completed: _____</p> <p><input type="checkbox"/> N/A</p>

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 #
<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>	
Signature	Date Signed
Typed or Printed Name and Title	Phone #
Fax #	Internet Address

Mail to: Regional WPDES Permit Coordinator
Wisconsin Dept. of Natural Resources