

GENERAL PERMIT REQUEST FOR COVERAGE
 Domestic Wastewater to a Subsurface Absorption System
 WPDES Permit No. WI-0062901-2

State of Wisconsin
 Department of Natural Resources

2/1/2010

For Department Use Only Stamp Date Rec'd

FID #:

SECTION I: FACILITY LOCATION INFORMATION		
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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)		
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Parent Company/Owner	Company Contact	Phone #
Mailing Address - P.O. Box, Street, or Route	Title	
City, State, Zip Code	Fax #	Internet Address

SECTION III:

1. An approval of facility construction plans must be obtained prior to granting of permit coverage:

Attach a copy of the plan approval letter as issued by the Department of Commerce, or as may be the case for a municipally owned facility, as issued by the Department of Natural Resources.

Indicate Approved Facility Design Capacity: _____ (gallons per day)

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

Yes

No - Contact WDNR to find out how to complete this requirement for general permit coverage.

3. Have you obtained a county sanitary permit for the facility?

Yes - **Attach a copy** of the sanitary permit.

No - Describe if application has been made and general status of application:

For Department Use Only: COMMENTS:
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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 #
<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 Wastewater Permit Coordinator
 Wisconsin Department of Natural Resources