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NOTICE: This application form is authorized by section 283.37, Wis. Stats., and Chapters NR 151 and 216, Wis. Adm. Code. Personally identifiable information on this form may be subject to other programs or processes that may be made available to requestors under Wisconsin's Public Records laws and be posted on the Department's internet site.

BUREAU OF WATERSHED MGMT

Instructions: Complete the following for all permit applications. If additional space is needed to respond to a question, attach additional pages. Provide descriptions below that explain the program activities that you expect to develop and implement to comply with the Municipal Separate Storm Sewer System (MS4) general permit (<http://dnr.wi.gov/org/water/wm/nps/stormwater/muni.htm>). Section 3 of the MS4 general permit contains the compliance schedules that direct when the individual program activities need to be developed and submitted to the Department for review. The detailed programs that are developed and submitted to the Department for review may deviate from the program activities described below if necessary. The descriptions provided below are necessary for the Department to verify that the municipality's program activities comply with the permit.

Section I: Applicant Information

Name of Municipality University of Wisconsin - Superior			
Mailing Address P.O. Box 2000	City Superior	State WI	Postal Code 54880-2898
County(s) in which Applicant is located Douglas	Type of Municipality: (check one) <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town <input checked="" type="checkbox"/> Other (specify) Campus		

Section II: Local Contact Information (check one)

Name of Municipal Contact Person Ms. Janet K. Hanson		Title Vice Chancellor for Administration & Finance	
Mailing Address P.O. Box 2000	City Superior	State WI	Postal Code 54880-2898
E-mail address jhanson@uwsuper.edu	Telephone Number (include area code) (715) 394-8014	Fax Number (include area code) (715) 394-8107	

Section III: Water Quality Concerns

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does any part of the MS4 discharge to an outstanding resource water (ORW) or exceptional resource water (ERW) listed under s. NR 102.10 or 102.11, Wis. Adm. Code? (An unofficial list of ORWs and ERWs may be found on the Department's Internet site at: http://dnr.wi.gov/org/water/wm/wqs/)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does any part of the MS4 discharge to an impaired waterbody listed in accordance with section 303(d)(1) of the federal Clean Water Act, 33 USC § 1313(d)(1)(C)? (A list of Wisconsin impaired waterbodies may be found on the Department's Internet site at: http://dnr.wi.gov/org/water/wm/wqs/303d/303d.html)

Section IV: Area and Population Within the MS4

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the MS4 within an "Urbanized Area" as defined by U.S. EPA? (See http://www.epa.gov/npdes/pubs/fact2-2.pdf)

If no, skip the rest of this section and continue to Section V. If yes, estimate the area served by and the population within the MS4 in an Urbanized Area (UA).

(Urbanized Area maps are available on the EPA web site at: <http://cfpub1.epa.gov/npdes/stormwater/urbanmaps.cfm>)

Total municipal area (in square miles): 0.194	Total municipal population (in year 2000): 600 (based on Fall 2006 data)
MS4 service area within Urbanized Area (in square miles): NOT APPLICABLE	Municipal population within Urbanized Area (in year 2000): NOT APPLICABLE

Section V: Potential Permit Exemption

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Section NR 216.023, Wis. Adm. Code, allows certain MS4s that have less than 1000 people residing in an urbanized area to be waived from having to obtain municipal storm water permit coverage.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you believe that the MS4 may be eligible for this potential exemption?

Section VI. Summary of Municipal Storm Water Control Activities

Describe the program or activities the municipality is doing or will do to comply with the requirements of the MS4 general permit. Attach additional pages if necessary.

A. Public Education and Outreach

Describe the public education and outreach program activities that the municipality will implement to comply with section 2.1 of the MS4 general permit.

UW-001, UW-002, UW-003, and UW-013. (PLEASE SEE ATTACHED FOR FURTHER DETAIL)

B. Public Involvement and Participation

Describe the public involvement and participation program activities that the municipality will promote to comply with section 2.2 of the MS4 general permit.

UW-001, UW-002, UW-003, and UW-013. (PLEASE SEE ATTACHED FOR FURTHER DETAIL)

C. Illicit Discharge Detection & Elimination

Describe the illicit discharge detection and elimination program authority and activities that the municipality will develop and implement to comply with section 2.3 of the MS4 general permit.

UW-001, UW-002, UW-003, and UW-012. (PLEASE SEE ATTACHED FOR FURTHER DETAIL)

D. Construction Site Pollutant Control

Describe the construction site pollutant control program authority and activities that the municipality will develop and implement to comply with section 2.4 of the MS4 general permit.

UW-001, UW-002, UW-008, and UW-009. (PLEASE SEE ATTACHED FOR FURTHER DETAIL)

E. Post-Construction Site Storm Water Management

Describe the post-construction storm water management program authority and activities that the municipality will develop and implement to comply with section 2.5 of the MS4 general permit.

UW-001, UW-002, UW-010, UW-011, and UW-012. (PLEASE SEE ATTACHED FOR FURTHER DETAIL)

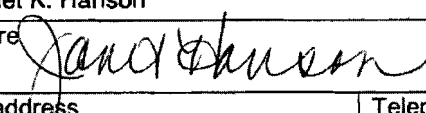
F. Pollution Prevention

Describe the pollution prevention program activities that the municipality will implement to comply with section 2.6 of the MS4 general permit.

UW-001, UW-002, UW-003, UW-011, and UW-012. (PLEASE SEE ATTACHED FOR FURTHER DETAIL)

Septic Tank Certification

Certification: I hereby certify that I am an authorized representative of the municipality that is the subject of this application for general permit coverage, and that the information provided is true and complete, to the best of my knowledge. I understand that Wisconsin law provides severe penalties for submitting false information.

Authorized Representative Name	Title	
Ms. Janet K. Hanson	Vice Chancellor for Administration & Finance	
Signature 	Date Signed	
	2-15-07	
E-mail address	Telephone Number (include area code)	Fax Number (include area code)
jhanson@uwsuper.edu	(715) 394-8014	(715) 394-8107

Return this completed form to:
 Wisconsin Department of Natural Resources
 Storm Water Program – WT/2
 PO Box 7921
 Madison, WI 53707-7921