

Section V: Facilities that discharge production related wastewater must provide the following information as to where the wastewater goes. (The process wastewaters are to be described in Section VI.)

<p>1. What is the receiving water for the process wastewater discharges? Indicate in the space provided which outfalls go to groundwater and which go to surface waters. Check all that apply (NOTE: an outfall is an individual discharge point, such as a pipe, channel, or seepage point that wastewater enters prior to discharging to surface or ground waters)</p> <p><input type="checkbox"/> Groundwater (GW outfall types for infiltration of wastewater through the soil include absorption ponds, seepage through unpaved gravel or grassy surface, septic systems and associated drain fields, ditches, irrigation, etc.).</p> <p>Outfall # & type: _____</p> <p>Outfall # & type: _____</p> <p><input type="checkbox"/> Wetland (note whether you believe wetland is <input type="checkbox"/> natural or <input type="checkbox"/> artificial)</p> <p>Outfall # & type: _____</p> <p><input type="checkbox"/> Surface Water (SW outfall types include creeks, streams, rivers, and lakes and any ditches, storm sewers, and pipes that convey wastewater to a creek, stream, river, and lake).</p> <p>a. Outfall # & type: _____</p> <p>b. What is the name of the surface water your discharge enters? _____</p> <p><input type="checkbox"/> Municipal or sewage district treatment plant – Outfall #(s): _____</p> <p>If ALL discharges from your facility (process wastewater and stormwater) go to an off-site treatment plant, you do NOT require regulation under a WPDES discharge permit. Therefore, skip the rest of the checklist and sign page 4. If future operations at your facility result in a direct discharge to waters of Wisconsin, you will need to inform the Department.</p> <p><input type="checkbox"/> Wastewater is discharged to a containment structure for storage or reuse</p> <p><input type="checkbox"/> The containment structure meets the water sealing standards of ch. NR 213, Wis. Adm. Code</p> <p><input type="checkbox"/> The pond liner design standards are unknown</p> <p>_____</p> <p><i>(brief description of containment structure)</i></p>	<p><u>For Department Use Only</u></p> <p><input type="checkbox"/> Eligible</p> <p><input type="checkbox"/> Ineligible</p> <p><input type="checkbox"/> ERW</p> <p><input type="checkbox"/> ORW</p> <p><input type="checkbox"/> NR 103 Completed</p> <p><input type="checkbox"/> N/A</p>																								
<p>2. To the best of your knowledge, does your process wastewater (from equipment washdown, panel finishing, cutting etc.) contain any of the substances listed below (or other substances that could be harmful to human health or aquatic life)? Check all that apply.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> 4,4'-DDD</td> <td style="width: 33%;"><input type="checkbox"/> 4,4'-DDE</td> <td style="width: 33%;"><input type="checkbox"/> 4,4'-DDT</td> </tr> <tr> <td><input type="checkbox"/> alpha – BHC</td> <td><input type="checkbox"/> Dieldrin</td> <td><input type="checkbox"/> Chlordane</td> </tr> <tr> <td><input type="checkbox"/> Mercury</td> <td><input type="checkbox"/> Mirex</td> <td><input type="checkbox"/> Octachlorostyrene</td> </tr> <tr> <td><input type="checkbox"/> Photomirex</td> <td><input type="checkbox"/> PCB</td> <td><input type="checkbox"/> Pentachlorobenzene</td> </tr> <tr> <td><input type="checkbox"/> 1,2,3,4-Tetrachlorobenzene</td> <td><input type="checkbox"/> 1,2,4,5-Tetrachlorobenzene</td> <td><input type="checkbox"/> 2,3,7,8-Tetrachlorodibenzo-p-dioxin</td> </tr> <tr> <td><input type="checkbox"/> Toxaphene</td> <td><input type="checkbox"/> gamma - BHC (Lindane)</td> <td><input type="checkbox"/> tech. – BHC</td> </tr> <tr> <td><input type="checkbox"/> Hexachlorobenzene</td> <td><input type="checkbox"/> Hexachlorobutadiene</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (such as solvents or dissolved metals) _____</td> </tr> </table> <p>If <u>any</u> of the above substances are checked, you may be required to segregate that wastewater and not discharge it to waters of the state. If you wish to pursue obtaining a permit to discharge wastewater containing these chemicals, indicate that you want Department to send an application for a site specific WPDES discharge permit by checking here <input type="checkbox"/>. If none of the above substances are checked, continue to the next question.</p>		<input type="checkbox"/> 4,4'-DDD	<input type="checkbox"/> 4,4'-DDE	<input type="checkbox"/> 4,4'-DDT	<input type="checkbox"/> alpha – BHC	<input type="checkbox"/> Dieldrin	<input type="checkbox"/> Chlordane	<input type="checkbox"/> Mercury	<input type="checkbox"/> Mirex	<input type="checkbox"/> Octachlorostyrene	<input type="checkbox"/> Photomirex	<input type="checkbox"/> PCB	<input type="checkbox"/> Pentachlorobenzene	<input type="checkbox"/> 1,2,3,4-Tetrachlorobenzene	<input type="checkbox"/> 1,2,4,5-Tetrachlorobenzene	<input type="checkbox"/> 2,3,7,8-Tetrachlorodibenzo-p-dioxin	<input type="checkbox"/> Toxaphene	<input type="checkbox"/> gamma - BHC (Lindane)	<input type="checkbox"/> tech. – BHC	<input type="checkbox"/> Hexachlorobenzene	<input type="checkbox"/> Hexachlorobutadiene		<input type="checkbox"/> Other (such as solvents or dissolved metals) _____		
<input type="checkbox"/> 4,4'-DDD	<input type="checkbox"/> 4,4'-DDE	<input type="checkbox"/> 4,4'-DDT																							
<input type="checkbox"/> alpha – BHC	<input type="checkbox"/> Dieldrin	<input type="checkbox"/> Chlordane																							
<input type="checkbox"/> Mercury	<input type="checkbox"/> Mirex	<input type="checkbox"/> Octachlorostyrene																							
<input type="checkbox"/> Photomirex	<input type="checkbox"/> PCB	<input type="checkbox"/> Pentachlorobenzene																							
<input type="checkbox"/> 1,2,3,4-Tetrachlorobenzene	<input type="checkbox"/> 1,2,4,5-Tetrachlorobenzene	<input type="checkbox"/> 2,3,7,8-Tetrachlorodibenzo-p-dioxin																							
<input type="checkbox"/> Toxaphene	<input type="checkbox"/> gamma - BHC (Lindane)	<input type="checkbox"/> tech. – BHC																							
<input type="checkbox"/> Hexachlorobenzene	<input type="checkbox"/> Hexachlorobutadiene																								
<input type="checkbox"/> Other (such as solvents or dissolved metals) _____																									
<p>3. Have any other WPDES permits been issued to your facility that authorize the discharge of other wastewaters to Wisconsin surface or ground waters?</p> <p><input type="checkbox"/> Yes List the number of the separate permit: WPDES Permit No. WI-_____.</p> <p><input type="checkbox"/> No</p>																									
<p>4. Does a wastewater discharge from your facility contribute a pollutant of concern to an impaired surface water body included on Wisconsin's 303(d) list (see page 11 of the fact sheet for the general permit)?</p> <p><input type="checkbox"/> Yes List the pollutant of concern and the impaired water body name - _____.</p> <p><input type="checkbox"/> No</p>																									

Section V continued:

5. Are Water Treatment Additives used in waste streams that are discharged to surface waters or groundwater (acid for neutralizing wastewater pH, detergents or acids used to wash equipment, flocculant aids, etc.)?

No Skip the rest of this additive section.

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 (page 5 of this form):

- a. Commercial name and Material Safety Data Sheets (MSDS's) for each additive;
- b. Amount or concentration of additive to be used;
- c. Proposed frequency of use;
- d. Anticipated discharge concentration of additive;
- e. Proposed frequency of usage;

If your discharge enters a surface water, you must enter the following information on Appendix A:

f. At least one 48-hour LC₅₀ or EC₅₀ value for Daphnia magna and at least one 96-hour LC₅₀ or EC₅₀ value for fathead minnow, rainbow trout, or bluegill. [Not needed for acid used to neutralize effluent pH]

g. An Additive Review Worksheet available at <http://dnr.wi.gov/topic/wastewater/documents/applications/AdditiveReviewWorksheet.pdf>

NOTE: The information requested above should be available from your additive supplier.

For Department Use Only

Completed:

(date)

Re-sent:

(date)

Additive follow-up necessary:

Yes

No

Section VI: Discharge Characterization – Complete this section for process wastewater discharges related to production operations at the facility. Process wastewater types are listed below. Examples of other process wastewater types might be softener regeneration wastewater, scrubber water or wastewater from internal building floor drains. Dust suppression water may be omitted if there is no runoff. Outfalls described below should be located on the site map requested in Section II, page 1.

Type of Wastewater (check all that apply):	Outfall # (#1, #2, etc.)	Average Daily Flow (gallons per day)	Type of Wastewater (check all that apply):	Outfall # (#1, #2, etc.)	Average Daily Flow (gallons per day)
<input type="checkbox"/> Wastewater Associated with Material Processing (such as acid wash of precast architectural panels, water used for cutting saws)	#		<input type="checkbox"/> Sanitary wastewater from toilets, sinks, etc. If the sanitary wastewaters are not mixed with the mining process water, write the type of sanitary waste treatment system in the daily flow column in place of a flow estimate.	#	
	#			#	
	#			#	
<input type="checkbox"/> Curing Condensate	#		<input type="checkbox"/> Contact and Noncontact Cooling Water, Condensate, or Boiler Water	#	
	#			#	
<input type="checkbox"/> Vehicle cleanup washwater (note any additives used)	#		<input type="checkbox"/> Other (describe type)	#	
	#			#	
<input type="checkbox"/> Tank or Equipment Washwater	#		<input type="checkbox"/> Other (describe type)	#	
	#			#	

What are the industrial codes for your company's concrete products operations?

SIC: 3271 Concrete Block & Brick 3273 Ready-Mixed Concrete
 3272 Concrete Products not Elsewhere Covered (includes conduit, pipe, architectural panels, tanks, vaults, posts, poles etc.)

NAICS: 327331 Concrete Block & Brick 327320 Ready Mix concrete mfg
 327332 Concrete Pipe 327390 Other Concrete Product mfg (not elsewhere covered)

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

- | | |
|--|---|
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Autoclave trough water blowdown or autoclave purge wastewaters |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Surface finishing wastewater from production of exposed aggregate products (retarder was used). |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Central ready mixer washout wastewaters. |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Ion exchange water softener regeneration wastewaters. |
| <input type="checkbox"/> No <input type="checkbox"/> Yes | Wastewaters containing form release oils. |

Section VII: Signatory Requirements – This form must be signed by an authorized representative of the permitted facility who is: a responsible executive, manager, partner or proprietor as specified in s. 283.37(3), Wis. Stats., or a duly authorized representative of the officer, manager partner or proprietor that has been delegated signature authority. Delegation of signature authority must comply with NR 205.07(1)(g)2, Wis. Adm. Code.

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete and accurate.

Printed or Typed Name of Authorized Representative

Title

Signature of Authorized Representative

Date

If a consultant has completed this application, provide the following information:

Firm / Company Name

Consultant Name

Last

First

MI

Title

Street Address

City

State

Zip Code

Phone Number

Fax Number

Email Address (if available)

Check here if you should receive Discharge Monitoring Reports (DMR's)

MAIL COMPLETED APPLICATION TO:

Wisconsin Department of Natural Resources
WPDES PERMITS
Send to nearest DNR Regional Office

**For Department
Use Only**

Date Application Received: _____

Status: Denied
 Approved
 Specific permit

Date: _____

Comments:

