**GENERAL PERMIT REQUEST FOR COVERAGE**
**Dredging Operations**
WPDES Permit No. WI-0046558-05-0

State of Wisconsin
Department of Natural Resources

Rev. 01/08/2013

**For Department Use Only**
Stamp Date Received

FID #:

The information requested on this form will be used by the Department of Natural Resources to determine if the proposed discharge of carriage and/or interstitial water from your dredging operation requires coverage under a Wisconsin Pollutant Discharge Elimination System (WPDES) permit, and qualifies for general permit WI-0046558. The discharge of wastewater from a dredging operation, which has not obtained coverage under the general permit or other applicable WPDES permit, may result in forfeitures up to $10,000 per day, pursuant to s. 283.91(2), Stats. The Department may request additional information regarding your dredging operation to assess the eligibility for coverage under a WPDES permit.

| **SECTION I: DREDGING INFORMATION** | | |
|---|---|---|
| Project Name | Contact | Title |
| Location: County, Township, Range, Section, ¼ Section | Phone # | Fax # |
| Latitude / Longitude (if available) | Email | |
| Site Map: Attach a site map, such as a USGS topographic map, showing the location of the proposed dredging project, the discharge site for groundwater discharges, and/or receiving water for surface water discharges.<br>Project Description: Attach a brief description of the proposed dredging project, including a description of the site, quantity of sediment to be removed, wastewater treatment facilities and water treatment additives if used, proposed disposal of the sediment, and project schedule. | | |

| **SECTION II: MAILING ADDRESS INFORMATION (Company/Owner)** | | |
|---|---|---|
| Company/Owner | Company Contact | Title |
| Mailing Address: P.O. Box, Street, or Route | Phone # | Fax # |
| City, State, Zip Code | Email | |

Complete SECTION III for those outfalls that are identified as surface or groundwater discharges in SECTION IV question 1, using the characterization data required in SECTION 4 question 4.

**SECTION III: DISCHARGE CHARACTERIZATION**

| Type of Wastewater (check all that apply): | Outfall Number | Flow Daily Average (gallons per day) | Contaminants of Concern (Exceeds the CBSQG TEC) | Consensus Based Sediment Quality Guidelines TEC | Sediment Concentration (dry weight) | Elutriate Concentration |
|---|---|---|---|---|---|---|
| ☐ Carriage Water (Water portion from hydraulic dredging) | # | | | | | |
| | # | | | | | |
| ☐ Interstitial Water (Also known as pore water. Water from mechanical dredging dewatering) | # | | | | | |
| | # | | | | | |
| ☐ Other (describe type) | # | | | | | |

Attachment additional sheet for Section III if more space is needed.

**SECTION IV: ELIGIBILITY CHECKLIST**

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☐ Eligible

☐ Ineligible

☐ ERW
☐ ORW

1. What is the receiving water for your dredging process wastewater discharge? 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, drain fields, ditches, and absorption ponds).

Outfall #(s):_____

☐ Wetland (note whether you believe the wetland is ☐ natural, or ☐ artificial).

☐ Surface Water (this includes creeks, streams, rivers, and lakes and any ditches, storm sewers, and pipes that convey wastewater to a creek, stream, river, and lake).

Outfall #(s):_____

***N***ame of the surface water your discharge enters? _____

How far is it from the point where discharge leaves your dredging project until it reaches the surface water (include the length travels 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 Publicly Owned Treatment Works). A septic system is <u>not</u> considered a sanitary sewer. If <u>all</u> 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 above.

2. To the fullest extent of your knowledge, will the proposed discharge contain any of the substances listed below, or other substances that could be harmful to human health, animals, plant, or aquatic life?

| | | | |
|---|---|---|---|
| ☐ PCB | ☐ Lindane | ☐ Copper | ☐ Selenium |
| ☐ Dioxin and Furan | ☐ Toxaphene | ☐ Cyanide | ☐ Zinc |
| ☐ Aldrin | ☐ DDT and DDE | ☐ Iron | ☐ Ammonia Nitrogen |
| ☐ Diedrin | ☐ Arsenic | ☐ Lead | ☐ Nitrogen (total) |
| ☐ Chlordane | ☐ Barium | ☐ Manganese | ☐ Oil and Grease |
| ☐ Endrin | ☐ Cadmium | ☐ Mercury | ☐ Phosphorus |
| ☐ Heptachlor | ☐ Chromium | ☐ Nickel | ☐ Other _____ |

If any of the above substances are checked, and the concentration is at a level of concern, monitoring and a limit will apply. You may also be required to obtain an individual WPDES permit. Contact the Department to obtain an application for an individual WPDES discharge permit.

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☐ Additive Approved.

☐ Follow-up Necessary

3. Are water treatment additives used? Additives include polymers to add in the flocculation of suspended solids in a wastewater treatment system.

☐ No. Continue on to question #4.
☐ Yes. For each additive submit the following information.
   a. Commercial name of the additive and the Material Safety Data Sheet..
   b. Additive Dosage concentration.
   c. Anticipated discharge concentration.
   d. Proposed usage frequency (continuous or slug dose).
   e. Aquatic toxicity information (surface water discharges only).

The additive information above should be available from the additive supplier. Aquatic toxicity data on the whole product must include at least one 48-hour $LC_{50}$ or $EC_{50}$ for Daphnia magna or Certodaphnia dubia, and one 96-hour $LC_{50}$ or $EC_{50}$ for fathead minnow, rainbow trout, or bluegill.

4. Has an analysis been performed to characterize the sediment to be dredged?

As part of the ch. 30 dredging permit, sediment analysis and elutriate testing must be conducted in accordance with ch. NR 347, Wis. Adm. Code. This data is used in determining permit eligibility and the monitoring requirements under the WPDES permit. The Sediment must be characterized according to ch. NR 347, Wis. Adm. Code in the absence of any documentation that it's uncontaminated.

☐ No. A permit may not be issued unless sediment characterization information is provided.
☐ Yes. Attached a copy of the results of the analysis to this form.

If the sediment is believed to be "uncontaminated", and no sediment characterization data is available, describe below the basis for this determination (attach additional information as necessary). Only in rare situations would the Department accept a determination of "uncontaminated" without any actual sediment analysis data (for example, sediment from a water body known to have high water quality and no history of wastewater discharges or other activity that could contaminate the sediment).

_____
_____
_____

5. Will dredged materials be disposed of in Lake Michigan or Lake Superior?

☐ No.
☐ Yes. If yes, indicate below which method is proposed for disposal.

Any dredged material proposed for beach nourishment or unconfined disposal in the Great Lakes must comply with the sediment quality identified in Table 5.2 of the WPDES general permit. Documentation must be submitted to demonstrate compliance with the maximum concentrations.

☐ Beach Nourishment
☐ Unconfined Disposal

**SECTION V: SIGNATORY REQUIREMENTS**

| | |
|---|---|
| Signature of person completing the form, attesting to the accuracy and completeness of the statements made. | Date Signed |
| | Phone # |
| Typed or Printed Name and Title. Consultant Name (if applicable). | Fax # |
| | Email |

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 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 of authorized representative attesting to the accuracy and completeness of the statements made. | Date Signed |
| | Phone # |
| Typed or Printed Name and Title | Fax # |
| | Email |

Mail to: Wisconsin Department of Natural Resources
Water Permits Central Intake - WT/3
P.O. Box 7185
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