

**Request for Coverage Under
Wisconsin Pollutant Discharge Elimination System (WPDES)
Wastewater Discharge Permit (WI-0046566-06) for
Contaminated Groundwater from Remedial Action Operations**

(Revised 8 / 2012)

Please type or print required information, except for the signature.

I. GENERAL INFORMATION

A: FACILITY LOCATION INFORMATION		
Name of Facility / Project	Official Representative Onsite	Title
(Address or Highway / Road with Distance and Direction from nearest City)	Telephone No.:	Fax #
City, State, Zip Code	County	Email Address

B: Individual, parent company, or organization with direct control over the facility. Enter full official legal name of the owner or parent company, if there is one, the mailing address, and the name and title of the official representative (responsible party) signing this application <u>if he/she is located at address of parent company.</u>		
Parent Company/Owner	Company Contact	Title
Mailing Address - PO Box, Street, or Route	Telephone No.:	Fax #
City, State, Zip Code	Email Address	

C: Consulting Firm for Groundwater		
Company Name	Company Contact	Title
Mailing Address - PO Box, Street, or Route	Telephone No.:	Fax #
City, State, Zip Code	Email Address	

D. Name of Person to Receive Discharge Monitoring Report Forms from Department:

E. Any Other Necessary Contact Person (name, phone, email)

F. DNR Environmental Response & Repair Project Number, and DNR Project Manager name:

II. SPECIFIC INFORMATION ON PROJECT

A. Pollutants

1. The suspected **sources of the pollutants** (estimate of material release quantity and contributing activities)

2. Check **all fuel and waste types** suspected in the contamination at this site:

- | | | |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Unleaded Gasoline | <input type="checkbox"/> Jet Fuel | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Leaded Gasoline | <input type="checkbox"/> Waste Oil | <input type="checkbox"/> Fertilizers |
| <input type="checkbox"/> Diesel Fuel | <input type="checkbox"/> Solvents | |
| <input type="checkbox"/> Heating Oil | <input type="checkbox"/> Other: | |

3. Check **all pollutants identified at this site**:

- | | |
|--|---|
| <input type="checkbox"/> BETX (Benzene, Ethylbenzene, Toluene, Xylene) | <input type="checkbox"/> Pesticides/Fertilizers |
| <input type="checkbox"/> PAHs (Polynuclear aromatic hydrocarbons) | <input type="checkbox"/> Total Recoverable Lead * |
| <input type="checkbox"/> VOCs (Volatile Organic Chemicals) | <input type="checkbox"/> Other _____ |

* Include upstream receiving water hardness analysis if lead is detected.

B. Treatment

1. Describe the existing treatment system:

Treatment Techniques Used
<input type="checkbox"/> Pump & Treat
<input type="checkbox"/> Air stripping
<input type="checkbox"/> GAC (Granular Activated Carbon)
<input type="checkbox"/> Augmented Insitu Bioremediation (with chemicals or nutrient addition)
<input type="checkbox"/> Other (describe)

2. If any cleaning, softening or descaling of the treatment system

a. Identify any additives that are proposed or being used for cleaning, softening, or descaling of the treatment system. Provide Material Safety Data Sheets, and describe dosage.

b. Describe what is done to clean, soften or descale, and how often it is done.

c. Where is the reject water from cleaning and descaling discharged?

same discharge point as treated effluent sanitary sewer other (please describe)

3. **Anticipated operating schedule** during the new permit term (2012 – 2017)

4. **Anticipated flowrate** (in gpm), and total volume of treated water to be discharged per month:

5. **Effluent discharge point location**:

6. Is an **air permit** from the DNR air management program required? If not, why not

III. DISCHARGE MANAGEMENT PLAN UPDATE

Include the following information:

1. A **summary** of analytical results for contaminants **detected** at the site.
2. Results from the most recent **volatile organic compounds (VOC) scan**, including methods used and detection levels.
3. Results from an analysis of the **poly-nuclear aromatic hydrocarbons (PAHs)** shown on the right, including methods used and detection levels (unless PAH data are already submitted)

benzo(a)anthracene	dibenzo(a,h)anthracene
benzo(a)pyrene	fluoranthene
benzo(b)fluoranthene	indeno(1,2,3-cd)pyrene
benzo(g,h,i)perylene	naphthalene
benzo(k)fluoranthene	phenanthrene
chrysene	pyrene

The lab needs to reach the lowest detection level achievable for each parameter because of the low limit for total PAHs. EPA test method SW-846 8310 is recommended.
4. **Contaminants proposed for periodic monitoring** and demonstration of why any monitoring required in the permit should be exempted due to low level of contaminants in the wastewater discharge.
5. **Information to support request for any alternate effluent limit** for discharges to groundwater (Part 5 of permit) or request for temporary exemption for in-situ discharges (Part 6 of permit).
6. **Plans and specifications for the proposed treatment system** identifying sampling points. For supplier furnished package treatment units, only a flow diagram, design summary, and unit sizing calculations are required.
7. **General description of operations**, identifying operational tasks, who is responsible to do that task, and how frequently the task is done (particularly needed at pump & treat systems).
8. A **site plan** that identifies general land uses, underground storage tanks and pipelines, groundwater monitoring and recovery wells, contaminant plume definition and zone of influence, other known spills in the area, septic tanks and drain fields, separation distances to potable water supply wells and residences, and other pertinent information.
9. A **detailed map** of the discharge location, showing if discharge is direct or via a storm sewer or other conveyance. Indicate distance from site to discharge location and other impacted water bodies or wetlands.
 - If a city storm sewer is used, approval from the municipality is required.
 - If a new outfall structure is proposed, the plans should identify the outfall and incorporate appropriate erosion control methods. A permit for riprap projects (available at most DNR offices) should be obtained.
 - Wetland discharges are not allowed unless they meet wetland protection requirements of Ch. NR 103, Wis. Admin. Code.

III. SIGNATURES

A. Signature of person completing the form, attesting to the accuracy and completeness of the statements made.

Name	Title	Date Signed
Address	Email	Telephone Number

B. This application must be signed by the official representative of the permitted facility (responsible party) who is: the owner, the sole proprietor for a sole proprietorship, a general partner for a partnership, or by a ranking elected official or other duly authorized representative for a unit of government, or an executive officer of at least the level of vice president for a corporation, having overall responsibility for the operation of the facility. If the application is not signed, or is found to be incomplete, it will be returned.

Typed or Printed Name of Official Representative	Title
Signature of Official Representative	Date Signed

Submit this General Permit Request for Coverage:

Department of Natural Resources,
Water Permits Central Intake - WT/3,
P.O. Box 7185,
Madison, WI 53707-7185.

The decision on whether to cover this discharge under the remediation general permit will be made by regional DNR wastewater staff. Upon receipt in Madison, this application will be forwarded to the appropriate regional staff person.

A copy of the submittal should also be sent to the Department Remediation & Redevelopment Project Manager.
Watershed Central:\General Permits\Reissue Docs\Grw Remediation\Request For Coverage 2012.doc