

**GENERAL PERMIT REQUEST FOR COVERAGE**  
**Satellite Sewage Collection Systems**  
 WPDES Permit No. WI-0047341-05-0

State of Wisconsin  
 Department of Natural Resources

Rev. 9/18/2013

**For Department Use Only**  
**Stamp Date Rec'd**

**FID #:**

<b>SECTION I: COLLECTION SYSTEM LOCATION INFORMATION</b>		
Facility Name	Contact	Title
Facility Address - Street	Telephone Number	Fax Number
City, State, Zip Code	County	Email Address
Name of treatment plant which receives the wastewater from your satellite sewage collection system:		

<b>SECTION II: MAILING ADDRESS INFORMATION (Parent Company/Owner - if different from above)</b>		
Parent Company/Owner	Company Contact	Telephone Number
Mailing Address - PO Box, Street, or Route	Title	
City, State, Zip Code	Fax Number	Email Address

<b>SECTION III: Complete for the most likely sanitary sewer overflow locations, based on previous overflows or other knowledge about sewage collection system surcharging.</b>			
Outfall # <small>(if any)</small>	Discharge Point Description	Discharge Method <small>(please ✓)</small>	Receiving Point Description <small>(also locate overflow points on an attached map)</small>
Example	Manhole at 4 <sup>th</sup> & Main Street	<input type="checkbox"/> Valved overflow <input type="checkbox"/> Overflow pipe (no valve) <input type="checkbox"/> Manhole lid <input checked="" type="checkbox"/> Portable pump <input type="checkbox"/> Permanent pump	Roadside ditch runs south 200 ft along Main to unnamed tributary; tributary flows 800 ft east to Clear Creek.
#		<input type="checkbox"/> Valved overflow <input type="checkbox"/> Overflow pipe (no valve) <input type="checkbox"/> Manhole lid <input type="checkbox"/> Portable pump <input type="checkbox"/> Permanent pump	
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**SECTION IV: ELIGIBILITY CHECKLIST**

1. What is the receiving water for your SSO discharge? If your facility has more than one outfall indicate in the space provided which outfall numbers (as described in Section III) go to surface waters and which go to groundwater. An outfall is an individual discharge point to a receiving water, like a pipe or channel to surface waters, or a drainage ditch or seepage pond to groundwater). *(check all that apply)*

Groundwater (this includes infiltration of wastewater through the soil via seepage, ditches, absorption ponds, drain fields, etc.).

Outfall#(s): \_\_\_\_\_

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

Outfall#(s): \_\_\_\_\_

**What is the name of the surface water your discharge enters?**

\_\_\_\_\_

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Eligible

Ineligible

ERW

ORW

**For facilities with discharges to groundwater or surface waters, continue on to question #2.**

**SECTION IV: ELIGIBILITY CHECKLIST**

2. Check the following boxes to provide additional information on the overflow discharges (check all that apply)

- Yes  No You own operate and maintain a satellite sewage collection system that connects to regional municipal sewerage treatment system.
- Yes  No You own operate and maintain a satellite sewage collection system that connects to another satellite sewage collection system.
- Yes  No Your satellite sewage collection system has permanently installed overflow structures. If yes, then:
  - Yes  No The permanent overflow structures have means of determining whether a SSO has occurred. Please attach description.
- Yes  No You maintain a rain gauge in the vicinity of the satellite sewage collection system.
- Or
- Yes  No You get your rainfall data for overflow reporting from \_\_\_\_\_.
- Yes  No A satellite sewage collection system not under your control sends wastewater to you. If yes, please provide:

\_\_\_\_\_  
Facility name

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Contact Telephone

**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	Telephone Number
<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	Telephone Number
Fax Number	Email Address

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