**SECTION I: FACILITY LOCATION INFORMATION**

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Contact</th>
<th>Title</th>
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<tbody>
<tr>
<td>Facility Address – Street</td>
<td>Phone #</td>
<td>Fax #</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>County</td>
<td>Internet Address</td>
</tr>
<tr>
<td>½ Section _____, Section _____, Town _____N, Range _____, Circle E or W.</td>
<td>Lat: Deg, _____, Min _____, Sec _____N, Long: Deg, _____, Min _____, Sec _____ W</td>
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</table>

**SECTION II: MAILING ADDRESS INFORMATION (Parent Company/Owner - if different from above)**

<table>
<thead>
<tr>
<th>Parent Company/Owner</th>
<th>Company Contact</th>
<th>Phone #</th>
<th>Mailing Address - P.O. Box, Street, or Route</th>
<th>Title</th>
<th>City, State, Zip Code</th>
<th>Fax #</th>
<th>Internet Address</th>
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</table>

Complete SECTION III only for wastes that are discharged to a subsurface absorption system.

**SECTION III: DISCHARGE CHARACTERIZATION**

<table>
<thead>
<tr>
<th>Type of Discharge: (Sanitary waste, wash water, etc.)</th>
<th>Outfall # (#1, #2, etc.)</th>
<th>Average Daily Flow (gallons of water discharged per day)</th>
<th>Comments</th>
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SECTION IV: ELIGIBILITY CHECKLIST

1. What is the nature of the material discharged to the subsurface absorption system (check all that apply)

☐ Liquid industrial, commercial, agricultural and ☐ domestic, liquid wastes containing primarily low concentrations of organic material.

Liquid industrial wastes generated by:

☐ food processing facilities handling fruits-vegetables, or ☐ dairy products
☐ mink raising operations ☐ aquaculture operations
☐ meat processing ☐ car wash ☐ laundromat
☐ slaughterhouse and butchering

Describe waste(s) discharged to the subsurface system (include test results if available):
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

☐ Other operations with similar wastes that have no detrimental effects on groundwater, soil, vegetation, or surface waters, including domestic.

Describe (include test results if available):
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
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_______________________________________________________________________

2. To the fullest extent of your knowledge, does the waste contain chlorides at a concentration that could cause an exceedance of groundwater standards?

☐ No. Go on to question 3.

☐ Yes. Your discharge is not eligible for this General Permit. Skip the rest of the checklist and complete the signatory requirements on the next page. Contact the Department to obtain an application for an individual WPDES discharge permit.

3. Do you have an approved management plan on file with the Department that includes the applicable permit monitoring and system maintenance requirements?

☐ Yes.
☐ No.
SECTION IV: ELIGIBILITY CHECKLIST Continued

4. The subsurface absorption system plans and specification approval (check all that apply)

☐ Department of Commerce Approval, Date: _____________, Transaction ID No. ___________, and Site ID No. ___________.

☐ County Approval, Date: _____________, Transaction ID No. ___________.

☐ And Site ID No. ___________.

☐ Department of Natural Resources Approval, Date: _____________, Approval No. ___________.

Describe approvals received or why no approvals received for the subsurface system:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

5. The subsurface absorption system was installed when and by whom: (check all that apply)

☐ Licensed Plumber, Date: _____________, Name: ___________________________________, and License No. ___________.

☐ Licensed Sanitarian, Date: _____________, Name: ___________________________________, and License No. ___________.

☐ Licensed Engineer, Date: _____________, Name: ___________________________________, and License No. ___________.

☐ Other: Date: _____________, Name: __________________________________________, License Type: ___________________________, and License No. ___________.

Describe the subsurface system installation:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

6. What is the nature of the subsurface absorption system (check all that apply)

☐ Pretreatment System, Describe: ________________________________________________.

☐ Design Flow Rate: ____________________________ gallons per day.


☐ Surge Pump Distribution System. Give method or frequency of surge: ________________.

☐ Soil Type at Base of the System: ____________________________.

☐ Ground surface to: Base of System: _____ ft, To Groundwater: _____ ft, To Bedrock: _____ ft.

☐ Distance to nearest Public Water Supply Well: _______ ft, To nearest Private Well: _______ ft.

☐ Distance to nearest Inhabited Dwelling: ________ ft, To nearest Property Line: ________ ft.

☐ Yes in a, or ☐ Not in a: Floodway, Flood Fringe or Flood Plain.

Describe additional subsurface system particulars:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Complete the signatory requirements on next page. Read the attached permit and comply with its requirements, submitting annual summaries as required by the permit.

For Department Use Only:

☐ Treatment System Eligible

Explain: Plan Approved System or Equivalent to a Plan Approved System.

☐ Ineligible

Explain:

☐ NR 214.16(1) Met

☐ NR 214.16(1) Not Met

Explain:
SECTION V: REQUEST FOR EXEMPTION (check all that apply and explain)

☐ Not Applicable: ______________________________________________________________

☐ The owner requests an exemption from all specific requirements of ch. NR 214, Wis. Adm. Code, that are not currently met by this treatment system, including but not limited to, the 250 foot separation distance from the treatment system and the nearest private potable well. The owner requests an exemption from the following requirements of ch. NR 214, Wis. Adm. Code. List the ch. NR 214 requirement(s) not met and give reason(s) for exemption request:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

☐ To the best of my knowledge, I believe this system has a low potential for exceeding the applicable groundwater standards of ch. NR 140, Wis. Adm. Code. Explain:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Complete the signatory requirements below. Read the attached permit and comply with its requirements, submitting annual summaries as required by the permit.

For Department Use Only:

☐ Exempted.

Explain (Also grant exemption in the letter of coverage):

☐ Not Exempted.

Explain:

Complete Signatory Requirements Below

SECTION VI: 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

Phone #

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.

Ownership:

☐ Private, ☐ State, ☐ County/Local Government, ☐ Federal, ☐ Specify Other ________________.

Tribal Land ☐ Yes ☐ No

Signature

Date Signed

Typed or Printed Name and Title

Phone #

Fax # Internet Address

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

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