

**GENERAL PERMIT REQUEST FOR COVERAGE**  
 Domestic Wastewater to a Subsurface Absorption System  
 WPDES Permit No. WI-0062901-2

State of Wisconsin  
 Department of Natural Resources

1/8/2013

<b>For Department Use Only</b> <b>Stamp Date Rec'd</b>
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<b>FID #:</b>
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SECTION I: FACILITY LOCATION INFORMATION		
Facility Name	Contact	Title
Facility Address – Street	Phone	Fax #
City, State, Zip Code	County	Internet Address

SECTION II: MAILING ADDRESS INFORMATION (Parent Company/Owner - if different from above)		
Parent Company/Owner	Company Contact	Phone #
Mailing Address - P.O. Box, Street, or Route	Title	
City, State, Zip Code	Fax #	Internet Address

SECTION III:
<p>1. An approval of facility construction plans must be obtained prior to granting of permit coverage:</p> <p><b><u>Attach a copy</u></b> of the plan approval letter as issued by the Department of Commerce, or as may be the case for a municipally owned facility, as issued by the Department of Natural Resources.</p> <p>Indicate Approved Facility Design Capacity: _____ (gallons per day)</p>
<p>2. Do you have an approved management plan on file with the Department?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – Contact WDNR to find out how to complete this requirement for general permit coverage.</p>
<p>3. Have you obtained a county sanitary permit for the facility?</p> <p><input type="checkbox"/> Yes – <b><u>Attach a copy</u></b> of the sanitary permit.</p> <p><input type="checkbox"/> No – Describe if application has been made and general status of application:</p>

For Department Use Only: <b>COMMENTS:</b>
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**End of Checklist - Complete Signatory Requirements Below**

<b>SECTION V: SIGNATORY REQUIREMENTS</b>	
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.	
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