

**NEW WPDES PERMIT PRE-APPLICATION CHECKSHEET**

**Facility Information**

Facility Name and Mailing Address: \_\_\_\_\_

Facility Location Address: \_\_\_\_\_

County: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Phone and e-mail address: \_\_\_\_\_

Facility Type: \_\_\_\_\_ Municipal \_\_\_\_\_ Private \_\_\_\_\_ Federal \_\_\_\_\_ State

\_\_\_\_\_ Other (list) \_\_\_\_\_

Is there an existing wastewater discharge?

Yes \_\_\_ if yes, to where? \_\_\_\_\_

No \_\_\_ if no, what is the desired discharge start date \_\_\_\_\_

*Note: Application for a WPDES permit must be made at least 180 days prior to the anticipated start date of the new or increased discharge, in accordance with s. NR 200.05(1), Wis. Adm. Code.*

Does the facility now have a WPDES permit for some type of discharge?

No \_\_\_\_\_ Yes \_\_\_\_\_ # \_\_\_\_\_

**Discharge Type**

\_\_\_ Municipal - Discharge will consist of primarily domestic (sanitary) wastewater (whether publicly or privately owned)

\_\_\_ Industrial - Industrial type discharge even if publicly owned, SIC Code: \_\_\_\_\_

**Discharge Information**

\_\_\_ Surface water discharge

Receiving water name \_\_\_\_\_ Number of outfalls \_\_\_\_\_

For each outfall, describe the process or processes generating the discharge, treatment received and the approximate flow \_\_\_\_\_

\_\_\_ Land treatment (fixed sites, soil or crops assimilates pollutants) by spray irrigation, ridge and furrow or absorption pond - Describe the process that generates the wastewater, the number of waste streams, type of treatment and the approximate flow

\_\_\_ Land application (spreading) of liquid wastes/leachate, sludge, or by-product solids - Describe wastes and approximate flow volume

\_\_\_ Groundwater monitoring well system - Describe existing or proposed monitoring wells serving a land treatment system. \_\_\_\_\_

**Other Comments** \_\_\_\_\_