

February 15, 2017

Mr. David J. Haas PG  
Wastewater Specialist  
Wisconsin Department of Natural Resources  
2984 Shawano Avenue  
Green Bay, WI 54313-6727

Subject: **Formal Transmittal Letter and Supplemental Submittal of WDNR Form 3400-205 Wastewater System Approval Request Former Town of Newton Gravel Pit Project BRRTS #: 02-36-000268, DNR Facility ID #: 436104020 AECOM Project No. 60135471(82518)**

Dear Mr. Haas,

On behalf of the City of Manitowoc, AECOM is providing this formal transmittal letter along with the requested WDNR Form 3400-205 *Wastewater System Approval Request*.

The letter and form are being sent to you as requested in our phone conversation of February 3, 2017. Both documents apply to our request for coverage under Wisconsin Pollutant Discharge Elimination System Wastewater Discharge Permit (WI-0046566-06) for Contaminated Groundwater from Remedial Action Operations.

Please call me at (414) 944-6190 or email at [dave.henderson@aecom.com](mailto:dave.henderson@aecom.com) if you have any questions.

Respectfully Submitted,

AECOM



David S. Henderson, P.E.  
Project Manager

Cc:

Mr. Tauren Beggs, WDNR R&R Program, NE Region (via email)  
Ms. Kathleen McDaniel, Manitowoc City Attorney (via email)  
Mr. Dan Koski, City of Manitowoc, Director of Public Infrastructure (via email)

Attachments:

WDNR Form 3400-205 *Wastewater System Approval Request*.  
Previously submitted to the WDNR: January 3, 2017, transmittal letter and attached Request for Coverage under Wisconsin Pollutant Discharge Elimination System (WPDES) Wastewater Discharge Permit (WI-0046566-06) for Contaminated Groundwater from Remedial Action Operations with attachments.

# Wastewater System Approval Request

Form 3400-205 (R 8/14)

Notice: Pursuant to s. 281.41, Wis. Stats., and s. NR 108.03, Wis. Adm. Code, use of this form is mandatory for submission of plans and specifications for any reviewable project for sewerage systems, industrial wastewater and industrial pretreatment facilities. Personal information collection will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law (ss. 19.31 - 19.39, Wis. Stats.).


Owner Information			
Owner Name (Municipality, Company or other)		WPDES Permit No.*	County (of project location)
City of Manitowoc		WI-0046566-6	Manitowoc
Owner Representative Last Name	First Name	MI	Title
Koski	Dan		Director of Public Infrastructure
Address		City	State   ZIP Code
900 Quay Street		Manitowoc	WI   54220
Phone Number (include area code)		Email Address	
(920) 686-6910		dkoski@manitowoc.org	

Design Engineer Information			
Last Name		First Name	MI
Henderson		David	S
Title		Company Name	
Project Manager		AECOM Technical Services, Inc.	
Address		City	State   ZIP Code
1555 N Rivercenter Drive		Milwaukee	WI   53212
Phone Number (include area code)		Email Address	
(414) 944-6190		dave.henderson@aecom.com	

Project Information	
Project Title	
Former Town of Newton Gravel Pit	
Project Description	
Groundwater remediation under WAC NR 700 rule series. Groundwater treatment pond with solar mixer and phyto-remediation. Treated water from pond discharged to surface water stream under a WPDES general permit.	

**Certification**  
 I hereby certify to the best of my knowledge and belief that these plans and specifications conform to all design requirements contained in the Wisconsin Administrative Code with the exception of any requested variances or alternative requirements as detailed below:

Requested Design Variances or Alternative Requirements  
 This form is being provided at the request of the WDNR as part of our application for a WPDES General Permit for Contaminated Groundwater from Remedial Action Operations.  
 The Type of Project listed below does not apply, therefore that section has been left blank.

Design Engineer Name (print)	Wisconsin P.E. Number*
David Henderson	E32524
Signature of Design Engineer	Date Signed
	2/15/17

Type of Project		
Select all that apply:		
<input type="checkbox"/> Sanitary Sewer Extension	<input type="checkbox"/> Lift Station	<input type="checkbox"/> Septage Storage Facility
<input type="checkbox"/> Municipal Treatment Plant	<input type="checkbox"/> Force Main	<input type="checkbox"/> Sewer Replacement/Rehabilitation
<input type="checkbox"/> Industrial Pretreatment Facility	<input type="checkbox"/> Industrial Treatment Plant	<input type="checkbox"/> Non-Domestic POWTS
<input type="checkbox"/> Large POWTS	<input type="checkbox"/> Industrial Storage Facility	
<input type="checkbox"/> Clean Water Fund? Provide CWF Project Number if known: _____		
<input type="checkbox"/> Requesting Expedited Review (ONLY AVAILABLE FOR CERTAIN TYPES OF PROJECTS. See Instructions at: <a href="#">plan submittal requirements</a> )		

Website for plan submittal guidance: <http://dnr.wi.gov/topic/wastewater/seweragesystems.html>

\*May not be required for industrial pretreatment facilities.