

State of Wisconsin
 Department of Natural Resources
 Bureau of Water Quality
 PO Box 7921, Madison WI 53707-7921
dnr.wi.gov

Notice of Intent (NOI)
Contaminated Groundwater from Remedial
Action Operations
 WPDES Permit No. WI-0046566-07-0
 Rev. 06/2018

Notice: Pursuant to chs. NR 200 and 205, Wis. Adm. Code, this notice of intent (NOI) is required to request coverage under the Wisconsin Pollutant Discharge Elimination System (WPDES) Permit No. WI-0046566-07-0 for discharges of contaminated groundwater to waters of the state of Wisconsin. Failure to complete this form in its entirety may result in a returned NOI or a denied NOI. Personal information collected will be used for administrative purposes and may be provided to requestors to the extent required by Wisconsin Open Records law [ss. 19.31-19.39, Wis. Stats.].

| SECTION I: FACILITY/PROJECT LOCATION INFORMATION | | | |
|---|------------------------------------|--|---------------------------------------|
| Facility/Project Name WRR Environmental Services Co., Inc. | | Facility Mailing Address (i.e. PO Box, Street, or Route) 5200 Ryder Road | |
| Facility/Project Physical Address (i.e. Street or Route) 5200 Ryder Road | | City, State, Zip Code Eau Claire, WI 54701 | |
| County Eau Claire | Facility Phone No. 715-834-9624 | Facility Fax No. 715-836-8785 | Facility Email Address |
| SECTION II: FACILITY CONTACT INFORMATION | | | |
| Facility Operator/Plant Manager Bob Fuller | | Title CFO | |
| Company WRR Environmental Services Co., Inc. | | Contact Mailing Address (i.e. PO Box, Street, or Route) 5200 Ryder Road | |
| City, State, Zip Code Eau Claire, WI, 54701 | | Contact Phone No. 715-852-1605 | Alternative Phone No. |
| Contact Fax No. 715-836-8785 | | Contact Email Address bfuller@WRRES.com | |
| Discharge Monitoring Contact Name Anthony Miller | | Title Sr. Environmental Scientist | |
| Company Gannett Fleming, Inc. | | Contact Mailing Address (i.e. PO Box, Street, or Route) 8040 Excelsior Drive, Suite 303 | |
| City, State, Zip Code Madison, WI, 53717 | | Contact Phone No. 608-836-1500 ext 6716 | Alternative Phone No. 608-354-7730 |
| Contact Fax No. 608-531-2873 | | Contact Email Address awmiller@gfnet.com | |
| Authorized Representative Name | | Title | |
| Company | | AR Mailing Address (i.e. PO Box, Street, or Route) | |
| City, State, Zip Code | | AR Phone No. | Alternative Phone No. |
| AR Fax No. | | AR Email Address | |

| SECTION III: FACILITY OWNER MAILING ADDRESS (if different from Authorized Representative) | | |
|--|---|------------------------------|
| Facility Owner Name Jim Hager | Title CEO | |
| Parent Company WRR Environmental Services | Owner Mailing Address (i.e. PO Box, Street, or Route) 5200 Ryder Road | |
| City, State, Zip Code Eau Claire, WI, 54701 | Owner Phone No. 715-834-9624 | Alternative Phone No. |
| Contact Fax No. 715-836-8785 | Contact Email Address hagerjl@WRRES.com | |

| SECTION IV: DISCHARGE CHARACTERIZATION | | | | | |
|--|---|--|---|---|--|
| Type of Wastewater (check all that apply): | Discharge Frequency (e.g. Annual, Monthly, Daily) | Average Daily Flow (gallons of water discharged per day) | Type of Wastewater (check all that apply): | Discharge Frequency (e.g. Annual, Monthly, Daily) | Average Daily Flow (gallons of water discharged per day) |
| <input type="checkbox"/> Treated wastewater from groundwater remediation project | | | <input type="checkbox"/> Cleaning or decontamination wastewaters from the cleaning of treatment equipment for a remediation project | | |
| <input checked="" type="checkbox"/> Infiltration or injection of a substance or remedial material for remediation of soil or groundwater | Annual | Up to 2,500 gallons (during injection events) | <input type="checkbox"/> Other (describe type) | | |
| <input type="checkbox"/> Treated wastewater from dewatering of construction trenches or pits | | | <input type="checkbox"/> Other (describe type) | | |
| <input type="checkbox"/> Landspreading or spray irrigation of agricultural chemical contaminated wastewater | | | <input type="checkbox"/> Other (describe type) | | |

| SECTION V: ELIGIBILITY CHECKLIST |
|---|
| <p>1. Is the wastewater discharged from and/or to properties within tribal lands (i.e. land owned by or held in trust for the tribes and land within recognized reservation boundaries)?</p> <p><input type="checkbox"/> Yes. Your discharge is not eligible for this General Permit. <i>If all discharges from your facility go to or come from properties in tribal lands, you do not require regulation under a WPDES discharge permit. Therefore, skip the</i></p> |

rest of the NOI and sign the last page. We will remove you from our tracking system. The Tribe or United States Environmental Protection Agency (EPA) regulates discharges within tribal lands.

No. **Proceed to question 2.**

2. Is the wastewater discharged to a Publicly Owned Treatment Works (i.e. sanitary sewer)? A septic system is not considered a sanitary sewer.

Yes. **Your discharge is not eligible for this General Permit.** *If all discharges from your facility go to a sanitary sewer, you do not require regulation under a WPDES discharge permit. Therefore, skip the rest of the NOI and sign the last page. We will remove you from our tracking system. If at some point in the future operations at your facility result in a discharge, you will need to inform the Department. If only some or no discharges from your facility go to the sanitary sewer, please proceed to question 3.*

No. **Proceed to question 3.**

3. Are any of the following wastewaters discharged or mixed with the above wastewaters to surface water or groundwater: Contact or noncontact cooling water, water from boiler cleaning operations, air compressor condensate contaminated with oil and grease, softener regeneration backwash, municipal wastewater, domestic wastewater, or process wastewaters from the production of any material or product, or other wastewater not otherwise cover by this general permit?

Yes. **Your discharge is not eligible for this General Permit.** *Skip the rest of the NOI and complete the certification on last page. Contact the Department to obtain application for an individual WPDES discharge permit.*

No. **Proceed to question 4.**

4. What is the receiving water for your discharge? If your facility has more than one outfall, indicate in the space provided which outfalls go to groundwater and which go to surface waters. (*check all that apply*)

Groundwater Discharge (*any wastewater that is allowed to infiltrate or seep into the soil from a permeable surface including but not limited to any drain field, agricultural field, ditch, swale, depression, trench or pit, adsorption pond, infiltration pond, rain garden, prairie, or vegetative area that may impact groundwater quality*). **If you will only be discharging to groundwater, please proceed to question 5.**

Outfall #(s):

Wetland Discharge (*any discernible, confined and discrete conveyance system including but not limited to any pipe, ditch, channel, tunnel, conduit, swale, or storm sewer that will carry wastewater to a wetland. Wetlands mean an area where water is at, near or above the land surface long enough to be capable of supporting aquatic or hydrophytic vegetation and which has soils indicative of wet conditions*). **If you will only be discharging to wetlands, please proceed to question 5.**

Outfall #(s):

Note: *The Department will need to determine if your discharge would cause significant adverse impacts to wetlands*

Surface Water Discharge (*any discernible, confined and discrete conveyance system including but not limited to any pipe, ditch, channel, tunnel, conduit, swale, or storm sewer that will carry wastewater to a creek, stream, pond, marsh, bay, reservoir, river, lake, or other surface water within the state of Wisconsin*). **Proceed to question 4A.**

Outfall #(s):

A. What is the name(s) of the surface water your discharge enters?

Proceed to question 4B.

B. What is the Water Body Identification Code (WBIC) of the surface water your discharge enters?

Proceed to question 4C.

Note: The WBIC for a specific surface water can be found at: <http://dnr.wi.gov/water/waterSearch.aspx>.

C. Is the discharge directly to a surface water classified as an outstanding or exceptional resource waters as defined in ch. NR 102, Wis. Adm. Code.?

Yes. **Your discharge is not eligible for this General Permit.** Skip the rest of the NOI and complete the certification on last page. Contact the Department to obtain application for an individual WPDES discharge permit.

No. **Proceed to question 4D.**

D. Is the discharge directly to a surface water classified as a public water supply (i.e. Lake Superior, Lake Michigan and Lake Winnebago) in ch. NR 104, Wis. Adm. Code?

Yes. **Your discharge is not eligible for this General Permit.** Skip the rest of the NOI and complete the certification on last page. Contact the Department to obtain application for an individual WPDES discharge permit.

No. **Proceed to question 5.**

5. Does the discharge contain water treatment additives (i.e. biocides such as microbicides, fungicides, molluscicides, chlorine, etc.) or water quality conditioners (i.e. scale and corrosion inhibitors, pH adjustment chemicals, oxygen scavengers, conditioning agents, water softening compounds, etc.) that may enter surface water or groundwater without receiving wastewater treatment or that are used in a treatment process but are not expected to be removed by wastewater treatment?

Yes. **For each additive used, please fill out and attach an Additive Review Worksheet.** Additive Review Worksheets must be completed to receive coverage under this general permit. The Additive Review Worksheet is not required for additives with active ingredients consisting of chlorine, hypochlorite, sulfuric acid, hydrochloric acid or sodium hydroxide. Also, chemicals used in an industrial process generating wastewater that eventually receives treatment or chemicals added as part of wastewater treatment process (such as ferric chloride, alum or pickle liquor) are not considered water treatment additives and need not require an additive review. **Proceed to question 6.**

No. **Proceed to question 6.**

6. Will chlorine-based compounds be used to control the growth of micro-organisms in the treatment system or used to decontaminate the treatment system after completion of the remediation project?

Yes. **Proceed to question 6A.**

No. **Proceed to question 7.**

A. Will chemicals be used to dechlorinate the wastewater prior to discharge to surface water?

Yes. **The wastewater will be dechlorinated with chemicals. Proceed to question 7.**

No. **The wastewater will not be dechlorinated with chemicals. Proceed to question 7.**

7. Is a discharge management plan attached to this NOI that includes all the information necessary from Section 3 of the permit?

- Yes. Proceed to question 8.**
 No. This form will be considered incomplete and returned to you.

8. Has the groundwater at the site been analyzed for contaminants and are the results attach to the discharge management plan?

- Yes. Proceed to question 9.**
 No. This form will be considered incomplete and returned to you.

9. If a treatment facility is required for the treatment of contaminated groundwater, have the plans and specifications been submitted to or approved by the department under s. 281.41, Wis. Stats., and ch. NR 108, Wis. Adm. Code?

- Yes. Proceed to Section VI.**
 No. Please contact wastewater plan review staff to find out how to get the plans approved. Proceed to Section VI.

Note: Department wastewater plan review staff can be found here:

<http://dnr.wi.gov/topic/wastewater/planreviewers.html>.

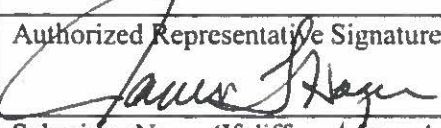

Additionally, department plan submittal requirements can be found here:

<http://dnr.wi.gov/topic/wastewater/AdequateSubmittal.html>.

SECTION VI: CERTIFICATION

This form must be signed by a responsible executive or municipal officer, manager, partner or proprietor as specified in s. 283.37(3), Wis. Stats., or a duly authorized representative of the officer, manager, partner or proprietor that has been delegated signature authority pursuant to s. NR 205.07(1)(g)2., Wis. Adm. Code. To delegate signatory authority to a duly authorized representative, please submit a Delegation of Signature Authority (DSA) form (Form 3400-220).

I certify under penalty of law that these documents and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | |
|---|---|
| Authorized Representative Name James L Hager | Title President / CEO |
| Authorized Representative Signature  | Date Signed 7/25/2019 |
| Submitter Name (If different from Authorized Representative) Anthony W. Miller | Title Senior Environmental Scientist – Gannett Fleming, Inc. |
| Submitter Signature  | Date Signed 7/29/19 |

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Please print and sign this certification page. Scan and email the completed form, certification page and any other supporting information to the department regional general permit reviewer at least thirty (30) business days before the expected start date of discharge. A listing of the general permit reviewers for each region with mailing addresses and phone numbers can be found at <http://dnr.wi.gov/topic/wastewater/GeneralPermits.html>. Please scroll to the “How to Apply” section and click the department region that the discharge is located in.