

**Notice:** In accordance with s. NR. 108.04(2)(a), Wis. Adm. Code, this form is authorized to accompany final plans and/or specifications for any reviewable project that is submitted to the Department of Natural Resources (Department) pursuant to s. 281.41, Wis. Stats and s. NR 108.03, Wis. Adm. Code.

**All necessary information must be provided on this form. Failure to complete this form correctly may result in rejection of this form by the Department.** Personal information collected 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.).

**Please type or clearly print your answers to all questions.**

Owner Information			
Owner Name (Municipality, Company or other) American Transmission Comapny		WPDES Permit No.* WI-0046531-06-1	County (of project location) Dane
Owner Representative Last Name Biemann	First Name Erika	MI	Title Environmental Project Manager
Address W234 N2000 Ridgeview Parkway Court		City Waukesha	State WI
Phone Number (include area code) (262) 506-6702		ZIP Code 53188-1022	
		Email Address ebiemann@atcllc.com	

Design Engineer Information			
Last Name Wood		First Name Tim	MI
Title Project Engineer		Company Name AECOM	
Address 1555 North RiverCenter Drive Suite 214		City Milwaukee	State WI
Phone Number (include area code) (414) 944-6170		ZIP Code 53212	
		Email Address tim.wood@aecom.com	

Project Information
Project Title ATC Blount Substation Water Discharge
Project Description Treatment and discharge of fire suppression water containing transformer oil and fire suppressant foam.

Certification
I certify that this document and the plans and specifications, to the best of my knowledge and belief, are true, accurate, and complete; and conform to all applicable 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 None

Design Engineer Name (print) Timothy P. Wood	Wisconsin P.E. Number* E-32222-006
Signature of Design Engineer	Date Signed

Type of Project
Select all that apply:
<input type="checkbox"/> Sanitary Sewer Extension <input type="checkbox"/> Municipal Treatment Plant <input type="checkbox"/> Non-Domestic POWTS
<input type="checkbox"/> Sewer Replacement/Rehabilitation <input checked="" type="checkbox"/> Industrial Treatment Plant <input type="checkbox"/> Septage Storage Facility
<input type="checkbox"/> Lift Station <input type="checkbox"/> Industrial Pretreatment Facility <input type="checkbox"/> Large POWTS
<input type="checkbox"/> Force Main <input type="checkbox"/> Other: _____
<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 our webpage here: <a href="http://dnr.wi.gov/topic/wastewater/AdequateSubmittal.html">Expedited Review</a> )

PROJECTS FINANCED BY THE CLEAN WATER FUND REQUIRE A FACILITIES PLAN

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

\*May not be required for industrial pretreatment facilities.