

4/14/14

Application for Discharge Permit Re-issuance

Please submit this request within the next Thirty (30) Days.

Facility Name : _____

The facility named above wishes to continue to discharge to the La Crosse Publicly Owned Treatment Works (POTW) and hereby makes application for re-issuance of their permit.

Name (print) : _____

Title : _____

Signature: _____ Date _____

Please provide a brief narrative of any significant changes to your facilities ownership, operations, production, personnel, discharge character/volume, chemical use/storage/disposal, pretreatment, or plans for future expansion or reduction.