

Step 2 Information Request	Submitted Information	Notes
Submitted By:		
Date Submitted:		#NAME?
OWNER/APPLICANT		
Name		
Contact/Representative		
Street Address		
City		
State		
Zip		
Phone Number		
email address		
ENGINEER		
Firm		
Contact/Project Officer		
Street Address		
City		
State		
Zip		
Phone Number		
email address		
WORK CATEGORIES		
Primary Category 1	Choose from dropdown	
Secondary Category 1	Choose Primary Category	
Primary Category 2	Choose from dropdown	
Secondary Category 2	Choose Primary Category	
Primary Category 3	Choose from dropdown	
Secondary Category 3	Choose Primary Category	
GENERAL WORK INFORMATION		
Project Name		
Work Location (City, County, DNR Field Office)		
Facility Number		Enter NPDES Permit Number, Operating Permit Number, New Facility, or None if no number is associated with an existing facility
Anticipated Funding Source 1	Choose from dropdown	
Anticipated Funding Source 2		
Anticipated Funding Source 3		
Standard Specifications	Choose from dropdown	
Enforcement Activity/Compliance Issues?	Choose from dropdown	If yes, explain:
Variance(s) Request Anticipated?	Choose from dropdown	
New Technology Anticipated?	Choose from dropdown	

Legend: Red Shaded Cells-Information required; Yellow Shaded Cells-Information optional; Green Shaded Cells-Information entered; Grey Cells-DNR Use

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WORK PROBLEM AND SOLUTION

Description of the problem:

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Anticipated solution or work proposed:

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ANTICIPATED WORK SCHEDULE (Month and Year)

Preplanning Conference		
Flow and Loads Report Submittal		
Waste Load Allocation Request		
Antidegradation Alternatives Analysis		
Geotechnical Report Submittal		
Site Survey Request		
Facility Plan Submittal		
Final Plans & Specification Submittal		
Construction Start		
Construction Complete		

CONVEYANCE PLANNING INFORMATION

(Provide as much preliminary information as available.)

---Proposed Design Basis---		
Peak Flow Capacity (MGD)		
Proposed Segment		
Downstream Main		
Downstream Lift Pumping		
Treatment Facility		
Per Acre Flow (gpd/acre)		
Peak Organic Loading (lb-BOD ₅ /d)		
Proposed Segment		
Treatment Facility		
Equalization Basin Size (MG)		
Equalization Basin Configuration		Choose from dropdown

TREATMENT PLANNING INFORMATION

(Provide as much preliminary information as available.)

---Proposed Design Basis---		
Volume Capacity (MGD)		
Average Dry Weather (ADW)		
Average Wet Weather (AWW)		
Maximum Wet Weather (MWW)		
Peak Hour (PHWW)		
Ratios (Autocalculated):		
AWW/ADW		Enter Volume Capacity Data to Autocalculate
MWW/AWW		Enter Volume Capacity Data to Autocalculate
PHWW/AWW		Enter Volume Capacity Data to Autocalculate
PHWW/MWW		Enter Volume Capacity Data to Autocalculate
Organic Loading (lb-BOD ₅ /d)		
Maximum Month		
Maximum Day		
Peak 12-hour		
Peak 4-hour		
Peak Hour		
TKN Loading (lb-N/d)		
Maximum Month		
Maximum Day		
Peak 12-hour		
Peak 4-hour		
Peak Hour		
Secondary (Biological) Treatment		
System Proposed		Choose from dropdown
Additional Unit Process 1		Choose from dropdown
Additional Unit Process 2		Choose from dropdown
Additional Unit Process 3		Choose from dropdown
Additional Unit Process 4		Choose from dropdown

DNR Use Only		
Are all required sections complete? Choose Yes or No		Email Distribution
Are optional sections complete as needed? Choose Yes or No		WES NDPES WLA
Is work an unfunded sewer extension? Choose Yes or No		Field Office SRF
Recommendation <i>A facility plan may be required</i>		IFA Other 1 Other 2

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