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

Mercury Variance Application

Form 3400-192 (R 4/06)

Notice: Information requested is required for the Department to determine whether or not to grant a variance under the provisions of section NR 106.145, Wis. Adm. Code. Failure to provide all of the requested information may result in denial of your application. Personal information collected will be used to administer the watershed program and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]

Applicant Information

Company Name: City of Burlington		Contact Name: Craig Workman		
WPDES Permit No.: WI-0022926-08-0		Street Address: 2200 S. Pine St.		
Facility Name: Burlington Water Pollution Control		City: Burlington	State: WI	ZIP Code: 53105
Street Address: Burlington Water Pollution Control		Telephone Number(include area code):	FAX Number:	
City: Burlington	State: WI	ZIP Code: 53105	E-mail Address: cworkman@burlington-wi.gov	
Receiving Water: Fox River	Source of Water Supply: Burlington Water Utility		Average Discharge Flow Rate: 3 MGD	

Alternatives

What are the primary sources of mercury to your facility?

Dental offices, Schools, Medical Facilities, Vet Clinics

What feasible actions (e.g. pollution prevention or installation of treatment) have you taken and could you take to reduce mercury discharge levels sufficiently to meet, or make progress toward meeting, the water quality based effluent limit?

Community outreach and education, installation of private treatement equipment

What types of waste materials or byproducts would be produced by these steps and what would be the ultimate means of disposal of those wastes?

Proper mercury disposal by waste haulers and hazardous waste treatment facilities

What are the estimated costs of these actions?	How do these costs compare with current costs?
Capital $ 1,000	Similar
Annual Operational $ 250	

If this is a new discharge, what danger to public health or welfare would this variance help alleviate?

NA

Pollutant Minimization Program (PMP)

If you have not previously submitted a PMP plan, submit it with this application or provide an explanation of why you cannot submit it now. If you have already submitted the plan or have begun to implement the PMP program, provide an update on your actions and success implementing the PMP.

Final PMP Report submited 6/25/2013

Other Information

Supply any other information that you believe may be relevant to your request.

Test Data: Supply mercury data on page 2 of this form.

Certification

Based on the information provided, I believe that attainment of the applicable water quality standards for mercury may cause substantial and widespread adverse social and economic impacts in the area where this discharge is located. I understand that, as a condition of the variance, the Department and the permittee will need to agree upon an alternative effluent limitation and specific language incorporating the PMP. I understand that these conditions will be included in the WPDES permit issued to this facility.

I certify that the information provided is true, accurate and complete.

Individual Submitting Request (Individual must be an Authorized Representative): Craig C. Workman, P.E.	Title: Director of Public Works
Signature of Official: Craig Workman	Date Signed: 9/27/2013

Mercury Data to Support Variance Request or Determination of Reasonable Potential

Make additional copies if necessary.

Sample Date	Sample Type*	Laboratory Results of Testing (express all results in ng/L)						Laboratory Name
		Treatment System Influent (if tested)	Intake (if water supply is surface water)	Effluent to Surface Water	Biosolids mg/kg	Limit of Detection (LOD)	Limit of Quantitation (LOQ)	
2/28/12	Effluent			1.90	0.40			Northern Lake Service
4/25/12	Effluent			0.62	0.39			Northern Lake Service
8/8/12	Effluent			0.88	0.32			Northern Lake Service
10/3/12	Effluent			1.70	0.65			Northern Lake Service
2/5/13	Effluent			1.50	ND			Northern Lake Service
5/14/13	Effluent			1.20	ND			Northern Lake Service

*Describe sample type as composite or grab for all samples.