

Water Withdrawal Registration Form Aquaculture Facility

Notice: Any person operating an aquaculture facility with the capacity to withdraw an amount of water averaging 100,000 gallons per day or more in any 30-day period is required by Wisconsin Statutes s. 281.344 (3) to register with the Department of Natural Resources. Personally identifiable information collected on this form, including such data as your name, address and phone number, will be used for management of Department programs and is unlikely to be used for other purposes. This information will be accessible under Wisconsin's Open Records Laws, ss. 19.32 - 19.39, Wis. Stats.

1. Registrant Information

Applicant Name		Company		
Street Address of Facility		City	State	ZIP
Telephone Number	FAX Number	E-Mail Address		

Please check the applicable box.

- The water withdrawal is an existing withdrawal or will begin before December 8, 2008
- The withdrawal is proposed to begin on or after December 8, 2008.

Do you hold a WPDES Permit under s. 283.31? No Yes, if yes Permit No. _____

2. Location of Water Use

<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of _____		County	Fire Number if Applicable	
¼ ¼	¼	Section	Township	Range

3. Water Use

Schedule of use (select all that apply)

Continuous Seasonal Temporary ____hrs/day ____days/mo. ____mo./year

Beginning date _____ End date _____ (for seasonal and temporary use)

(If you checked "Seasonal" water use above, and if your seasonal water use is NOT for consecutive months, then check the months of seasonal water use below.)

Months of use

January February March April May June

July August September October November December

4. WATER USE REPORTING

Each person who makes a withdrawal from the waters of the state that averages 100,000 gallons per day or more in any 30-day period must annually report to the Department the monthly volumes of withdrawal. The Department anticipates that the first water use report will be due in early calendar year 2010, depicting monthly water use for calendar year 2009. For purposes of registration and interim approval, and until final administrative rules are promulgated, submitting the information listed in items 4a and 4b. and reporting 2009 water use data in early 2010 will satisfy the statutory reporting requirement.

5. Supply Sources GPM = Gallons/Minute GPD = Gallons/Day MGD = Million Gallons/Day MGY = Million Gallons/Year

5a. Surface Water Sources

For each surface water source provide the following
(if more than four surface water sources, submit additional sheets):

	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>	<u>Source 4</u>
Intake Name Assigned by Owner (e.g., North Intake, etc.):				
Intake Number, if any, assigned by Owner (001, 002, etc.):				
If the withdrawal is authorized by a permit under Ch. 30. Stats., indicate the permit number				
Source utilized (River or stream, Lake, Reservoir, Drainage Ditch, Pond, Other-specify)				
Name of waterbody				
Approved Capacity (gpm), if previously approved:				
Estimated average daily withdrawal (GPD)				
Estimated maximum monthly withdrawal				
Means of withdrawal (e.g., pump/pipe, flume, diversion dam, channel ,etc..)				
Latitude (Degrees, Minutes)	__ ° __ . __ ,	__ ° __ . __ ,	__ ° __ . __ ,	__ ° __ . __ ,
Longitude (Degrees, Minutes)	__ ° __ . __ ,	__ ° __ . __ ,	__ ° __ . __ ,	__ ° __ . __ ,
GPS Map Datum (WGS84, WTM91, etc.) if known				

5b. Groundwater Sources

For each groundwater water source provide the following
(if more than four surface water source, submit additional sheets):

	<u>Source 1</u>	<u>Source 2</u>	<u>Source 3</u>	<u>Source 4</u>
Well Name assigned by Owner (e.g., South Well, etc..)				
Well Number assigned by Owner				
If the well is authorized as a high capacity well under Ch. NR812, indicate the high capacity well number				
Approved pumping capacity if an approved high capacity well (gpm)				
Estimated average daily withdrawal (gpd)				
Estimated maximum monthly withdrawal				
Latitude (Degrees, Minutes)	__ ° __ . __ ,	__ ° __ . __ ,	__ ° __ . __ ,	__ ° __ . __ ,
Longitude (Degrees, Minutes)	__ ° __ . __ ,	__ ° __ . __ ,	__ ° __ . __ ,	__ ° __ . __ ,
GPS Map Datum (WGS84, WTM91, etc.) if known				

6. Certification and Application Signature

I certify that I am familiar with the information contained in this application and that, to the best of my knowledge and belief such information is true, complete, and accurate.

Name - Print

Owner

Agent of Owner

Signature

Company

Date

Mail signed form to: WDNR; Water Use Section, DG/5; P.O. Box 7921; Madison, WI 53707-7921