

Date:

PERMIT NUMBER:		Name:	
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A A		Initials	Date
	Issue Deficiency Letter (Files moved to E Drive)		
	Issue Completeness Letter (Files moved to E Drive)		
Reviewer:		Due Date:	

E N G I N E E R	New _____ Renewal _____ Modification _____ Revoke & Reissue _____ Construction _____
	Major _____ Minor _____
	MAY AFFECT WATER OF ANOTHER STATE? Yes _____ (State _____) No _____
	POTW _____ EPA Checklist? Yes _____ No _____ N/A _____ Date _____ On E Drive? _____
	Industrial _____ MRAT Points? _____ EPA Checklist? Yes _____ No _____ N/A _____ Date _____
	Check Legal Name in Secretary of States Website and Print? Date _____ N/A _____ Incorporated in Another State? Yes _____ No _____ If Yes, Date Checked _____
	303(d) List: Yes _____ No _____ TMDL: Yes _____ No _____
	Current Flow: <u>B</u> MGD Fee Code? <u>0.83</u> New Flow: <u>B</u> MGD Fee Code? <u>3.67</u>
	Invoice Request Sent? Yes _____ No _____ Date _____ N/A _____
	Financial Assurance? Requested Date _____ Received Date _____ N/A _____
WQMP Information Required? Yes _____ No _____ Date Requested: _____	
Site Visit? Yes _____ No _____ Date _____	

PERMIT ROUTING	1 st Review		2 nd Review	
	Initials	Date	Initials	Date
DRAFT PERMIT PREPARED				
PEER REVIEW	<i>JH</i>	2/7/17		
WHOLE EFFLUENT TOXICITY (W/in 3 days)				
PRETREATMENT (W/in 3 days)				
LAND APPLICATION (W/in 3 days)				
PROOFREADING (W/in 3 days)				
208 PLAN REVIEW (W/in 3 days)	<i>SBS</i>	4-12-17		
OTHERS AS REQUIRED ()				
ENGINEER				
ENGINEER SUPERVISOR	<i>5/4</i>			
BRANCH MANAGER	<i>RS</i>	5/10/17		
ASSISTANT CHIEF				
CHIEF				
SECRETARY				

REMARKS : _____