

**Delegation of Signature Authority (DSA)  
WPDES General Permit Discharge**

Form 3400-220 (R 06/19)

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**Notice:** This Delegation of Signature Authority (DSA) form is authorized by s. NR 205.07(1)(g), Wis. Adm. Code, to delegate signature authority for a Wisconsin Pollutant Discharge Elimination System (WPDES) submittal, which may include a Notice of Intent (NOI or request for coverage), Notice of Termination (NOT), or other permit compliance document. To delegate signature authority, submittal of this completed DSA form to the Department of Natural Resources (Department) is mandatory for any permittee, landowner, responsible executive or municipal officer, manager, partner, or proprietor as specified in s. 283.37(3), Wis. Stats., to be regulated under a WPDES general permit.

Submission of this DSA constitutes notice that the permittee, landowner, responsible executive or municipal officer, manager, partner, or proprietor identified in Section II has authorized the person identified in Section III as a duly authorized representative to sign the WPDES submittal for the landowner, responsible executive or municipal officer, manager, partner, or proprietor. The completed DSA form shall be submitted as an attachment to the WPDES submittal or when there are any changes to the authorized representative with the permitted facility or activity.

**Note:** Submission of a DSA form is not required when the permittee, landowner, responsible executive or municipal officer, manager, partner, or proprietor signs the WPDES submittal.

**Please read all instructions before completing this form, and type or clearly print the information. All necessary information must be provided on this form. Submission of this DSA constitutes notice that the permittee identified in Section II has authorized the person identified in Section III to sign the WPDES submittal on behalf of the permittee. Failure to complete this form correctly will result in the Department's rejection of the WPDES submittal.** Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law (ss. 19.31 - 19.39, Wis. Stats.).

**Section I: WPDES Submittal Information**

WPDES Permit Type:

- ☐ Concentrated Animal Feeding Operation (CAFO) General Permit No. WI-0063274
- ☐ Concentrated Animal Feeding Operation (CAFO) Individual Permit No. \_\_\_\_\_
- ☐ Storm Water Construction Site General Permit No. WI-S067831
- ☐ Storm Water Industrial General Permit No. \_\_\_\_\_
- ☒ Storm Water Municipal (MS4) Permit No. 5050075
- ☐ Storm Water Transportation Construction Activities General Permit No. WI-S066796
- ☐ Storm Water Transportation TS4 General Permit No. WI-S066800
- ☐ Wastewater General Permit No. \_\_\_\_\_

WPDES Submittal Type:

- ☒ MS4 or TS4 Annual Report or other permit compliance document
- ☐ Notice of Intent (NOI)/Permit Application
- ☐ Notice of Termination (NOT)
- ☐ Wastewater Electronic Discharge Monitoring Report (eDMR)
- ☐ CAFO Plans and Specifications
- ☐ Nutrient Management Plans
- ☐ Other: \_\_\_\_\_

**Section II: WPDES Permittee Responsible for Pollutant Discharge**

WPDES Permittee (first and last name, title)	Individual, Company, Municipality, Organization, or Entity Name		
Mark Rohloff	City of Oshkosh		
Mailing Address	City	State	ZIP Code
P O Box 1130	Oshkosh	WI	54903-1130
Email Address	Phone Number (area code)	Alternative Phone Number	
<a href="mailto:mrrohloff@ci.oshkosh.wi.us">mrrohloff@ci.oshkosh.wi.us</a>	(920) 236-5000		

**Section III: Delegated Signatory Information**

Signatory Name (first and last name, title)	Individual, Company, Municipality, Organization, or Entity Name		
James Rabe	City of Oshkosh		
Mailing Address	City	State	ZIP Code
P O Box 1130	Oshkosh	WI	54903-1130
Email Address	Phone Number (area code)	Alternative Phone Number	
<a href="mailto:jrabe@ci.oshkosh.wi.us">jrabe@ci.oshkosh.wi.us</a>	(920) 236-5065		

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**Section IV: Certification & Signature**

This is to notify the Department that as the landowner, responsible executive or municipal officer, manager, partner, or proprietor, I delegate signature authority to the person identified in Section III for signature of the WPDES submittal under a WPDES general permit. I authorize the person identified in Section III pursuant to the delegation of signature authority process set forth in s. NR 205.07(1)(g), Wis. Adm. Code, as a duly authorized representative.

As required by s. NR 205.07(1)(g)2, Wis. Adm. Code, this form should be submitted to the Department with the WPDES submittal. I understand that if there are any changes to this authorization, a new complete DSA form shall be submitted to the Department. I understand that the landowner, responsible executive or municipal officer, manager, partner, or proprietor regulated under a WPDES general permit is the permittee, and as such, I am responsible for compliance with the WPDES General Permit. Further, I authorize the person identified in Section II to create a Wisconsin Management System (WAMS) ID and electronically sign an electronic WPDES submittal on my behalf and submit all required information and attachments, if electronic application or reporting is available.

For this DSA form, the WPDES submittal and all required information and attachments, I certify under penalty of law that these documents and all attachments were prepared under my direction or supervision with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**NOTE:** This form must be signed by a permittee, landowner, responsible executive or municipal officer, manager, partner, or proprietor as described in the instructions of page 3. Failure to properly complete and sign this form will result in its rejection.

Mark Rohloff

Printed Name of WPDES Permittee



Signature of WPDES Permittee

City Manager

Title



Date Signed