



SPECIAL DISCHARGE APPLICATION

Landfill Leachate and/or Condensate

A. MCES IWPP Engineer

Prior to completing this application, call 651-602-4715 or email IWPP@metc.state.mn.us to have an IWPP Engineer assigned to your application. This will ensure monitoring and administrative scheduling issues are adequately addressed.

MCES IWPP Engineer Name: _____

B. Site Information

Provide the following site information regarding the location of the landfill.

Site Name: _____

Site Street Address: _____ Suite/Unit #: _____

Nearest Cross Street: _____

City: _____ State: _____ ZIP Code: _____

C. Applicant and Authorized Representative (AR)

Provide the following information regarding the Applicant and Authorized Representative. An Applicant is defined as the corporation, proprietorship, or government unit that will be responsible for the discharge of landfill leachate and/or condensate into Metropolitan Disposal System (i.e., sanitary sewer) and administer related requirements. For this application to be accepted, the Authorized Representative must meet the definition as defined in Section L. on page 3 of this application.

Applicant (corporation, proprietorship, or government unit): _____

AR Name: _____ AR Title: _____

Email Address: _____ Office Phone: _____ Mobile Phone: _____

Mailing Address: _____ Suite/Unit #: _____

City: _____ State: _____ ZIP Code: _____

D. Designated Representative (DR) - [Optional]

The Authorized Representative (listed in Section C) may wish to designate a person for the purpose of signing and submitting Special Discharge Reports to MCES. By selecting a Designated Representative, the Authorized Representative and/or Applicant is not released from responsibility and liability for any violations of MCES Waste Discharge Rules that may occur as a result of this discharge. If the Authorized Representative chooses to have a Designated Representative, please complete the section below. If you do not wish to have a designated representative, write "N/A" in the space provided for the company name.

DR Company Name: _____

DR Contact Name: _____ DR Title: _____

Email Address: _____ Office Phone: _____

Mailing Address: _____ Suite/Unit #: _____

City: _____ State: _____ ZIP Code: _____

I understand that as a Designated Representative I am responsible for ensuring accurate collection and representation of all information submitted on Special Discharge Reports. Further, I understand that I will be the primary contact for issues regarding this discharge.

DR Signature: _____ Date: _____

E. Environmental Consultant

Provide the following information regarding all environmental consultants involved with this proposed discharge. If there are multiple environmental consultants involved, provide the following information as an attachment. If there are no environmental consultants involved, write "N/A" in the space provided for the company name.

Same As Designated Representative (Listed in Section D) Other (Please List Below)

Company Name: _____

Contact Name: _____ Contact Title: _____

Email Address: _____ Office Phone: _____ Mobile Phone: _____

J. County Solid Waste/ Environmental Information

County:	
Contact Name:	Contact Title:
Contact Email:	Contact Phone:

K. Public Information Policy

Permit applications, along with most other documents required by MCES, are considered to be public information. If, however, a person considers specific information submitted to MCES to be "trade secret information," as defined by state and federal laws, the person may mark each page containing such information as "trade secret information." If the marked items are determined to be "trade secret information," then to the extent allowed by law, MCES will make reasonable efforts to maintain their non-public status. However, MCES is not liable to any persons for disclosure of such information.

L. Certification of Information

Authorized Representative (AR) designated in Section C must complete this section.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance 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."

AR Name:	AR Title:
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AR Signature:	Date:
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- This form must be signed by an Authorized Representative meeting one of the following definitions:
- **Corporation:** a principal executive officer of at least the level of vice-president or the duly authorized representative or agent of the executive officer.
 - **Partnership or Sole Proprietorship:** a general partner or the proprietor.
 - **Municipality, State, Federal or Other Public Agency:** principal executive officer or ranking elected official.

M. Submission of Application and Fees

A request or permit fee may be required for this application to be considered.

To determine the applicable request fee or permit fee either contact the MCES IWPP engineer assigned to your application (Listed in Section A), or online at: <http://metro council.org/Wastewater-Water/Services/Industrial-Waste/Industrial-Waste-Rates-Fees.aspx>

Submit completed forms and attachments to:	Metropolitan Council Environmental Services Industrial Waste & Pollution Prevention Section (IWPP) 390 N Robert Street St Paul, MN 55101-1805	Office: 651-602-4703 Fax: 651-602-4730 Email: iwpp@metc.state.mn.us
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