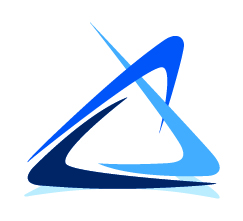
Metropolitan Council Environmental Services

Industrial Waste & Pollution Prevention Section

390 North Robert Street

St. Paul, MN 55101-1805



*For MCES Use Only*

Date Received: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Request ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Community Review for Special Discharge to Sanitary Sewer

1. Community Notification Information: The Signatory Authority for the MCES Special Discharge Permit Applicant in cooperation with a Community Representative (i.e. authorized personnel from the City Engineering or Public Works Department), must complete Section A, and then forward the form to the Community Representative, who then completes Section B of this form.

| 1. | Applicant: |  |
| --- | --- | --- |
| 2. | Waste Description: |  |
| 3. | Site Name: |  |
| 4. | Site Address: |  |
| 5. | MCES Engineer: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Email: |  | Phone: |  | Fax: | 651-602-4730 |

1. Discharge Location Information: Complete the information below in coordination with the Community Representative and attach a Site Map that shows the proposed Discharge Location(s). If there are multiple discharge locations, provide the following information, 6.a – 6.i, for each location as a separate attachment.
2. Discharge Location Description (include GPS coordinates if available):

1. Proposed Discharge Start Date:
2. Estimated discharge duration:
3. Sewer Connection Type:  Community Sewer connection  MCES Sewer Connection
4. MCES Connection Point (Interceptor ID, Lift Station ID, etc.)
5. Discharge Type:  Continuous Discharge  Intermittent Discharge
6. Maximum Discharge Rate:       (gallons per minute)       (gallons per day)
7. Total Discharge Volume (gallons):
8. Proposed Volume Determination Method:
9. Community Sewer Volume Billing Arrangements:  No charge  Regular charge  Other – Describe Below   
            
   *Note: If No Charge is selected, the Community is still responsible for any/all MCES Wastewater Treatment Charges.*
10. Indicate the Corporation, Proprietorship, or Government Unit financially responsible for Sewer Volume Charges:
11. Community Representative Information: Upon receipt of this form, the Community Representative completes this section and forwards to the MCES Engineer listed above (see item A.5).

I **approve** of the information provided for items A.6, A.7, & A.8.

I **approve** of the information provided for items A.6, A.7, & A.8, subject to the conditions listed below.

I **do not approve** of the information provided for items A.6, A.7, & A.8, for reasons listed below.

Conditions/Reasons: (Community Conditions/Reasons will be evaluated and included as needed in the MCES review process)

| Community Representative: |  | Title: |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Email: |  | Phone: |  |