COMMUNITY REVIEW FORM - SPECIAL DISCHARGE TO SANITARY SEWER
-Groundwater and/or Surface Water-

A. Community Notification Information
The Authorized Representative or Environmental Consultant, in cooperation with a Community Representative (i.e., authorized personnel from the Engineering Department or Public Works Department), must complete Section A of this form and forward the form to the Community Representative for review.

1. Waste Description:

2. Applicant (Corporation, Proprietorship, or Government Unit):

3. Site Name:

4. Site Address:

5. MCES IWPP Engineer: Email: @metc.state.mn.us
   Phone: 651-602-       Fax: 651-602-4730

6. Discharge Location Information: Attach a site map that shows the proposed discharge location(s). If there are multiple discharge locations, provide the information requested in Items 6.A.- 6.G. as an attachment.
   A. Discharge Location Description (include GPS coordinates if available):
   
   B. Proposed Discharge Start Date:       C. Estimated Discharge Duration:
   
   D. Discharge Type:                      E. Sanitary Sewer Connection Type:                F. Maximum Discharge Rate [gpm]:
   Continuous Discharge     Community Connection       Community Connection
   Intermittent Discharges  MCES Connection

   G. Total Discharge Volume [gal]:

   H. Proposed Flow Measuring Method:

7. Community billing arrangements for sewer volume
   □ No Charge  □ Regular Charge  □ Other - describe below:

8. Indicate the corporation, proprietorship, or government unit that will be financially responsible for paying Community volume charges:

B. Community Representative Information
Upon receipt of this form the Authorized Representative or Environmental Consultant, the Community Representative completes this section and forwards (Email or Fax) to the MCES IWPP Engineer assigned to this application (see Item #5 in Section A).

After reviewing this form and any attachments, please check the appropriate box:

□ I have reviewed and approve of the information provided for Items #6, 7 & 8.
□ I have reviewed and approve of the information provided for Items #6, 7 & 8, subject to the conditions listed below.
□ I have reviewed and do not approve of the information provided for Items #6, 7 & 8. List the reason(s) for denial below.

Conditions/ Concerns:

Community conditions and concerns will be evaluated by and included as needed in the MCES approval process.

Community Contact Name:                  Department:
Contact Title:                          Phone:
Email Address: