



SPECIAL DISCHARGE APPLICATION

- Groundwater and/or Surface Water -

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 current location of the groundwater and/or surface water.

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 groundwater and/or surface water into the 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: _____

F. MCES-Permitted Liquid Waste Hauler

Provide the following information if the waste will be hauled to an MCES approved disposal site. If the waste is not being hauled, write "N/A" in the space below.

MCES-Permitted Liquid Waste Hauler Company Name:

G. MCES Billing Contact

Indicate below who should be invoiced for MCES fees/charges:

- Authorized Representative (Listed in Section C)
 Environmental Consultant (Listed in Section E)
 Designated Representative (Listed in Section D)
 Other (Please List Below)

Federal Tax ID #:

Company Name:

Contact Name:

Contact Title:

Email Address:

Office Phone:

Mailing Address:

Suite/Unit #:

City:

State:

ZIP Code:

H. Discharge Information

1. Proposed Discharge Start Date:

2. Estimated Discharge End Date:

3. Maximum Daily Discharge [gal]:

4. Estimated Total Discharge Volume [gal]:

5. Discharge Method:

- Hauled from a site within the 7 County Metro Area by MCES Permitted Liquid Waste Hauler
 Hauled from a site outside the 7 County Metro Area by MCES Permitted Liquid Waste Hauler
 On-Site Sanitary Sewer - **Complete "City Review Form – Special Discharge to Sanitary Sewer"**

6. Describe the reason for the proposed discharge:

7. Describe the cause(s) of contamination:

8. Is there a pretreatment system planned for the site?

Yes

No

If Yes, attach a schematic that includes: all pretreatment processes and system controls, and all pretreatment system monitoring points.

9. Attach a site plan that includes the following, applicable items:

a. contamination location(s)

b. direction of groundwater flow

c. location of monitoring well(s)

d. existing or proposed sampling point(s)

e. location of any above or below ground tanks (including tanks that have been removed)

f. location of pretreatment system

g. waste location(s)

10. For each discharge location, attach a table summarizing all applicable analytical data. Each table should indicate the maximum expected pollutant concentrations during the entire discharge period. In addition, submit a complete copy of the most recent laboratory report. If feasible, email to your MCES IWPP Engineer. Please note that additional sampling/ analysis may be required.

I. MPCA Information

Contact Name:

Contact Title:

Contact Email:

Contact Phone:

Has an NPDES/SDS Permit application been made?

Yes

No

Why is discharge via NPDES/SDS Permit not feasible?

Is this a NPL or MPLP site? (see EPA and MPCA website)

Yes

No

If Yes, indicate site Name/ID:

J. DNR Information		
The section is only required for groundwater discharges.		
Contact Name:	Contact Title:	
Contact Email:	Contact Phone:	
Will the proposed groundwater extraction comply with DNR Requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, describe proposed action?		
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:	
AR Signature:	Date:	
This form must be signed by an Authorized Representative meeting one of the following definitions:		
<ul style="list-style-type: none"> • 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

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

A. City Notification Information		
The Authorized Representative or Environmental Consultant, in cooperation with a City Representative (i.e., authorized personnel from the City Engineering Department or City Public Works Department), must complete Section A of this form and forward the form to the City 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: <input type="checkbox"/> Continuous Discharge <input type="checkbox"/> Intermittent Discharges		
E. Sanitary Sewer Connection Type: <input type="checkbox"/> City Sanitary Sewer Connection <input type="checkbox"/> MCES Sanitary Sewer Connection		
F. Maximum Discharge Rate [gpm]:		G. Total Discharge Volume [gal]:
H. Proposed Flow Measuring Method:		
7. City billing arrangements for sewer volume charges: <input type="checkbox"/> No Charge <input type="checkbox"/> Regular Charge <input type="checkbox"/> Other - describe below:		
8. Indicate the corporation, proprietorship, or government unit that will be financially responsible for paying City volume charges:		
B. City Representative Information		
Upon receipt of this form the Authorized Representative or Environmental Consultant, the City 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:		
<input type="checkbox"/> I have reviewed and approve of the information provided for Items #6, 7 & 8.		
<input type="checkbox"/> I have reviewed and approve of the information provided for Items #6, 7 & 8 , subject to the conditions listed below.		
<input type="checkbox"/> 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:		
City conditions and concerns will be evaluated by and included as needed in the MCES approval process.		
City Contact Name:	City Department:	
Contact Title:	Phone:	
Email Address:		