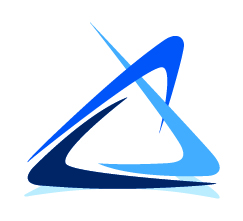
Metropolitan Council Environmental Services

Industrial Waste & Pollution Prevention Section

390 North Robert Street

St. Paul, Minnesota 55101-1805



*For IWPP Use Only*

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

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

# Special Discharge Application

**-** Groundwater and/or Surface Water **-**

| A. Met Council Industrial Waste & Pollution Prevention (IWPP) Contact  Prior to completing this application, call 651-602-4703 or email [IWPP@metc.state.mn.us](mailto:IWPP@metc.state.mn.us) to have an IWPP staff member assigned to your application. This will ensure monitoring and administrative scheduling issues are adequately addressed. | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IWPP staff 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 IWPP. By selecting a Designated Representative, the Authorized Representative and/or Applicant is not released from responsibility and liability for any violations of the Metropolitan Council 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. | | | | | | | |
| 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. Permitted Liquid Waste Hauler Provide the following information if the waste will be hauled to a Met Council approved disposal site. If the waste is not being hauled, write “N/A” in the space below. | | |
| --- | --- | --- |
| Met Council-Permitted Liquid Waste Hauler Company Name: | | |
|  | | |
| G. Billing Contact  Indicate below who should be invoiced for Met Council fees/charges: | | |
| Authorized Representative (Listed in Section C)  Designated Representative (Listed in Section D) | Environmental Consultant (Listed in Section E)  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 Met Council Permitted Liquid Waste Hauler  Hauled from a site outside the 7 County Metro Area by Met Council Permitted Liquid Waste Hauler  On-Site Sanitary Sewer - **Complete “Community 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 the assigned IWPP staff. 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? | | Yes | No | | |
| If No, describe proposed action? | | | | | |
| K. Public Information Policy | | | | | |
| Permit applications, along with most other documents required by the Met Council, are considered to be public information. If, however, a person considers specific information submitted to the Met Council 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, the Met Council will make reasonable efforts to maintain their non-public status. However, the Met Council 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 ensure 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:   * **Corporation:** a president, secretary, treasurer, or vice-president of the corporation in charge of a principle business function, or any other person who performs similar policy- or decision-making functions for the corporation. * **Partnership or Sole Proprietorship:** a general partner or the proprietor. * **Municipality, State, Federal or Other Public Agency:** general manager, department manager, or supervisor who performs policy or decision-making functions for the public agency. | | | | | |
|  | | | | | |
| 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 IWPP Staff assigned to your application (Listed in Section A), or online at: <http://metrocouncil.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**](mailto:iwpp@metc.state.mn.us) |
|  | | | | | |