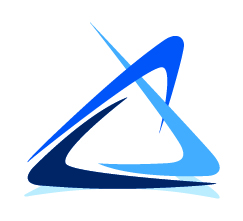
Metropolitan Council Environmental Services

Industrial Waste & Pollution Prevention Section

390 North Robert Street

St. Paul, Minnesota 55101-1805



*For MCES Use Only*

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

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

Analytical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Attachment – Supplement for Out-of-service Area wastewater

## Industrial Discharge Approval Request

Complete this form for wastewater generated outside of the seven-county metropolitan area.

| Site Name: |  | Site Address: |  |
| --- | --- | --- | --- |

1. Provide a detailed description of the wastewater and how it is generated (if helpful, attach your response to this form):

|  |
| --- |
|  |
|  |

1. Attach analytical data sheets from sampling conducted during the past year.  Attached
2. Attach check for $300 for the non-refundable Out-of-Service Area Request fee.  Attached
3. Provide expected discharge volume information in gallons:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Average Daily Volume | Maximum Daily Volume | Weekly Average Volume | Annual Volume | Seasonal Variability Yes/No |
|  |  |  |  |  |

1. Provide the proposed discharge duration:

| Discharge start date: |  | Discharge end date: |  |
| --- | --- | --- | --- |

1. List a minimum of two non-MCES disposal options that have been formally considered and the reasons they were not selected (if helpful, attach your response to this form):

| 6a. |
| --- |
|  |
|  |

| 6b. |
| --- |
|  |
|  |

| 6c. |
| --- |
|  |
|  |