

## Annual SMR for Healthcare Facilities

Log into the MCES Industrial Online Reporting System at: <https://www.govonlinesaas.com/MN/SPL/Public/>.

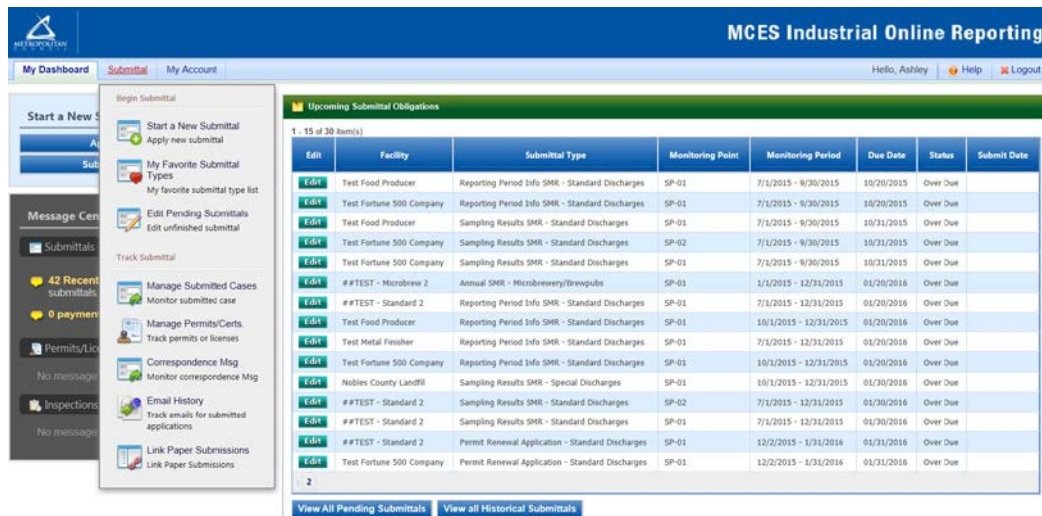
### Opening the Annual SMR for Healthcare Facilities

There are two methods that can be used to open the **Annual SMR for Healthcare Facilities**:

- **Start a New Submittal from the “Submittal” tab.**
- **Upcoming Submittal Obligations from the “My Dashboard” tab.**

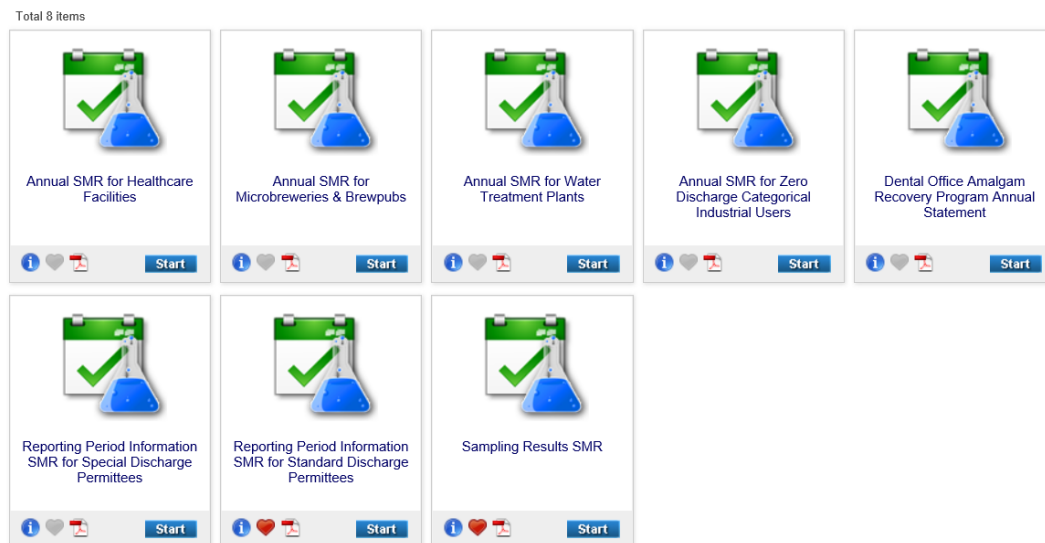
#### 1. Start a New Submittal

**Step 1:** Click on the “**Submittal**” tab and select the “**Start a New Submittal.**”



**Step 2:** Select the **Annual SMR for Healthcare Facilities** by clicking on the “**Start**” icon in the lower right-hand corner of the submittal type.

#### MCES Department Submittal Type List



**Step 3:** Choose the facility you are submitting the **Annual SMR for Healthcare Facilities** for using the search feature.

**Note -** You need to click on the blue **“Search”** button each time you make a change to the search criteria.

**Search for Annual SMR for Microbreweries Reporting Requirement**

Facility Name:  Permit Number:

Monitoring Period:  ~  Report Due Date:  ~

**Search Result**

Items per page:    
 1 - 2 of 2 item(s)

Online Entry	Excel	Reporting Requirement	Facility Name	Form Type	Report Frequency	Monitoring Period	Due Date	Status
		Req. ID: <b>9661</b> Department Type: MCES Program Type: WasteWater Application Type: Annual SMR for Microbreweries & Brewpubs PermitNo.: <b>#022</b>	##TEST - Microbrew 1	BREWERY		01/01/2015 ~ 12/31/2015	<b>01/31/2016</b>	New

**Step 4:** Verify that you are selecting the correct form. The grid shows the permit number, facility name, monitoring period, due date, and status. A **red** due date means that the submission is past due.

To start this form, click the **“Edit”** button in the **“Online Entry”** column of the grid.

Proceed to **Completing the Annual SMR for Healthcare Facilities** section of this help sheet.

**2. Upcoming Submittal Obligations**

From the **“My Dashboard”** tab, look for the submittal type **“Annual SMR for Healthcare Facilities.”**

The screenshot shows the 'My Dashboard' tab selected. On the left, there is a 'Start a New Submittal' button and a 'Message Center' with 14 recent emails, 0 payment due submittals, and 1 amend/revised submittal. The main area displays 'Upcoming Submittal Obligations' with a table of 15 items. The table includes columns for Edit, Facility, Submittal Type, Monitoring Point, Monitoring Period, Due Date, Status, and Submit Date. Several items are marked as 'Over Due'.

Edit	Facility	Submittal Type	Monitoring Point	Monitoring Period	Due Date	Status	Submit Date
	Test Food Producer	Reporting Period Info SMR - Standard Discharges	SP-01	10/1/2015 - 12/31/2015	01/20/2016	Over Due	
	Test Metal Finisher	Reporting Period Info SMR - Standard Discharges	SP-01	7/1/2015 - 12/31/2015	01/20/2016	Over Due	
	Test Fortune 500 Company	Reporting Period Info SMR - Standard Discharges	SP-01	10/1/2015 - 12/31/2015	01/20/2016	Over Due	
	##TEST - Microbrew 1	Annual SMR - Microbrewery/Brewpubs	SP-01	1/1/2015 - 12/31/2015	01/20/2016	Over Due	
	##TEST - Special 6	Reporting Period Info SMR - Special Discharges	SP-RP SMR Discharge	10/1/2015 - 12/31/2015	01/20/2016	Over Due	
	##TEST - Zero 1	Annual SMR - Zero Discharge CIUs	SP-01	1/1/2015 - 12/31/2015	01/20/2016	Over Due	
	##TEST - Standard 2	Sampling Results SMR - Standard Discharges	SP-02	7/1/2015 - 12/31/2015	01/30/2016	Over Due	
	##TEST - Standard 2	Sampling Results SMR - Standard Discharges	SP-01	7/1/2015 - 12/31/2015	01/30/2016	Over Due	
	##TEST - Special 6	Sampling Results SMR - Special Discharges	SP-01	10/1/2015 - 12/31/2015	01/30/2016	Over Due	
	##TEST - Special 6	Sampling Results SMR - Special Discharges	SP-02	10/1/2015 - 12/31/2015	01/30/2016	Over Due	
	##TEST - Standard 2	Permit Renewal Application - Standard Discharges	SP-01	12/2/2015 - 1/31/2016	01/31/2016	Over Due	

Click on the edit button in the **“Edit”** column for the respective submittal.

Proceed to **Completing the Annual SMR for Healthcare Facilities** section of this help sheet.

# Completing the Annual SMR for Healthcare Facilities

**MCES Industrial Online Reporting**

My Dashboard | **Submittal** | My Account | Hello, Ashley | Help | Logout

Submittal > Wizard Panel > Annual SMR - Healthcare Facilities

### ANNUAL SMR - HEALTHCARE FACILITIES (SUBMITTAL ID: 5587)

Please fill out the form below.

**General Information**

Facility Name: #FTEST - Hospital ALC | Facility Location: 123 Test AVE, MINNEAPOLIS, MN 55411 | Permit No.: #H002  
 Mailing Address: 123 Test Avenue, MINNEAPOLIS, MN 55411 | County: Hennepin | Reporting Period: 01/01/20

Carefully review your Facility's contact information below. To make updates to a contact, click on the icon to the very left. If a contact is no longer active at your facility, click on the icon

	Responsibility Type	Status	Salutation	First Name	Middle Initial	Last Name	Job Title	Contact Mailing Address	Address Line 2
	Signatory Authority Billing Field Primary		Mr	Test	E	Person	Primary	12 TEST Lane	

**Add New Contact**

\* 1. Is there any change in Facility Mailing address?  Yes  No

**Report Summary**

\* 2. Total days of operation during this reporting period:

\* 3. Average daily shift length during this reporting period:

\* 4. Average number of employees during this reporting period:

**Volume determinations for this reporting period**

**Wizard Panel** - The Wizard Panel will appear as a grey panel to the left of the form. This panel will help you navigate through completing the form. The following instructions correspond to the Wizard Panel. There are four steps to follow:

1. Data Entry
2. Attachment
3. Validation
4. Submission

## 1. Data Entry

**Wizard Panel**

**1 Data Entry**  
To fill in all Data Entry Forms

Annual SMR - Healthcare Facilities

**Basic Information**

General Comments

The grey header displays the facility's basic information. Before adding any information to the form, confirm that the information in this grey header is for the correct facility and reporting period. If the information is incorrect, please go back to the previous page and select the correct submission.

## Step 1: Basic Information

Below the grey header there is a blue table that displays the facility's contact information.

**Note:** Scroll to the right of the screen to see all the information about the contact.

### General Information

Facility Name: #TEST - Hospital ALC Mailing Address: 123 Test Avenue , MINNEAPOLIS, MN 55411	Facility Location: 123 Test AVE, MINNEAPOLIS, MN 55411 County: Hennepin	Permit No.: #H002 Reporting Period: 01/01/2005 ~ 12/31/2005
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Carefully review your Facility's contact information below. To make updates to a contact, click on the  icon to the very left. If a contact is no longer active at your facility, click on the  icon to inactivate them.

	Responsibility Type	Status	Salutation	First Name	Middle Initial	Last Name	Job Title	Contact Mailing Address	Address Line 2
	Signatory Authority Billing Field Primary		Mr	Test	E	Person	Primary	12 TEST Lane	

**Add New Contact**

\* 1. Is there any change in Facility Mailing address?  Yes  No

**To remove:** If the person no longer works at the facility change the status from “Active” to “Inactive” by clicking on the **green** check mark button in the status column of the table. The status will change to a **red** “X” mark.

	Responsibility Type	Status	Salutation	First Name	Middle Initial	Last Name	Job Title
	Field		Mr	Test	E	Person	Primary
	Signatory Authority		Mrs	Jane	E	Doe	Boss
	Primary		Mr	Test	E	Person	Primary
	Billing			John		Smith	Billing Specialist

**To add:** Click on the **yellow** “Add New Record” button. The page will display a pop up window for you to enter in the contact information for a new contact person. The required fields of information are denoted with a **red** asterisk. Then click on the blue “Save” button.

Facility Contact

Please fill in the form, all (\*) fields are required.

Salutation:  Job Title:

\* First Name:  Mid Initial:  \* Last Name:

Status:

\* Contact Mailing Address:  Mailing Address Line 2:

\* City:  \* State:  \* Zip:

\* Phone No.: (XXX-XXX-XXXX)  Ext:  Fax No.: (XXX-XXX-XXXX)

\* Email:  \* Responsibility:  Alternate  
 Billing  
 Designated Signatory  
 Environmental Consultant  
 Field  
 Primary  
 Signatory Authority

The blue table will be updated with the new contact person.

**To edit:** Click on the “edit” symbol (far left column) in the row of the respective person who’s contact information needs to be updated. The page will display a pop up window for you to enter in the updated information. The required fields of information are denoted with a red asterisk. Then click on the blue “Save” button.

**Name Change:** If the person listed has a change in their name or you need to make a correction to the spelling of the name the form will not allow you to make the change. To make the correction, enter in the correct name in the box provided. Please also include a reason for the name correction.

To save the record, click on the blue “Save” button.

Facility Contact

Please fill in the form, all (\*) fields are required.

Salutation: Mrs	Job Title: Boss	
* First Name: Jane	Mid Initial: E	* Last Name: Doe
Status: Active	Name Change and Reason: Name is now Jane Smith. Recently married!	
* Contact Mailing Address: 12 TEST Lane	Mailing Address Line 2:	
* City: ST PAUL	* State: Minnesota	* Zip: 55101
* Phone No.: (XXX-XXX-XXXX)	Ext:	Fax No.: (XXX-XXX-XXXX)
* Email:	* Responsibility: <input type="checkbox"/> Alternate <input type="checkbox"/> Billing <input type="checkbox"/> Designated Signatory <input type="checkbox"/> Environmental Consultant <input type="checkbox"/> Field <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Signatory Authority	

Save Cancel

The blue table will be updated with the information that was provided in the pop-up window.

Next, answer question 1 (question below the blue table) to update the facility mailing address. If you select “Yes” for changes, additional fields will be displayed. The required fields are denoted with a red asterisk (\*).

## Step 2: Report Summary

### Report Summary

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★ 2. Total days of operation during this reporting period

★ 3. Average daily shift length during this reporting period:

★ 4. Average number of employees during this reporting period:

Answer questions 2 through 4 for the reporting period listed in the grey header.

2. Enter the number of days of operation in the box provided. Each calendar day with typical or greater than typical discharge activities, as allowed under this Permit, shall be considered one operating day. All other days shall be calculated as an appropriate fraction of one operating day.
3. Enter the number of working hours during a typical operating day.
4. Enter the average number of full-time employees working at the facility during the reporting period. Include office personnel and count two- (2) part-time employees as one- (1) full-time employee. Drivers, sales people, or other personnel who spend approximately ½ their time away from the office should be considered part-time employees. Round up to the nearest whole number.

## Step 3: Volume Determinations for this Reporting Period

The volume determination is split into three sections:

- A) Incoming water sources
- B) Water not discharged to the sanitary sewer
- C) Wastewater discharged to the sanitary sewer

**All volumes must be listed in gallons. To convert volume data from cubic feet to gallons, multiply the number in cubic feet by 7.48. Note that the difference between the “A Total” and the “B Total” must equal the “C Total.” However, volume determinations should follow the instructions listed in Section B.1.iii of the Industrial Discharge Permit.**

### A) Incoming Water Sources:

1. Enter volumes for all applicable water source categories that enter the facility during the reporting period.
2. Select the appropriate determination method from the drop-down menu.
3. Add in comments about the determination method or the volume itself. In some instances comments will be a required field.
4. Click on the calculate button at the bottom of the section. A value for the total incoming water sources will appear as a “read-only” field. If you make any changes to the volume in the rows above you must click on the calculate button again to update the total volume.

A. Incoming water sources:			
	Volume in Gallons	Determination method	★ Comments
City Water Supply	<input type="text" value="1351000"/>	Meter Readings <input type="button" value="v"/>	<input type="text"/>
On-Site Well(s)	<input type="text"/>	<input type="button" value="v"/>	<input type="text"/>
Other	<input type="text"/>	<input type="button" value="v"/>	<input type="text"/>
Total	<input type="text" value="1351000"/>		<input type="button" value="Calculate"/>

**B) Water not discharged to the sanitary sewer:**

1. Enter the volumes for all applicable categories of water and/or wastewater that leave the facility by methods other than the sanitary sewer during the reporting period.
2. Select the appropriate determination method from the drop-down menu.
3. Add in comments about the determination method or the volume itself. In some instances comments will be a required field.
4. Click on the calculate button at the bottom of the section. A value for the total volume of water not discharged to the sanitary sewer will appear as a “read-only” field. If you make any changes to the volume in the rows above, you must click on the calculate button again to update the total volume.

B. Water not discharged to sanitary sewer(Deduct):			
	Volume in gallons	Determination method	★ Comments
Lawn Irrigation	<input type="text" value="25600"/>	Meter Reading <input type="button" value="v"/>	<input type="text"/>
Loss to Evaporation	<input type="text" value="10050"/>	Calculation/Estimation <input type="button" value="v"/>	★ <input type="text" value="β% of cooling meter x"/>
Other	<input type="text"/>	<input type="button" value="v"/>	<input type="text"/>
Total	<input type="text" value="35650"/>		<input type="button" value="Calculate"/>

**C) Wastewater discharged to the sanitary sewer:**

1. Enter the volumes for all applicable categories of water and/or wastewater that leave the facility through discharge to the sanitary sewer during the reporting period.
2. Select the appropriate determination method from the drop-down menu.
3. Add in comments about the determination method or the volume itself. In some instances comments will be required field.
4. Click on the calculate button at the bottom of the section. A value for the total volume discharged to the sanitary sewer will appear as a “read-only” field. If you make any changes to the volume in the rows above you must click on the calculate button again to update the total volume.

**Note:** Unless metered separately (or noted differently in the Industrial Discharge Permit), the “Domestic Waste” volume may be calculated by assuming a generation rate of 20 gallons per day per full-time

employee per operating day (i.e., (20) x (# of employees listed in #4 above) x (# operating days listed in #2 above)). In certain situations, "Industrial Waste" may be determined by subtracting from "A Total" minus "B Total" minus all other categories in "C."

C. Wastewater discharged to sanitary sewer(Sewered):

	Volume in gallons	Determination method	★	Comments
Non-contact Cooling Water	<input type="text"/>	<input type="text"/>	▼	<input type="text"/>
Domestic Waste	<input type="text" value="320000"/>	Calculation/Estimation	▼	★ <input type="text" value="20 gal/person/day"/>
Industrial Waste	<input type="text" value="692950"/>	Subtraction/Difference	▼	★ <input type="text" value="Total A-Total B-Dom x"/>
Blowdown	<input type="text"/>	<input type="text"/>	▼	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	▼	<input type="text"/>
<b>Total</b>	<input type="text" value="1012950"/>			<input type="button" value="Calculate"/>

## Step 4: Supplemental Information

### Supplemental Information

- ★ 5. Have there been significant operational changes in the discharge volume as describe in Section B. 10 of your active Permit since the last reporting period?  Yes  No
- ★ 6. During the reporting period, did the permittee adhere to the Best Management Practices(BMPs) found in Section C of your active Permit?  Yes  No
- ★ 7. Was non-required wastewater sampling conducted during the reporting period?  Yes  No
- ★ 8. I certify that all sampling data that occurred during this reporting period was in conformance with Section A.1 of active Permit.  Yes  No
- ★ 9. Compliance Status: During the reporting period, the facility is:  In compliance  Not in compliance

Select the appropriate radio button to answer questions 5 through 9. Depending on the selection, the system may require you to add an explanation. A box will be provided when an explanation is required.

**Note:** If samples were collected during the reporting period, the system will require you to attach the analytical results in the Attachment section of this form.

Click on the blue **"Save"** button before clicking the **"Next"** button.



## General Comments

### Extras

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Below values are coming from previous page section - Volume determinations:

Total Incoming Water:  Total Water Discharged:  Not Discharged to Sanitary Sewer:

★ Please explain why Total Incoming Water is not equivalent to Total Water Discharged and Not Discharged to Sanitary Sewer.

### General Report Comments and Explanation

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[Exit](#) [Save](#) [Previous](#) [Next](#)

## Extras

If the volumes you listed on the previous page do not balance to zero, this page will display an “**Extras**” section and you are required to enter an explanation for why the balance isn’t zero.

If the volumes do not balance but should (math error/data entry error), click on the blue “**Previous**” button on the bottom of the page to make corrections to the volume information.

If the volumes from the previous page do balance to zero, you will not see the “Extras” heading and the page will have a section for “General Report Comments and Explanation.”

## General Report Comments and Explanation

If you have any comments about the information provided, please enter the comments in the field provided.

Click on the blue “**Save**” button before clicking on the “**Next**” to proceed to 2. Attachment.

## 2. Attachment


The Attachment page allows you to select a method of attaching additional documents and forms necessary to complete the **Annual SMR**.


**Note:** Sampling results are only required if you sampled during the reporting period and answered “Yes” to question number 7 (in the Supplemental Information section).

Select a radio button to the right of each attachment type to specify how the document will be submitted to MCES.

### Attachment

The maximum file size allowed is 10MB. Please make sure the file you want to upload is smaller than 10MB.

 **Sampling Data** *(Required)*  Online  Mail  Other  N/A

 **Supporting Documents** *(Optional)*  Online  Mail  Other  N/A

Exit

Save


Previous

Next

If you select the “**Online**” option, the screen will show a **red “Upload”** button.

### Attachment

The maximum file size allowed is 10MB. Please make sure the file you want to upload is smaller than 10MB.

 **Sampling Data** *(Required)*  Online  Mail  Other  N/A

**Upload** (Please upload one file at a time. Repeat the Upload process if you have multiple files.)

Attachment description:



 **Supporting Documents** *(Optional)*  Online  Mail  Other  N/A

Exit

Save

Previous

Next

To proceed, click on the “**Upload**” button and the “**Browse**” button to search for the document that you would like to attach. Below the file name there is a comment field for you to add in a document description. The comment field is not required.

Click on the blue “**Save**” button to attach the document to this submission.

The Attachment page will update and show the name and the description that you entered.

**Note:** More than one document can be uploaded to each attachment type.

If you attached a document in error, please click on the **red** "X" button to remove the attachment.

If you select the "**Mail**" option, the page will update to show the address the document should be mailed to. Please mail documents to:

Industrial Waste & Pollution Prevention Section  
Metropolitan Council Environmental Services  
390 Robert Street North  
St Paul, MN 55101

Click on the blue "**Save**" button before proceeding to the next page.

### 3. Validation

The **Annual SMR** must pass the system validation before submission to MCES.

Image of validation warning message

The screenshot shows a validation warning message in a red box with a white 'X' icon. The message reads: "In form Annual SMR - Healthcare Facilities: Integer is required for question 3". Below the warning is a green header "Application Form(s) Summary" with a horizontal line. Underneath, there are two links: "Annual SMR - Healthcare Facilities" (with a document icon) and "Preview My Submittal" (with a document icon). Below these are two status items: "Basic Information" with a red 'X' icon and "General Comments" with a green checkmark icon. Another green header "Attachment(s) Summary" with a horizontal line follows. Below it are two status items: "Sampling Data" with a red 'X' icon and "Supporting Documents" with a green checkmark icon. At the bottom, there is a light blue bar containing three buttons: "Exit", "Previous", and "Next".

A **red** "X" indicates that this section of the form did not pass the validation.

To navigate to the error and make corrections, click on the wording next to the **red** "X." Make the appropriate changes and save before going back to the validation page. **You will not be able to submit the report until the red X is cleared.**

A **green** check mark indicates that this section of the form passes the validation.

After passing all validation checks, proceed to the Submission page by clicking on the blue "**Next**" button.

## Previewing your Submission

On the Validation page, there is a pdf link for you to preview the submission. To view, click on the link following the pdf symbol that is labeled “Preview My Submittal” (see image). This will launch a window for you to view your submission.

**Note:** Viewing this pdf not mean that you have submitted the form. Look over the form but do not save a copy of the preview. When the form is successfully submitted, you will receive a final signed pdf copy of the form.

### Application Form(s) Summary

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 **Annual SMR - Healthcare Facilities**  **Preview My Submittal**

-  **Basic Information**
-  **General Comments**

## 4. Submission

Only users with the account type Responsible Official (RO) can certify, sign, and submit reports using the online reporting system.

**Consultants** – If you are signed under an account type Consultant, you will see a **green** button “**Notify owner ready for review and submittal.**” Click on the button and an email notification will be sent to all Responsible Officials for this submittal stating that the submittal is ready for their review and submittal.

The Responsible Official must locate the submittal under the “Edit Pending Submittals” option from the “Submittal” tab on the home page. For instructions on how to find the submission, go to the “Editing an Unfinished Submittal” instructions to complete the submittal.

### Certification of Submission

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\* 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 fines and imprisonment for knowing violations.

Question: What is your favorite song?

Answer:

PIN:

### Security Precautions

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To prevent your information from being used inappropriately, we maintain stringent electronic safeguards as well as other safeguards. In addition, the MCES Industrial Online Reporting System is powered by VeriSign's Certificates and Authorize .NET's PCI compliant processes. You are responsible for maintaining the confidentiality of your password. Please note that we may terminate your access to the MCES Industrial Online Reporting System at any time.

### Disclaimer

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The Metropolitan Council disclaims any and all liability from damages which may result from the accessing the MCES Industrial Online Reporting System.

[Exit](#) [Previous](#) [Notify owner ready for review and submittal](#)

**This application can only be submitted by the owner or authorized agent. Please contact the owner or authorized agent stating this application is ready for his/her review and submittal.**

**Responsible Officials** – If you are signed in under an account type Responsible Official you can complete the submittal.

### Certification of Submission

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\* 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 fines and imprisonment for knowing violations.

### Security Precautions

---

To prevent your information from being used inappropriately, we maintain stringent electronic safeguards as well as other safeguards. In addition, the MCES Industrial Online Reporting System is powered by VeriSign's Certificates and Authorize .NET's PCI compliant processes. You are responsible for maintaining the confidentiality of your password. Please note that we may terminate your access to the MCES Industrial Online Reporting System at any time.

Question: what is your favorite book?

Answer:

PIN:

### Disclaimer

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The Metropolitan Council disclaims any and all liability from damages which may result from the accessing the MCES Industrial Online Reporting System.

Please read through the certification statement and check the box.

Answer the security question and enter your PIN number in the appropriate boxes.

If you forgot your security question or PIN, hit exit and go to **My Account** on the homepage to get a new one. Then go back to complete the submission. For instructions on opening an unfinished submittal, see **Editing an Unfinished Submittal** section of this help sheet.

Click on the blue "**Submit**" button at the bottom of the page to submit the **Annual SMR**.

## Copy of Record

After submitting the Annual SMR, you will see a Copy of Record (COR) receipt. The COR includes information on who submitted the form, which form was submitted, attachments, etc. You will also receive an email that includes this information. In addition, the email includes an Adobe Acrobat pdf file of the submission for your records.

[Go to Submitted List](#)

Submittal ID: **3547** (Please remember the Report ID for any future references.)

### Submitted By:

Jane Doe  
455 Etna Street  
St Paul, MN 55101  
651-602-4789

### Owner Info:

Jane Doe  
455 Etna Street  
St Paul, MN 55101  
651-602-4789

Submitted on: 12/16/2016 11:15:24 AM

### Form Detail

- Hospital SMR

### Attachment Detail

#### Sampling Data (Optional) -- Mail

Please mail to:  
Industrial Waste & Pollution Prevention Section  
Metropolitan Council Environmental Services

#### Supporting Documents (Optional) --

### Certification Receipt

Certification  
Statement:

**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 fines and imprisonment for knowing violations.**

## View Submittals

To view the information submitted, click on the blue button called “Go to Submitted List” from the Copy of Record page. From the home page, hover over the “Submittal” tab and select “Manage Submitted Cases.”

The grid view under the “Submittal List” shows details about the submittal, submitted date, review status, and monitoring period. The **Status** types are:

- Not Started
- Overdue
- Open – Started but not completed. This status type shows only in the “Edit Pending Submittal” window.
- Complete Submittal – Report has been submitted by the Responsible Official.
- Approved – Report has been accepted by MCES and is under further review.
- Revision – MCES has reviewed the report and determined revisions are needed.

To view a submission, click on the **yellow** “View” button.

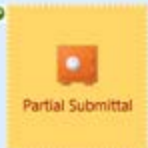
**Submittal List**

1 - 15 of 82 item(s)

Detail	Submittal Information	Submitted Date	Review Status	Facility Information	Monitoring Period	Due Date
<a href="#">View</a>	<b>5587 - Annual SMR for Healthcare Facilities</b> Department Type: REPORT Program Type: HOSP Form Type: HOSP PermitNo.: #H002	01/10/2018 07:03 AM	<b>Partial Submittal</b>	##TEST - Hospital ALC	01/01/2005 ~ 12/31/2005	

This page displays the basic information about the submittal with tabs to click on for further information.

[Back to Search](#)



Partial Submittal

( 5587 ) Annual SMR for Healthcare Facilities

Submitted on: 1/10/2018 7:03:54 AM ( Timespan: 0 Business Days)

Facility: ##TEST - Hospital ALC

Address: 123 Test Avenue , MINNEAPOUS, MN 55411

Owner: Ashley Corbelle

Form Type: HOSP

Permit#: #H002

Monitoring Period: 01/01/2005 ~ 12/31/2005

Due Date:

Required Documents: 1 ( Non-Review: 1 )

Receipt: [Click on this](#)

[Send Notification](#)

[Original/Revision](#)

Submittal

Attachment

Correspondence

Email History

Click the form link under "Application Form(s) Detail" to view the submitted Application Form.

**Application Basic Information**

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Submittal ID: **5587**

App Name: **Annual SMR for Healthcare Facilities**

Submitted Date: **1/10/2018 7:03:54 AM**

Submitted by: **Jane Doe**  
 455 Etna Street  
 St Paul, MN 55106

Review Status: **Partial Submittal**


**Application Form(s) Detail**

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[Online Annual SMR - Healthcare Facilities](#) [Annual SMR - Healthcare Facilities - Form View](#)

**Application Revision**

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\* Reason for Revision:  

[Request for Revision](#)

## Submittal Information Tabs

- **Submittal** – for viewing the submission in an online form or an Adobe pdf file.  
 If you found an error in the information submitted and would like to resubmit, enter in a reason in the box provided under the heading “Application Revision” and click on the blue “**Request for Revision**” button. See “**Editing a Completed Submittal**” for further instructions.
- **Attachment** – for viewing documents that you attached to the submittal and the method of attachment. If you choose to mail in the documentation, please mail to:  
 Industrial Waste & Pollution Prevention Section  
 Metropolitan Council Environmental Services  
 390 Robert Street North  
 St Paul, MN 55101
- **Correspondence** – for sending messages to the MCES Engineer in charge of your Permit.
- **Email History** – for viewing system generated emails that are tied to the submittal. You can click on the icon under the “Detail” column to see the contents of the email.

## Editing an Unfinished Submittal

Log into the MCES Industrial Online Reporting System at: [metro council.org/IORS](http://metro council.org/IORS)

From the homepage, hover the cursor over the “Submittal” tab and click on the “**Edit Pending Submittals.**”



**MCES Industrial Online Reporting**

My Dashboard | Submittal | My Account | Hello, Ashley | Help | Logout

**Start a New Submittal**

- Apply for a new submittal
- My Favorite Submittal Types
- Edit Pending Submittals

**Track Submittal**

- Manage Submitted Cases
- Manage Permits/Certs.
- Correspondence Msg
- Email History
- Link Paper Submissions

**Upcoming Submittal Obligations**

Facility	Submittal Type	Monitoring Point	Monitoring Period	Due Date	Status	Submit Date
Test Food Producer	Reporting Period Info SMR - Standard Discharges	SP-01	7/1/2015 - 9/30/2015	10/20/2015	Over Due	
Test Fortune 500 Company	Reporting Period Info SMR - Standard Discharges	SP-01	7/1/2015 - 9/30/2015	10/20/2015	Over Due	
Test Food Producer	Sampling Results SMR - Standard Discharges	SP-01	7/1/2015 - 9/30/2015	10/31/2015	Over Due	
Test Fortune 500 Company	Sampling Results SMR - Standard Discharges	SP-02	7/1/2015 - 9/30/2015	10/31/2015	Over Due	
Test Fortune 500 Company	Sampling Results SMR - Standard Discharges	SP-01	7/1/2015 - 9/30/2015	10/31/2015	Over Due	
##TEST - Microbrew 2	Annual SMR - Microbrewery/Brewpubs	SP-01	1/1/2015 - 12/31/2015	01/20/2016	Over Due	
Test Food Producer	Reporting Period Info SMR - Standard Discharges	SP-01	10/1/2015 - 12/31/2015	01/20/2016	Over Due	
Test Metal Finisher	Reporting Period Info SMR - Standard Discharges	SP-01	7/1/2015 - 12/31/2015	01/20/2016	Over Due	
Test Fortune 500 Company	Reporting Period Info SMR - Standard Discharges	SP-01	10/1/2015 - 12/31/2015	01/20/2016	Over Due	
Nobles County Landfill	Sampling Results SMR - Special Discharges	SP-01	10/1/2015 - 12/31/2015	01/30/2016	Over Due	
##TEST -	Sampling Results SMR - Standard Discharges	SP-02	7/1/2015 -	01/30/2016	Over	

Use the search criteria to locate the **Annual SMR** that was previously started.

**Note:** Click on the blue **“Search”** each time you make a change to the search criteria. The search feature only updates when this button is pressed.

Submittal ID:

Category: **Report** | Department: **(All)** | Program: **(All)** | Submittal Type: **Annual SMR for Healthcare Facilities**

Facility Name: **(All)** | Permit Number: **(All)**

Monitoring Period:  ~  | Report Due Date:  ~  | **Search**

**Unfinished Submittals**

1 - 1 of 1 item(s)

Delete	Edit	Submittal Information	Facility Name	Form Type	Report Frequency	Monitoring Period	Due Date	Status	Last Updated Date
		<b>5589 - Annual SMR for Healthcare Facilities</b> Department Type: REPORT Program Type: HOSP PermitNo.: #H002 Status: Open	##TEST - Hospital ALC	Annual SMR - Healthcare Facilities		01/01/2006 ~ 12/31/2006	01/31/2007	Open	01/10/2018 07:34 AM

To open up the unfinished submittal, click on the **“Edit”** button and follow instructions above to complete the form and submission.

## Editing a Completed Submittal – Request for Revision

Once a submittal is completed you must send a **Request for Revision** to MCES to make changes.

**Note:** You will only be able to request a revision online if MCES has not yet reviewed and accepted the submittal (Review Status is “Complete Submittal”). If the submittal has the Review Status of “Approved” you will need to contact your MCES Engineer to make changes.

From the home page, hover over the “Submittal” tab and select “**Manage Submitted Cases.**”

Use the search criteria to find the submittal that needs revision.

Submittal ID:  Submittal Status: (All)  Submitted Date:  ~

Category: Report  Department: (All)  Program: (All)  Submittal Type: (All)

Facility Name: (All)  Permit Number: (All)

Monitoring Period:  ~  Report Due Date:  ~

Request for:

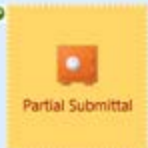
### Submittal List

1 - 15 of 82 item(s)

Detail	Submittal Information	Submitted Date	Review Status	Facility Information	Monitoring Period	Due Date
<a href="#">View</a>	<b>5587 - Annual SMR for Healthcare Facilities</b> Department Type: REPORT Program Type: HOSP Form Type: HOSP PermitNo.: #H002	01/10/2018 07:03 AM	Partial Submittal	#TEST - Hospital ALC	01/01/2005 ~ 12/31/2005	

Click on the **yellow View** button adjacent to the submittal you want to edit.

[Back to Search](#)



Partial Submittal

( 5587 ) Annual SMR for Healthcare Facilities

Submitted on: 1/10/2018 7:03:54 AM ( Timespan: 0 Business Days)

Facility: ##TEST - Hospital ALC

Address: 123 Test Avenue , MINNEAPOUS, MN 55411

Owner: Ashley Corbelle

Form Type: HOSP

Permit#: #H002

Monitoring Period: 01/01/2005 ~ 12/31/2005

Due Date:

Required Documents: 1 ( Non-Review: 1 )

Receipt: [Click on this](#)

[Send Notification](#)

[Original/Revision](#)

Submittal

Attachment

Correspondence

Email History

Click the form link under "Application Form(s) Detail" to view the submitted Application Form.

**Application Basic Information**

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Submittal ID: **5587**

App Name: **Annual SMR for Healthcare Facilities**

Submitted Date: **1/10/2018 7:03:54 AM**

Submitted by: **Jane Doe**  
 455 Etna Street  
 St Paul, MN 55106

Review Status: **Partial Submittal**


**Application Form(s) Detail**

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[Online Annual SMR - Healthcare Facilities](#) [Annual SMR - Healthcare Facilities - Form View](#)

**Application Revision**

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\* Reason for Revision:  

Request for Revision

From the **“Submittal”** tab, under **Application Revision** click in the **“Reason for Revision”** box and provide an explanation for the revision. Click the blue button **Request for Revision**. This will send an email message to MCES.

MCES will review the request and send the User an email message approving or denying the request.

If the request is approved:

- log into the MCES Industrial Online Reporting System
- hover the cursor over the “Submittal” tab and click on the “Edit Pending Submittals”
- search for the submittal with the status of “Revision” and click on the Edit button
- make the change and resubmit the report

**Note** – an identical submittal will open containing all the information that was previously sent. You will not need to start over with the form. You can simply make the changes needed, save the changes, and resubmit by stepping through the validation and submittal steps.