Metropolitan Council Environmental Services

Industrial Waste & Pollution Prevention Section

390 Robert Street North

St. Paul, MN 55101-1805



*For IWPP Use Only*

Facility ID: Received:

Permit No: Staff:

# Industrial Discharge General Permit Application For Microbreweries and brewpubs

### General Information

| **1.** | **Facility Name:** |  |
| --- | --- | --- |
| **2.** | **Facility Address:** |  |
|  |  |  |
| **3.** | **Facility County:** |  |
|  |  |  |
| **4.** | **Mailing Address:** |  |
|  |  |  |

5**.** Contact Information: (Please fill in the information below.)

| Contact Name | Title | Address | Phone | FAX | Email |
| --- | --- | --- | --- | --- | --- |
| **(Primary contact)** |  |  |  |  |  |
| **(Billing contact)** |  |  |  |  |  |
| **(Alternate contact)** |  |  |  |  |  |

1. Does your facility have any other facilities in the seven-county Metropolitan Area that have a discharge other than domestic waste which have not applied for a permit?

| **Yes** | **No** | **If Yes, indicate address:** |  |
| --- | --- | --- | --- |
|  |  |  |  |

### Operations

Microbrewery Operations:

| **1.** | **Shift Information:** | **1st** | **2nd** | **3rd** |
| --- | --- | --- | --- | --- |
|  | **Shift hours (Ex: 6AM-2PM):** |  |  |  |
|  | **Number of employees per shift:** |  |  |  |

| **2.** | **Hours of operation:** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **(EX: 6AM – 10PM)** |  |  |  |  |  |  |  |

Brewpub Operations (if applicable):

| **1.** | **Shift Information:** | **1st** | **2nd** | **3rd** |
| --- | --- | --- | --- | --- |
|  | **Shift hours (Ex: 6AM-2PM):** |  |  |  |
|  | **Number of employees per shift:** |  |  |  |

| **2.** | **Hours of operation:** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **(EX: 6AM – 10PM)** |  |  |  |  |  |  |  |

Distillery Operations (if applicable):

| **1.** | **Shift Information:** | **1st** | **2nd** | **3rd** |
| --- | --- | --- | --- | --- |
|  | **Shift hours (Ex: 6AM-2PM):** |  |  |  |
|  | **Number of employees per shift:** |  |  |  |

| **2.** | **Hours of operation:** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **(EX: 6AM – 10PM)** |  |  |  |  |  |  |  |

### Production

* 1. NAICS codes and descriptions of operations:

| **NAICS Code** | **Description of Operation** | **Primary?** |
| --- | --- | --- |
| **312120** | **Breweries** | **Y** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* 1. Information on raw material used:

You may request that information regarding raw materials be classified as confidential if you consider the specific information to be” trade secret information” as defined by the Minnesota Government Data Practices Act (Minnesota Statutes § 13.37). To make this request, check the following box and contact Industrial Waste and Pollution Prevention (IWPP) section to complete the request process.

Yes, the raw materials should be classified as trade secret information.

| Principal Raw Materials | Annual Quantity | Units |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* 1. Information on principal products produced:

| Principal Products | Annual Quantity | Units |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* 1. Are there seasonal changes at this facility in the volume of water used, rate of production, services rendered, and/or industrial waste generated?  Yes  No If Yes, please describe below:

|  |
| --- |
|  |
|  |

### Water Balance

1. Incoming water supply:

|  | Gallons / year | Determination Method |
| --- | --- | --- |
| City Water Supply |  |  |
| Private Well(s) |  |  |
| Other: |  |  |
| Total |  |  |

1. Water not discharged to sanitary sewer:

|  | Gallons / year | Determination Method |
| --- | --- | --- |
| To Storm Sewer and/or Receiving Water |  |  |
| Lawn Sprinkling |  |  |
| Used in Product |  |  |
| Lost to Evaporation |  |  |
| Off-Site Disposal |  |  |
| Other: |  |  |
| Total |  |  |

1. Wastewater discharged to sanitary sewer (Total of D.3. should equal Total of D.1. minus Total of D.2.)

|  | Gallons / year | Determination Method |
| --- | --- | --- |
| Non-Contact Cooling Water |  |  |
| Domestic Wastewater |  |  |
| Industrial Wastewater |  |  |
| Other: |  |  |
| Total |  |  |

### Industrial Wastewater

1. Please indicate any incoming water treatment (check all that apply):  None   
    Water Softener  Reverse Osmosis  De-ionization  Other:

Total quantity of water treated:         gallons/year

1. Is there a reject waste stream from any of these processes that is discharged to the sanitary sewer?

Yes  No If Yes, total quantity discharged:         gallons/year

1. **Please list the sources of all industrial waste discharges to the sanitary sewer and their estimated percent of the total facility discharge:**

| **Source** | **% of Total Facility** |
| --- | --- |
| **Brewing** |  |
| **Fermentation** |  |
| **Distillation** |  |
| **Bottling / Packaging** |  |
| **Taproom** |  |

**(Use a separate sheet if necessary)**

1. **Is your facility’s industrial wastewater pH adjusted prior to discharge to the sanitary sewer?**

**Yes**  **No If Yes, please describe your pH adjusting process below:**

|  |
| --- |
|  |
|  |

**5.** Does yo**ur facility have batch discharges\*** to the sanitary sewer**?**  **Yes**  **No**

***If Yes, please list in table below:***

| **Source** | **Characteristics** | **Quantity (gallons)** | **Discharge Frequency** | **Pretreatment Method** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**(Use a separate sheet if necessary)**

**\***Note: A batch discharge is defined as an infrequent or periodic discharge of industrial waste which includes, but is not limited to the following: spent acid or caustic solutions, spent process solutions, machining coolants, concentrated dead rinses, etc.

### **Meter**

1. Does this facility have its own incoming water meter that measures the water usage for only this facility?

Yes  No

### **Analytical Data**

Has any portion of this facility’s wastewater discharge been monitored or analyzed in the past two years?

Yes  No

Note: IWPP will notify you if wastewater monitoring is required as part of this permit application process.

### Permits and Licenses

### Federal Tax ID Number:**-**

* 1. **Does this facility have an NPDES/SDS permit for the discharge of non-contact cooling water, contaminated ground water, or other wastewater to a storm sewer or receiving water?**

**Yes**  **No If Yes, please indicate the permit number:**

* 1. **Does this facility have a license or permit for the generation, treatment, storage, or disposal of hazardous waste?**  **Yes**  **No**

**If Yes, please indicate the type of license:**  **VSQG**  **SQG**  **LQG**  **Other:**

| **Permit/License Number** | **Issued By** |
| --- | --- |
|  |  |
|  |  |

* 1. **Does this facility discharge to the sanitary sewer any wastes that could be considered hazardous under Minnesota Rules Chapter 7045?**  **Yes**  **No**

**If Yes, complete the table below:**

| **Hazardous Waste Discharge** | **Quantity (gallons)** | **Discharge Frequency** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

### Facility / Site Diagram(s)

**Provide current diagrams and schematics on separate sheet(s) indicating the location of:**

* 1. **General areas such as production, offices, warehouses, etc.;**
  2. **Bulk chemical storage areas (such as: flammables, solvents, oils, acids, caustics, dyes, metal solutions, pesticides, ethylene glycol, or large volumes of foodstuff liquids);**
  3. **Manufacturing or process areas where industrial waste is generated;**
  4. **Main water supply lines to and wastewater lines from process/manufacturing areas;**
  5. **Incoming and deduct water meters;**
  6. **All connections to the sanitary and storm sewers, including the locations of any oil/water separators or flammable waste traps;**
  7. **Existing sampling/monitoring point(s);**
  8. **Wastewater pretreatment system(s), if present; and**
  9. **Miscellaneous sources of industrial waste, such as cooling tower bleed-off and boiler blow-down.**

**Also, provide in list or table format the following information:**

* 1. **Equipment or processes using non-contact cooling water; and**
  2. **Chemicals stored at this facility in quantities greater than 5 gallons that have the potential to affect the characteristics of the wastewater discharge if released.**

**Note: In the case of facilities with complex operations, more than one diagram, schematic or table may be necessary to provide all information requested above. Certain individual process operations or a pretreatment system may warrant a separate schematic.**

### Process Flow Schematic(s)

**You may request that the process flow schematics be classified as confidential if you consider the specific information to be “trade secret information” as defined by the Minnesota Government Data Practices Act (Minnesota Statutes § 13.37). To make this request, check the following box and contact IWPP to complete the request process.**

**Yes, the process flow schematic(s) should be classified as trade secret information.**

**Provide a process flow schematic for each industrial process with a sanitary sewer discharge. Each schematic must contain the following:**

1. **Incoming water addition point and volume determination method (meters, etc.);**
2. **Process chemical addition points;**
3. **Pretreatment systems;**
4. **Industrial waste streams, as well as the waste stream disposal options (e.g., on-site sanitary sewer, hauled liquid waste, storm sewer, hazardous waste management, etc.);**
5. **Wastewater sampling / monitoring point(s);**
6. **Wastewater volume determination methods (meters, etc.).**

### Public Information Policy

In accordance with Section 221.00 of the Met Council Waste Discharge Rules, Industrial Discharge Permit applications and accompanying documents submitted to the Met Council are considered public information. However, if an applicant believes that specific information included in the application qualifies as “trade secret information” under the Minnesota Government Data Practices Act (Minnesota Statutes §13.37), the applicant may label those portions of the document accordingly. If the Met Council agrees that the marked items meet the definition of trade secret information, they will be treated as nonpublic data in compliance with the Minnesota Government Data Practices Act.

1. Certification of Information

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 known violations.

This form must be signed by a signatory authority. Please refer to and complete the attachment “Certification of Signatory Authority.”

| Name (Print): |  |
| --- | --- |
| Title: |  |
| Email: |  |
| Signature\*: |  |
| Date: |  |

**Send completed application and Certification of Signatory Authority form to:**

**Metropolitan Council Environmental Services  
Industrial Waste and Pollution Prevention Section  
390 Robert Street North  
St. Paul, MN 55101-1805**

Metropolitan Council Environmental Services

Industrial Waste & Pollution Prevention Section

390 North Robert Street

St. Paul, MN 55101-1805



THIS IS MANDATORY

Complete and return this form

# Certification of Signatory Authority

I, the undersigned, do hereby certify that I meet the definition of a signatory authority as outlined below:

|  |
| --- |
| Signatories must be one of the following as found in 40 CFR 403.12(l):   1. For a corporation: 2. 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, or 3. the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. 4. For a partnership or sole proprietorship; a general partner or proprietor, respectively. 5. For a public agency: a general manager, department manager, or supervisor of a public agency who performs policy or decision-making functions for the public agency. |

I accept the responsibility for the operation of the facility and/or the compliance with all regulatory requirements for the facility from which the wastewater discharge originates.

|  |  |  |  |
| --- | --- | --- | --- |
| Signatory Authority: *(print or type name)* |  |  |  |
| Signature: |  | Date: |  |
| Title: |  |  |  |
| Email: |  | Phone: |  |
| Facility Name: |  |  |  |

All correspondence regarding permit, enforcement, and self-monitoring issues (e.g., renewal applications, notice of violations, and SMRs) shall be sent to the signatory authority or the designated signatory if properly authorized. If there is a change in the signatory authority or the designated signatory, Met Council must be notified in writing and the appropriate form must be resubmitted.

For reporting via the Industrial Online Reporting System (IORS), the signatory authority and/or the designated signatory must complete the Electronic Signature Agreement (ESA). Once the ESA is approved, the signatory authority and/or the designated signatory shall be the only people with “Responsible Official” accounts (authority to sign and submit) in the IORS.