Metropolitan Council Environmental Services

Industrial Waste & Pollution Prevention Section

390 North Robert Street

St. Paul, MN 55101-1805



THIS IS OPTIONAL

Complete this form only if the authorized signatory wants to designate a signatory.

# Option to Designate a Signatory

## Liquid Waste hauler

This is to authorize the individual whose name and title appear below,

|  |  |
| --- | --- |
|  |  |
| Designated Signatory’s Name (print or type) | Title |

to be the designated individual responsible for wastewater discharges who can be served with notices, and who is the designated signatory on my behalf for purposes of signing all reports. This individual has the responsibility for the overall operation of this company and/or the compliance with all regulatory requirements for this company. I understand that if these responsibilities change, MCES will be notified in writing to terminate designation of the above-named individual and to establish a new signatory.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Signatory Authority: |  |  |  |
| Signature: |  |  |  |
| Title: |  | Date: |  |
| Email: |  | Phone: |  |
| Facility Name: |  | Permit No: |  |

|  |
| --- |
| As found in 40 CFR 403.12(l)(3), the following must occur to authorize a designated signatory:   1. The authorization is made in writing by the signatory authority. 2. The authorization specifies an individual or a position having responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager… or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and, 3. The written authorization is submitted to MCES. |

I accept the responsibility for the overall operation of this company and/or the compliance with all regulatory requirements for this company. I understand that it is my responsibility to keep the signatory authority informed regarding all permit and enforcement issues.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Designated Authority: |  |  |  |
| Signature: |  |  |  |
| Title: |  | Date: |  |
| Email: |  | Phone: |  |
| Facility Name: |  | Permit No: |  |

All correspondence regarding permit and enforcement issues shall be sent to the designated signatory. It is the designated signatory’s responsibility to keep the signatory authority informed regarding permit and enforcement issues. The signatory authority remains legally responsible for all permit requirements and enforcement issues and for ensuring that he/she is duly informed by the designated signatory.