



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

| | |
|--------------------------|-------|
| For MCES Use Only | |
| Staff: | _____ |
| Date Rec'd: | _____ |

**ONE TIME INDUSTRIAL DISCHARGE APPROVAL
 REQUEST FORM**

A. GENERAL

1. Responsible Party/ Company Name: _____
 Responsible Person: _____ Title: _____
 Phone Number: _____ Cell: _____
 Mailing Address: _____

2. Site Name: _____
 Site Address: _____

3. Requester Name/Company: _____
 Requester Address: _____
 Phone Number: _____ Cell: _____ Fax: _____
4. Federal Tax ID No. of Financially Responsible Party: ____ - ____ - ____ - ____ - ____ - ____
5. MCES Engineer Contact: _____

B. WASTE CHARACTERISTICS/SITE INFORMATION

1. Describe waste: _____

2. Are there any MSDS sheets applicable to the waste? Yes No
 (Attach relevant MSDS sheets.)
3. Location of waste, (tank, sump, barrel, etc.): _____
4. Volume: _____ (gallons)
5. Frequency of discharge: One-time On-going
 If on going, please note number or frequency of discharge events per year: _____

6. How soon does the waste need to be removed? _____

7. Means of disposal into the Metropolitan Disposal System (MDS):

Transport to MCES Disposal Site. Hauler's Name: _____

Discharge on site to sanitary sewer. Identify proposed point of discharge and attach a map if necessary. _____

8. Analyze the waste for the parameters specified by MCES. **Attach all lab results to request.**

| | | | | | |
|------------------------|--------------------------|---------|--------------------------|-------|--------------------------|
| Chemical Oxygen Demand | <input type="checkbox"/> | Lead | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| Total Suspended Solids | <input type="checkbox"/> | Mercury | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| pH | <input type="checkbox"/> | Nickel | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| Cadmium | <input type="checkbox"/> | Zinc | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| Chromium | <input type="checkbox"/> | | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| Copper | <input type="checkbox"/> | | <input type="checkbox"/> | _____ | <input type="checkbox"/> |

C. ADDITIONAL PERTINENT INFORMATION: (Attach additional information if necessary.)

D. PUBLIC INFORMATION POLICY

Most documents required by MCES are considered to be public information. If, however, a person considers specific information submitted to MCES 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, MCES will make reasonable efforts to maintain their nonpublic status. However, MCES is not liable to any persons for disclosure of such information.

E. CERTIFICATION OF INFORMATION

I hereby certify that the information supplied in this request is correct and complete to the best of my knowledge.

Name (Print): _____

Title: _____

Signature: _____ Date: _____

Send completed request form to:
Metropolitan Council Environmental Services, Industrial Waste & Pollution Prevention
Section, 390 North Robert Street, St. Paul, Minnesota 55101-1805
IWPPS Office – 651-602-4703, Fax Number – 651-602-4730, www.metrocouncil.org/environment/