



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

| | |
|--------------------------|-------|
| For MCES Use Only | |
| Permit Number: | _____ |
| Staff: | _____ |
| Date Received: | _____ |

INDUSTRIAL DISCHARGE PERMIT APPLICATION
LIQUID WASTE HAULER

A. GENERAL

1. Company Name: _____

2. Facility Address: _____

Mailing Address: _____
 same as above

3. Billing Address: _____
 same as above

4. Contact Information:

| Contact Type | Contact Name | Title | Phone No | Cell No | Fax No | E-mail Address |
|--------------|--------------|-------|----------|---------|--------|----------------|
| Permit | | | | | | |
| Billing | | | | | | |
| Alternate | | | | | | |

5. MPCA License (SSTS) Number: _____
(Applicable to septage and portable toilet haulers only.)

6. Federal Tax ID Number: _ _ - _ - _ - _ - _ - _ - _ -

B. VEHICLE INFORMATION

1. List of Vehicles:

(If more than 5 vehicles are to be used, please attach information to this application.)

| License No | Chassis Make | Year | Cab Color | Tank Color | Capacity (gal) |
|------------|--------------|------|-----------|------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2. Diameter of discharge connection on truck(s): _____ inches

(If different for each truck, please indicate above in B.1.)

3. Enclose a photograph of each vehicle listed above with this application.

C. OPERATIONS

1. a. Operating days per week: _____

b. Hours of Operation: _____ AM to _____ PM (weekdays)

_____ AM to _____ PM (weekends)

c. Number of Drivers: _____

2. Indicate the type(s) of waste to be hauled and discharged at MCES disposal sites:

Domestic Septage

Portable Toilet Waste

Domestic Holding Tanks

Out-of-Service Area (OSA) Grease Traps

Commercial Waste

Out-of-Service Area (OSA) Domestic Waste
(from 13 counties adjacent to Metro Area)

Commercial Holding Tanks

Industrial Waste

Other: _____

Landfill Leachate

3. List the counties that this company is currently serving: _____

4. List the approved Liquid Waste Hauler Disposal site(s) that this company plans to use:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Metropolitan LWR | <input type="checkbox"/> Fridley LWR |
| <input type="checkbox"/> Blue Lake WWTP | <input type="checkbox"/> Chanhassen |
| <input type="checkbox"/> Empire WWTP | |

5. Does this company currently use land application as a disposal method?

- Yes No

6. Does this company currently use other disposed locations outside the Metro Area? Yes No If Yes, please list. _____

7. Have there been any significant changes in your company's business or operations in the last three years? Yes No If Yes, please describe:

8. Does this company plan to add services or trucks and/or expand areas of operation? Yes No If Yes, please describe: _____

C. 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 assure 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.

Name: _____

Title: _____

Signature: _____ Date: _____

*The signatory must be an authorized representative. An authorized representative must be :

- (1) A principal executive officer of at least the level of Vice President, if the Applicant is a corporation;
- (2) A general partner or proprietor if the Applicant is a partnership or sole proprietorship, respectively; or
- (3) A duly authorized representative of the individual designated in (1) or (2) above, if such representative is responsible for the overall operation of the facility or has overall responsibility for environmental matters for this facility.

Send complete application, vehicle photographs, and permit application fee to:

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