



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

For MCES Use Only	
Survey Card No:	_____
Org Code:	_____
Permit No:	_____
Staff:	_____
Date Received:	_____

INDUSTRIAL DISCHARGE PERMIT APPLICATION

A. GENERAL

1. Company Name: _____
2. Mailing Address: _____

3. Facility Address: _____

4. Billing Address: _____

5. Facility County: _____
6. Contact Information:

Contact	Title	Phone	FAX	E-Mail
(Authorized Contact)				
(Secondary Contact)				
(Billing Contact)				

7. Application for:

<input type="checkbox"/> Existing Facility	<input type="checkbox"/> Lease	<input type="checkbox"/> Own	Startup Date: _____
<input type="checkbox"/> New Facility	<input type="checkbox"/> Lease	<input type="checkbox"/> Own	Anticipated Startup Date: _____

 Is this a multi-tenant facility? Yes No

8. Does your facility have any other facilities in the metropolitan area? Yes No

For MCES Use Only			
File ID: _____	SIU Status: <input type="checkbox"/> Y <input type="checkbox"/> N	Reporting Frequency: _____	
EPA Categories: _____	Permit Fee: _____	Date Billed: _____	
SAC Baseline: _____	SAC Grandparent: _____	SAC Purchase Credits: _____	

B. OPERATION

1. Operating Hours per Day: _____
2. Operating Days per Week: _____
3. Number of Employees per Shift: 1st _____ 2nd _____ 3rd _____
 Total Number of Employees: _____
4. Hours of Operation: _____ AM to _____ PM (weekdays)
 _____ AM to _____ PM (weekends)

C. PRODUCTION

1.

Description of Primary Operations	NAICS Code
Description of Ancillary Operations	NAICS Code

2.

Principal Raw Materials	Daily Quantity	Units

3.

Principal Products	Daily Quantity	Units

4. 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:
- _____
- _____
- _____

D. WATER BALANCE

1. Incoming water supply:

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

2. 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		

3. 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 Waste		
Industrial Waste		
Other		
Total		

E. INDUSTRIAL WASTEWATER

1. Please indicate any incoming water treatment (check all that apply):

- Water softener
 Reverse osmosis
 De-ionization
 UV radiation
 None

Quantity of water treated: _____ gallons/year

2. Please list any chemicals added to recirculating cooling water and/or boiler makeup water:

3. 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

(Use a separate sheet if necessary.)

4. Is industrial waste pretreated prior to discharge to the sanitary sewer?

Yes No If yes, please list treatment method(s) used:

Method of Treatment	Parameter(s) Removed	Wastestreams Treated	Byproduct Disposal Method

(Use a separate sheet if necessary.)

5. Does this facility have batch discharges*?

Yes No If yes, please list treatment method(s) used:

Description	Quantity in 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 it is limited to, the following: Spent acids or caustic solutions, spent process solutions, machining coolants, concentrated dead rinses, etc.

F. ANALYTICAL DATA

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

Yes No

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

G. PERMITS & LICENSES

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

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

Yes No If yes, please indicate permit number: _____

3. Does this facility have a license for the generation, treatment, storage or disposal of hazardous waste?

Yes No

If yes, please indicate type of license: VSQG SQG LQG Other: _____

Permit/License Number: _____ Issued By: _____

Permit/License Number: _____ Issued By: _____

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

If yes, state the type, amount, and frequency of the discharge: _____

H. PUBLIC INFORMATION POLICY

Permit applications, along with most other 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 non-public status. However, MCES is not liable to any persons for disclosure of such information.

I. FACILITY DIAGRAM AND PROCESS SCHEMATICS

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 bleedoff and boiler blowdown.

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 effect the characteristics of the wastewater discharge.

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

J. 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 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 (PRINT): _____

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; or
- (2) A general partner or proprietor, if the Applicant is a partnership or sole proprietorship, respectively.

Send completed application to:

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

DESIGNATION OF AUTHORIZED REPRESENTATIVE FOR SUBMITTAL OF INDUSTRIAL WASTE DISCHARGE REPORTS

In many cases, an authorized representative (from category (1) or (2) on Page 6 of this form) may wish to designate a representative (from category (3) on page 6) for the purpose of signing and submitting Industrial Waste Discharge Reports to MCES as required by the Industrial Discharge Permit. Please note that the Designated Authorized Representative will receive all official correspondence from MCES, including compliance matters. If you, an authorized representative, wish to designate a person for this purpose, please complete this form. Please note, this designee must have overall responsibility for the overall operation of the facility or have overall responsibility for the environmental matters of the facility.

Industrial Discharge Permit No: _____

Facility Name: _____

Facility Address: _____

I hereby designate (name) _____ as my Designated Authorized Representative for the purpose of signing and submitting MCES Industrial Waste Discharge Reports for the above-referenced facility. I understand that this designation does not release me from responsibility or liability for any violations of MCES Waste Discharge Rules that may occur at this facility.

_____ Name	_____ Title
_____ Signature	_____ Date

I understand that as a Designated Authorized Representative I am responsible for ensuring accurate collection and representation of all information submitted on MCES Industrial Waste Discharge Reports for the above-referenced facility. Further, I understand that I will be the primary contact for issues regarding the above-referenced MCES Industrial Discharge Permit.

_____ Name of Designated Authorized Representative	_____ Title
_____ Signature	_____ Date
_____ Phone	_____ E-mail