



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

For MCES Use Only	
Staff:	_____
Date Received:	_____

ONE TIME APPROVAL SPECIAL DISCHARGE REPORT

- Responsible Party: _____
- Site Address: _____ Mailing Address: _____

- Point of Discharge: _____
- Hauler name (if applicable): _____
- Date(s) of discharge: _____
- Total volume discharged: _____
- Method of volume determination: _____
- Sample collected by: _____
- Sample analyzed by: _____
- Analytical results. List all required parameters and analytical results below. Express all values in mg/L or ppm (except for pH). Analytical methods used shall meet EPA protocol (Code of Federal Regulations, Part 136). Copies of all laboratory data sheets shall be submitted with this report.

<u>Parameter</u>	<u>Results</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Report submitted by:*

Name (Print) _____ Date _____
 Title _____ Phone _____
 Signature _____

*This report must be signed by the responsible party or designated authorized representative as defined in 40 CFR Part 403 - General Pretreatment Regulations