



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

<b>For MCES Use Only</b>	
Permit No: _____	Staff: _____
PACS ID: _____	
Received: <b>O L 45 E</b>	

1/07

## Industrial Waste Discharge Report

1. **Company Name:** \_\_\_\_\_

2. **Facility Address:** \_\_\_\_\_

Billing Address Changed?  Yes  No Mailing Address Changed?  Yes  No (submit changes on page 4)

3. **Reporting Period:**

A.  Jan-Mar, 20\_\_  Apr-Jun, 20\_\_  Jul-Sep, 20\_\_  Oct-Dec, 20\_\_

B.  Jan-Jun, 20\_\_  Jul-Dec, 20\_\_

C.  Jan-Dec, 20\_\_

4. **Total days of operation during this reporting period:** \_\_\_\_\_

5. **Average number of employees during this reporting period:** \_\_\_\_\_

6. **Number of working hours during a normal operating day:** \_\_\_\_\_

7. **Volume determinations for this reporting period:**

A. Incoming water sources:

	Volume in gallons	Determination method
City Water Supply		
On-Site Well(s)		
Condensation		
Rainwater		
Raw Materials		
Other:		
Total		

B. Water **not** discharged to sanitary sewer:

	Volume in gallons	Determination method
To Storm Sewer/Receiving Water		
Lawn Irrigation		
Used in Product		
Off Site Treatment		
Loss to Evaporation		
Other:		
Total		

C. Wastewater discharged to sanitary sewer:

	Volume in gallons	Determination method
Noncontact Cooling Water		
Domestic Waste		
Industrial Waste		
Blowdown		
Other:		
Total		

**8. Sample Results:** Enter daily values for each monitoring event, in accordance with requirements in the Industrial Discharge Permit (Section B.). If multiple sampling locations are specified in Permit Section B., calculate and enter combined daily values in accordance with Permit Sections B. and D.10. and compare with Discharge Limitations. Permittees subject to EPA Categorical Pretreatment Standards shall also calculate and enter arithmetic long-term average values for each regulated parameter. Daily and long-term values shall be compared to Discharge Limitations in Permit Section A.1. for compliance determinations. Attach all laboratory data sheets and supporting calculations.

	<b>Results</b>	<b>Averages</b> <i>(if applicable)</i>	<b>Units</b>	<b>For MCES Use Only</b>
Sample Location(s)				
Date(s)				
Times				
Volume			gals	
pH			units	
Total Suspended Solids			mg/L	
Chemical Oxygen Demand			mg/L	
Grease & Oil			mg/L	
Cadmium			mg/L	
Chromium			mg/L	
Cyanide, Total			mg/L	
Copper			mg/L	
Lead			mg/L	
Mercury			mg/L	
Nickel			mg/L	
Selenium			mg/L	
Silver			mg/L	
Zinc			mg/L	
Other:			mg/L	
Other:			mg/L	
Other:			mg/L	

**9. Sample(s):**

- a) Sample(s) collected by:  Permittee  Other, name \_\_\_\_\_
- b) Method of sample collection:  manually  automatically Describe below:  
\_\_\_\_\_
- c) Sample(s) composited by:  Permittee  Other, name \_\_\_\_\_
- d) Method of sample compositing:  manually  automatically Describe below:  
\_\_\_\_\_
- e) Sample(s) analyzed by:  Permittee  Other, name \_\_\_\_\_
- f) Volumes reported in item 8 determined by: \_\_\_\_\_
- g) Were all samples collected according to Permit requirements?  Yes  No If No, add explanation on page 4.
- h) Were analyses conducted per EPA approved methods?  Yes  No If No, add explanation on page 4.

**10. Data Sheets:** Are laboratory data sheets from **all** wastewater sampling events included with this report?

Yes  No If No, add an explanation on page 4.

**11. Process Changes:** Have there been significant changes in the process, the production rate, pretreatment, or discharge volumes since the last reporting period?  Yes  No If Yes and no previous MCES notification, add explanation of the process changes on page 4.

**12. Representative Discharge:** Are the analytical results, for Item #8 above, representative of the wastewater discharged during this reporting period?  Yes  No If No, add explanation on page 4.

**13. Compliance Status:** All values reported during the reporting period are:  In compliance  **Not** in compliance with Discharge Limits. If not in compliance, was MCES notified as required?  Yes  No

**14. Certification Statement:**

*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 ensure 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 under law for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Reports are due at the MCES office by the 30th of the month following the end of the reporting period. Incomplete reports will not be accepted.**

ITEM	EXPLANATION/CHANGES

Additional sheets may be submitted if needed.