Metropolitan Council Environmental Services

Industrial Waste & Pollution Prevention Section

390 Robert Street North

St. Paul, MN 55101-1805



*For MCES Use Only*

Facility ID: Received: \_\_\_\_\_\_\_\_\_

Permit No: Staff: \_\_\_\_\_\_\_\_\_\_\_

# industrial discharge permit application

# for Liquid Waste Hauler Permits

1. **General Information**

| **1.** | **Company Name:** |  |
| --- | --- | --- |
| **2.** | **Company Address:** |  |
|  |  |  |
| **3.** | **Mailing Address:** |  |
|  |  |  |
| **4.** | **Billing Address** |  |
|  |  |  |

1. **Contact Information**:

| Contact Name | Title | Phone | Cell Phone | Fax Number | E-mail Address |
| --- | --- | --- | --- | --- | --- |
| (Primary contact) |  |  |  |  |  |
| (Field contact) |  |  |  |  |  |
| (Billing contact) |  |  |  |  |  |
| (Alternate contact) |  |  |  |  |  |

1. **MPCA (SSTS) License Number**:  *(applicable to septage and portable toilet haulers)* SSTS - subsurface sewage treatment system
2. **Federal Tax ID Number:** **-**
3. **Vehicle Information:**
   1. **List of Vehicles:**

*(If more than 5 vehicles are used, please attach additional vehicle information to this application)*

| **License Number** | **Chassis Make** | **Year** | **Cab Color** | **Tank Color** | **Capacity (gal)** |
| --- | --- | --- | --- | --- | --- |
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* 1. **Diameter of discharge connection on truck(s):** **i**nches  
     *(if different for each truck, please indicate in B.1.)*
  2. **Enclose a photograph of each vehicle listed above with this application.**

1. **Operations:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1 a.** | Operating days per week: |  |  |  |  |
| **b.** | Hours of Operation: |  | AM to |  | PM (weekdays) |
|  |  |  | AM to |  | PM (weekends) |
| **c.** | Number of Drivers: |  |  |  |  |

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

| **√** | **Waste Type** |  | **√** | **Waste Type** |
| --- | --- | --- | --- | --- |
|  | Domestic Septage |  |  | Landfill Leachate |
|  | Domestic Holding Tanks |  |  | Portable Toilet Waste |
|  | Commercial Waste |  |  | Out-of-Service (OSA) Grease Traps |
|  | Commercial Holding Tanks |  |  | Out-of-Service (OSA) Domestic Waste  (from 13 counties adjacent to Metro Area) |
|  | Industrial Waste |  |  | Other: |

1. **List the counties that this company is currently serving or plans to serve:**

| **County** |  | **County** |  | **County** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Indicate the approved Liquid Waste Hauler Receiving site(s) that this company plans to use:**

| **√** | **Approved Liquid Waste Hauler Receiving Sites** |
| --- | --- |
|  | Metropolitan LWR (MCES WWTP in St. Paul) |
|  | Blue Lake LWR (MCES WWTP in Shakopee) |
|  | Empire LWR (MCES WWTP in Empire) |
|  | Fridley LWR |

1. **Estimate the volume (in gallons) of liquid waste to be discharged per year:**
2. **Does this company currently use land applications as a disposal method?**  Yes  No
3. **Does this company currently use other disposal locations outside the Metro Area?**  Yes  No

**If Yes, please list:**

|  |
| --- |
|  |
|  |
|  |

1. **Does this company plan to add services or trucks and/or expand areas of operation?**

Yes  No **If Yes, please describe:**

|  |
| --- |
|  |
|  |
|  |

1. 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 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 for submitting false information, including the possibility of fines and imprisonment for known violations.”

This form must be signed by a Signatory Authority. Please refer to and complete the attachment “Certification of Signatory Authority.”

| Name (Print): |  |
| --- | --- |
| Title: |  |
| Email: |  |
| Signature: |  |
| Date: |  |

**Send completed application, attachments and vehicle photographs to:**

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

*For MCES Use Only*

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

Permit Number: \_\_\_\_\_\_\_\_

Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Certification and acknowlegdement of “property Served”



## Liquid Waste Hauler Industrial Discharge Permit Application Attachment

All Liquid Waste Hauler Permit Applicants are required to complete this form and return it as part of the permit application process. Metropolitan Council requires this information for collection of past-due accounts, such as those for Load Charges and annual Permit fees. If administrative collection procedures are unsuccessful, provisions in Minnesota law allow the Metropolitan Council to certify the amount due to the county to be collected as a property tax assessment. Due to the nature of the liquid waste hauling business, and the generally more rural locations from which haulers operate, it is necessary for Metropolitan Council records to identify the “Property Served” for collections purposes.

### ****Certification and Acknowledgement Statement****

The Permittee hereby certifies to the Metropolitan Council that the property listed below for the Industrial Discharge Permit (Liquid Waste Hauler) applicant, hereinafter the Permittee’s “Business Address” or the “Property,” is either owned by or leased to the Permittee. Further, the Permittee specifically acknowledges for the purposes of Minn. Stat. § 473.517 subd.10, that the Permittee’s Business Address constitutes the “property served” by the Metropolitan Disposal System and is therefore subject to the collection mechanisms defined in Minn. Stat. § 473.517 subd.10, and that the Metropolitan Council may certify any unpaid amount to the appropriate county auditor as a tax for collection on the Property.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Signatory Authority: |  | Title: |  |
| Signature: |  | Date: |  |
| Email: |  | Phone: |  |
| Business Name: |  |  |  |
| Business Address: |  |  |  |
|  |  |  |  |



THIS IS MANDATORY

Complete and return this form

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# Certification of Signatory Authority

## Liquid Waste hauler

I, the undersigned, do hereby certify that I meet the definition of a signatory authority as outlined below:

|  |
| --- |
| Signatories must be one of the following as found in 40 CFR 403.12(l):   1. For a corporation: 2. a president, secretary, treasurer, or vice-president of the corporation in charge of a principle business function, or any other person who performs similar policy- or decision-making functions for the corporation, or 3. the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. 4. For a partnership or sole proprietorship; a general partner or proprietor, respectively. 5. For a public agency: a general manager, department manager, or supervisor of a public agency who performs policy or decision-making functions for the public agency. |

I accept the responsibility for the operation of the company and/or the compliance with all regulatory requirements for the company.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Signatory Authority: |  |  |  |
| Signature: |  |  |  |
| Title: |  | Date: |  |
| Email: |  | Phone: |  |
| Facility Name: |  | Permit No: |  |

All correspondence regarding permit, enforcement, and self-monitoring issues (e.g., renewal applications, notice of violations, and SMRs) shall be sent to the signatory authority or the designated signatory if properly authorized. If there is a change in the signatory authority or the designated signatory, MCES must be notified in writing and the appropriate form must be resubmitted.

THIS IS OPTIONAL

Complete this form only if the authorized signatory wants to designate a signatory.



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# Option to Designate a Signatory

## Liquid Waste Hauler

This is to authorize the individual whose name and title appear below,

|  |  |
| --- | --- |
|  |  |
| Designated Signatory’s Name (print or type) | Title |

to be the designated individual responsible for wastewater discharges who can be served with notices, and who is the designated signatory on my behalf for purposes of signing all reports. This individual has the responsibility for the overall operation of this company and/or the compliance with all regulatory requirements for this company. I understand that if these responsibilities change, MCES will be notified in writing to terminate designation of the above-named individual and to establish a new signatory.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Signatory Authority: |  |  |  |
| Signature: |  |  |  |
| Title: |  | Date: |  |
| Email: |  | Phone: |  |
| Facility Name: |  | Permit No: |  |

|  |
| --- |
| As found in 40 CFR 403.12(l)(3), the following must occur to authorize a designated signatory:   1. The authorization is made in writing by the signatory authority. 2. The authorization specifies an individual or a position having responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager… or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and, 3. The written authorization is submitted to MCES. |

I accept the responsibility for the overall operation of this company and/or the compliance with all regulatory requirements for this company. I understand that it is my responsibility to keep the signatory authority informed regarding all permit and enforcement issues.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Designated Authority: |  |  |  |
| Signature: |  |  |  |
| Title: |  | Date: |  |
| Email: |  | Phone: |  |
| Facility Name: |  | Permit No: |  |

All correspondence regarding permit and enforcement issues shall be sent to the designated signatory. It is the designated signatory’s responsibility to keep the signatory authority informed regarding permit and enforcement issues. The signatory authority remains legally responsible for all permit requirements and enforcement issues and for ensuring that he/she is duly informed by the designated signatory.