



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

For MCES Use Only	
Permit No.:	_____
Staff	<u>LE / MSP / RHG</u>
Received:	OT 1 2 3 4

Liquid Waste Hauler Discharge Report

This Report and all forms A, A2, B, B2, C, C2, and D are due 15 days after the end of the reporting period

1. Permittee Name: _____
2. Location Address: _____

3. Mailing Address: _____
(if different) _____

4. Reporting Period covered by this Report:

- I. Jan-Mar, 20 ____ Apr-Jun, 20 ____ Jul-Sep, 20 ____ Oct-Dec, 20 ____
 II. Jan-Jun, 20 ____ Jul-Dec, 20 ____

5. Total volume of liquid waste discharged into the Metropolitan Disposal System during the reporting period:

Domestic Septage: _____	Gallons (Form A)
Industrial Waste: _____	Gallons (Form B)
Landfill Leachate: _____	Gallons (Form B2)
Commercial Waste: _____	Gallons (Form C)
Portable Toilet Waste: _____	Gallons (Form C2)
Holding Tank Waste: _____	Gallons (Form D)
Out-Of-Service Area Domestic Waste: _____	Gallons (Form A2)
<u>TOTAL:</u> _____	Gallons

6. Certification of Reports: I hereby certify that the information supplied in this Report and on Form A, A2, B, B2, C, C2 and D is correct and complete to the best of my knowledge:

Report Submitted By: Name (PRINT): _____
 Title: _____
 Phone: _____
 Date: _____
 Signature: _____

Mail this Report and all Form A, A2, B, B2, C, C2, and D Log Sheets to the Metropolitan Council Environmental Services, Industrial Waste Section, 390 North Robert Street, St. Paul, MN 55101.