**Metropolitan Council**

*Environmental Services*

## Sewer Availability Charge (SAC)
## Additional Submittal Requirements

**If applicable, please check the boxes that pertain to your business and submit with items listed on Transmittal-A**

| Business Name: | Business Owner: |
|---|---|
| Business Site Address: Street | City |

**Apartment Building/Assisted Living**

Is there a parking garage present? ☐ No -or- ☐ Yes, *See Parking Garage Below*
Is there a common laundry? ☐ No -or- ☐ Yes
Do any units have a washing machine or hook up? ☐ No -or- ☐ Yes
Number of Memory Care Units? _____

**Banquet Rooms**

| Is the food: | Is liquor served: | Is the dishwashing: |
|---|---|---|
| ☐ Catered in | ☐ Yes | ☐ On-site |
| ☐ Prepared on-site | ☐ No | ☐ Off-site |

**Barber/Beauty Salon**

Number of hair stations? _____ Number of massage/treatment stations? _____
Number of manicure stations? _____ Number of pedicure/facial stations? _____

**Cafeteria/Catering/Meals-to-Go**

What is the maximum number of meals that can be made on the busiest day of the year? _____
*(Include breakfast, lunch, dinner, and after-hours events)*

**Car Wash (automatic)**

☐ Submit specification sheets that show the gallons per car water consumption for each wash type.
***Reclaim systems will have further submittal requirements. Please see "Reclaim-Conveyor" or "Reclaim-Rollover" under 'SAC Determination Forms' on the main SAC webpage.***

**Church**

The classroom usage is:
☐ Daily -or- ☐ Weekly (Only 1 Day Per Week)

**Clinic/Dental/Hospital/Nursing Home**

Number of gallons/minute discharge for: Sterilizers _____ Dental Vacuum _____
Number of gallons to fill: Whirlpool: _____ X-ray Film Processors _____
Number of licensed beds? *(submit copy of license or license application)* _____

**Parking Garage**

Which floors are connected to the sanitary sewer? _____ What size are the floor drains? _____
Is there a car wash bay/port? ☐ Yes -or- ☐ No

**Service Station/Vehicle Garage**

The type of service is:
☐ Fast service (less than 4 hours per car) -or- ☐ Major service (more than 4 hours per car)

I hereby certify that I have read and understood every question in this transmittal and that the answers to every question are true to my knowledge and belief. I further understand that the giving of false information in this affidavit constitutes fraud and is also cause for the immediate redetermination of any charges and I will be held responsible for any additional SAC fees.

***If agent signs, must submit letter from business owner stating agent can sign on his/her behalf.***

Print Name of Business Owner: _____
(Must Be Legible)

Signature of Business Owner: _____ Date: _____