Metropolitan Council Environmental Services

Industrial Waste & Pollution Prevention Section

390 Robert Street North

St. Paul, MN 55101-1805



*For MCES Use Only*

| Date Rec’d: |  |
| --- | --- |
| Staff: |  |
| Approval No: |  |
| Permit No: |  |

# Industrial DiScharge Approval Request form

1. **General Information:**

| 1. | Site Name: |  |
| --- | --- | --- |
|  | Site Address/Zip Code: |  |
| 2. | MCES Engineer Contact (if known): |  |

* 1. Responsible Party/Company Contact Information (please fill in the information below):

| Company Name | Address | Contact Name/Title | Phone | Email |
| --- | --- | --- | --- | --- |
| **(Responsible Party/Company)** |  |  |  |  |
| **(Requesting Company)** |  |  |  |  |
| **(Billing Company)** |  |  |  |  |

### Federal Tax ID Number for Billing Company: **-**

1. **Discharge Information:**
2. Detailed description of waste including product name, concentration if applicable, and how waste was generated:

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1. Are there Safety Data Sheets (SDS) applicable to the waste?  Yes  No  
   (If yes, attach applicable SDS.)
2. Location of waste (tank, sump, drum, tote, indoor/outdoor, below ground, etc.):

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1. Volume of waste:        (gallons)
2. Maximum discharge rate:        (gallons per minute)        (gallons per day)
3. Frequency of discharge:  One-time  On-going

If on-going, please note the number or frequency of discharge events per year or the estimated annual discharge volume in gallons:

Proposed discharge start date:        Estimated discharge end date:

1. Means of disposal into the Metropolitan Disposal System (check one):

Transport to MCES disposal site. Hauler’s name:

Hauler’s MCES permit number:

Discharge on-site to sanitary sewer. Identify proposed point of discharge and attach a map:

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1. Place a check beside and fill in the analytes specified by MCES for analysis.

**Attach copies of all laboratory data sheets to this request. Attached?**  Yes  No

| **√** | **Analyte** |  | **√** | **Analyte** |
| --- | --- | --- | --- | --- |
|  | Chemical Oxygen Demand (COD) |  |  | Nickel |
|  | Total Suspended Solids (TSS) |  |  | Zinc |
|  | pH |  |  | Phosphorus |
|  | Cadmium |  |  | Chloride ion |
|  | Chromium |  |  |  |
|  | Copper |  |  |  |
|  | Lead |  |  |  |
|  | Mercury |  |  |  |

1. **Is this waste considered hazardous under Minnesota Rules Ch. 7045?**  Yes  No
2. **If sewering on-site,** have you obtained approval to discharge to the sanitary sewer from the city in which the discharge is occurring?  Yes  No

**If yes**, provide name, title, phone number and email address of the city official:

**If sewering on-site and the maximum discharge rate is greater than 10 gpm and/or 14,000 gpd, please contact MCES for further instructions.**

1. **Additional Pertinent Information:** (Attach additional information if necessary)

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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 assure 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 fine and imprisonment for knowing violations.”***

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

**Send the completed request and all applicable attachments to the address at the top of this form.**

**For questions regarding this request, contact the Industrial Waste & Pollution Prevention Office at:** [**iwpp@metc.state.mn.us**](mailto:iwpp@metc.state.mn.us)