



Industrial Stormwater Multi-Sector General Permit Application

Industrial Activity MNR050000

Doc Type: Permit Application

Before you apply:

- Please read the Application Instructions before applying on the Minnesota Pollution Control Agency (MPCA) Web site at: www.pca.state.mn.us/publications/wq-strm3-53.pdf.
Please read the Industrial Stormwater Permit and review guidance materials on the Industrial Stormwater Program's Web site www.pca.state.mn.us/water/stormwater/stormwater-i.html before applying to better understand the permit requirements.
Since 1988, has your industrial activities' acreage increased by more than 90 acres? You may not be able to qualify for this permit. See I.B.1.I of the Multi-Sector General Permit for more information.
Hint: Consider applying for the No Exposure exclusion. Save money, avoid monitoring and more. Answer only questions 1-8 if you can certify for No Exposure. If you cannot certify for No Exposure, answer questions 1-13. Create your Stormwater Pollution Prevention Plan before applying.
Do not use this form if you need to transfer the Industrial Stormwater Multi-Sector General permit to a new owner or change company name with the same owner. Instead use Permit Change Request Form found on the MPCA Web site at: www.pca.state.mn.us/water/permits/index.html#transfer.

Q1A: Select all applicable Narrative Activities from the list below. If none are applicable, skip to Q1B.

Table with 3 columns: Subsector, Subsector description, and Check if applicable. Rows include A4 (Timber products), C1 (Runoff from phosphate fertilizer), D2 (Discharges from asphalt emulsions), E3 (Cement manufacturing), J4 (Mine dewatering), K1 (Hazardous waste treatment), K2 (Hazardous waste treatment), L1 (Municipal solid waste landfill), L2 (Open or closed non-hazardous waste landfill), L3 (Landfill that discharges to surface waters), O1 (Coal fired and oil fired steam electric generating facility), O2 (Nuclear, natural gas fired), O3 (Runoff from coal storage piles), and T1 (Treatment works).

Q1B: What is your facility's primary SIC code?

(See the instructions for the definition of "primary" SIC Code.)

If your primary SIC code or Narrative Activity (Q1A) is not listed within the instructions, Stop here. An application is not required; keep this document for your records.

Q1C: List up to five additional authorized SIC codes from the instructions, if applicable:

Q1D: If you listed SIC codes 2869, 4512, 4513, 4522, or 4581 in Q1B or Q1C, list the corresponding subsector: (Examples: 2869-C7 or 4581-S2)

Q2: Has this facility been or is it currently regulated by the MPCA?

Yes No If Yes, provide one Permit ID # or Hazardous Waste License #:

(ex: A00011860, MND982420630, or 00100016)

**Q3: Facility Information** (Enter the facility name, owner name, and full physical address/location of the facility.)

Facility name: \_\_\_\_\_ Owner name: \_\_\_\_\_  
Facility street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: MN Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Q4: What is the acreage of your Industrial Activities?**

Round to one decimal place (ex: 10.4): \_\_\_\_\_

**Q5: Briefly describe the industrial activities performed at this facility:**

\_\_\_\_\_  
\_\_\_\_\_

**Q6: Facility location information**

Fill in the decimal latitude and longitude for the facility. If possible, list the geographical center of the facility. To look up the latitude and longitude information electronically, use this search tool on the Web site: <http://itouchmap.com/latlong.html>.

**Decimal Latitude:** \_\_\_\_\_ **Decimal Longitude:** \_\_\_\_\_  
(ex: 44. 956497) (ex: -93. 084619)

How was this information obtained?  GPS Unit  Online Map Locator  Topographic Map  
 Other-please explain: \_\_\_\_\_

**Q7: Contact information**

Enter the name, email address, phone number, fax number and address (if different from facility information) of the owner of the facility/business, the facility operator, and the contact person.

**A. Facility/Business owner** ( Check if address is the same as facility information Q3.)

Owner name: \_\_\_\_\_ Company/  
Organization name: \_\_\_\_\_  
Owner address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**B. Facility operator** ( Check if address is same as facility information Q3.)

Operator name: \_\_\_\_\_ Company/  
Organization name: \_\_\_\_\_  
Operator address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**C. Facility contact person** ( Check if address is same as facility information Q3.)

Contact name: \_\_\_\_\_ Company/  
Organization name: \_\_\_\_\_  
Contact address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Q8A: No Exposure.** Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? These questions are for your entire facility. **(See instructions for examples.)**

A. Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to stormwater	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Materials or residuals on the ground or in stormwater inlets from spills or leaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Materials or products from past industrial activity	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Material handling equipment (except adequately maintained vehicles)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Materials or products during loading or unloading or transporting activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Materials or products stored outdoors (except final products intended for outside use, such as new cars, where exposure to stormwater does not result in the discharge of pollutants)	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Materials contained in open, deteriorated or leaking storage drums, barrels, tanks and similar containers	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Materials or products handled or stored on roads or railways owned or maintained by the discharger	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Waste materials (except waste in covered, non-leaking containers like a covered dumpster)	<input type="checkbox"/> Yes <input type="checkbox"/> No

J. Application or disposal of process wastewater, unless otherwise permitted (If currently unpermitted, obtain NPDES/SDS permit coverage or authorization from your local Wastewater Treatment Facility)	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the stormwater outflow	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you checked "yes" to any question(s) A-K, you are not eligible for the No Exposure exclusion. Go to Q9.

If you checked "no" to all of the questions in A-K, you qualify for the No Exposure exclusion. Go to Q8B, sign, and mail this form to the MPCA.

**Q8B. No Exposure Owner and Operator Certification**

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" and obtaining an exclusion from NPDES/SDS stormwater permitting; and that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility identified in this document.

I understand that I am obligated to submit a no exposure certification form once every five years to the NPDES/SDS permitting authority and, if requested, to the operator of the local MS4 into which this facility discharges.

I understand that I must allow the NPDES/SDS permitting authority, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request.

I understand that I must obtain coverage under an NPDES Permit prior to any point source discharge of storm water from the facility. 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 gathered and evaluated the information submitted.

Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete.

I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

*(This certification is required by Federal Regulation 40 CFR 122.26(g)(4)(iv).)*

**Owner authorized signature:**  
(For No Exposure only)

Owner (please print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Operator authorized signature:**  
(For No Exposure only)

Operator (if different): \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**If you qualified for No Exposure, retain a copy for your files and mail application to:**

Minnesota Pollution Control Agency  
Industrial Stormwater Permit Program  
520 Lafayette Road North  
St. Paul, Minnesota 55155-4194

**If you were unable to certify for the No Exposure exclusion, continue.**

**Q9: Has a Stormwater Pollution Prevention Plan (SWPPP) been completed?**  Yes  No

**Note:** A SWPPP *must* be completed before submitting this application. If a SWPPP has not been completed, stop now, complete a SWPPP, resume filling out this application, and then sign the certification below. Do not include the SWPPP with your application. Keep the SWPPP on file at the facility.

**Q10A: Do industrial stormwater discharges flow from the facility to a regulated Municipal Separate Storm Sewer System (MS4)?**

Yes  No If Yes, name of Regulated MS4 Owner: \_\_\_\_\_  
*(Ex: St. Paul Municipal Stormwater)*

**Q10B: List all surface waters that receive your industrial stormwater discharge.**

Indicate below the name of surface water(s) and type of surface water (Fen, Ditch, Lake, Lake Trout Lake, Pond, River, Stream, Trout Stream, or Wetland) that receive your industrial stormwater discharges. Indicate "Yes" or "No" if the surface water is within one mile of any of the facility's monitoring location, if it is an Outstanding Resource Value Water or if it is impaired. See the instructions for more information. Attach additional sheets as necessary.

Name of surface water	Type of surface water	Within one mile?	Is the surface water an Outstanding Resource Value Water?	Is the surface water an impaired water?
<i>Ex: St. Croix River</i>	<i>Ex: River</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>Ex: Unnamed Ditch</i>	<i>Ex: Ditch</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Q11: Monitoring location information.**

List all Benchmark and Effluent Monitoring Locations. **A minimum of one monitoring location is required.** These monitoring locations apply to sheltered product/activity/waste storage areas as well. See instructions for clarification. Attach additional sheets as necessary.

#	Describe the location of the monitoring location	Latitude	Longitude	List Subsector of Narrative Activities and/or SIC Codes for monitoring location
	<i>Ex: NW corner of facility, near road</i>	<i>Ex: 44. 956497</i>	<i>Ex: -93. 084619</i>	<i>Ex: SIC 3111</i>
		<i>Ex: 44. 956497</i>	<i>Ex: -93. 084619</i>	<i>Ex: 02</i>
1				
2				
3				
4				
5				
6				

**Q12: Application fee.**

Is the required \$400 Application Fee (payable to the MPCA) enclosed?  Yes

**Q13: Owner and operator certification.**

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 gathered and evaluated the information submitted.

I certify that 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 civil and criminal penalties.

***(This certification is required by 7001.0070 and 7001.0540.)***

**Owner authorized signature:**

*(For General Permit only)*

Owner (please print): \_\_\_\_\_

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

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

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

**Operator authorized signature:**

*(For General Permit only)*

Operator (if different): \_\_\_\_\_

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

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

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

**Retain a copy for your files and mail application to:**

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