



Minnesota Pollution Control Agency

520 Lafayette Road North
St. Paul, MN 55155-4194

Transmittal Form

NPDES/SDS Permit Program

Doc Type: Permit Application

Instructions on Page 6

The National Pollutant Discharge Elimination System (NPDES)/State Disposal System (SDS) Permit Program regulates wastewater discharges to land and surface waters. This form is required for all applicants, except permit termination/transfer.

Complete the application by typing or printing in black ink. Attach additional sheets as necessary. For more information, please contact the Minnesota Pollution Control Agency (MPCA) at: In Metro Area: 651-296-6300 or Outside Metro Area: 800-657-3864.

MPCA use only
Permit Number
Date Received (MM/DD/YYYY)

Existing Permit Information

Existing Permittee name: _____ Existing Permit number: MN

Contact Information

1. Facility Owner

Organization name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ E-mail: _____
Authorized agent: _____ Title: _____

2. Facility Operator

Organization name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ E-mail: _____
Authorized agent: _____ Title: _____

24-hour Emergency contact backup:

Name: _____ Phone: _____

3. Discharge Monitoring Report contact

Name: _____ Title: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ E-mail: _____

4. Billing contact

Name: _____ Title: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ E-mail: _____

24-hour Emergency contact backup:

Name: _____ Phone: _____

5. Engineer or Consultant

Name: _____ Title: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ E-mail: _____

Certified Operator Information (if applicable)

Certified operators are required for all municipal facilities and for industrial land application facilities.

6. Main certified operator

Name: _____ Title: _____
 Certification (check all that apply): A B C D Type IV Type v
 Certification number: _____ Expiration date: _____

7. Other certified operator(s) (attach additional sheets if necessary)

Name: _____ Title: _____
 Certification (check all that apply): A B C D Type IV Type v
 Certification number: _____ Expiration date: _____

Name: _____ Title: _____
 Certification (check all that apply): A B C D Type IV Type v
 Certification number: _____ Expiration date: _____

Name: _____ Title: _____
 Certification (check all that apply): A B C D Type IV Type v
 Certification number: _____ Expiration date: _____

Facility Information

8. Facility Information (Sand and gravel facilities can skip to #9.)

Facility name: _____
 Street address: _____
 City/Township: _____ State: _____ Zip: _____
 County: _____

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T N	R <input type="checkbox"/> E <input type="checkbox"/> W			
Latitude	Longitude	Datum	Coordinate collection method	Date coordinate collected

9. Is the facility located on tribal land? Yes No If yes, also apply to U.S. Environmental Protection Agency (EPA), Region V, John Coletti (312-886-6106).
10. The 1993 Legislature revised the MPCA's responsibilities in Minn. Stat. § 115.03, subd. 1 (e)(10) "Requiring that applicants for wastewater discharge permits evaluate in their applications the potential reuses of the discharged wastewater;"
 As a result of this 1993 Law, the MPCA has been charged with requiring permit applicants to evaluate the reuse potential of their wastewater prior to discharge. Therefore, please provide an evaluation below of reuse potential of your wastewater prior to discharge. Some ideas include lawn watering, irrigation of parks or public property, use of cooling tower blowdown for thermal discharges, wetland reclamation, etc.
- _____
- _____
- _____
- _____
- _____
- _____

11. List all environmental permits the facility has received or applied for:
- _____
- _____

Surface Water Discharge (Sand and gravel facilities can skip to the application information section.)

12. Does the facility discharge to a surface water of the state? Yes No
If no, the surface water discharge section does not need to be completed.
13. Identify all surface water discharge stations.

Station ID: SD

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W			
Latitude		Longitude		Datum	Coordinate collection method	Date coordinate collected
UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected	
Receiving water:						

Station ID: SD

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W			
Latitude		Longitude		Datum	Coordinate collection method	Date coordinate collected
UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected	
Receiving water:						

Groundwater Monitoring Wells

14. Are there groundwater monitoring wells at the facility? Yes No *If no, the groundwater monitoring wells section does not need to be completed.*
15. Identify all groundwater monitoring well station locations:

Station ID: GW

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W			
UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected	

Station ID: GW

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W			
UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected	

Station ID: GW

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W			
UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected	

Station Locations

16. Identify all other permitted station locations not identified above:

Station ID:

Station type: Influent Waste Stream (WS) Internal Waste Stream (WS) Surface Water Monitoring (SW)
 Land Application (LA) Other (specify): _____

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W			
Latitude		Longitude		Datum	Coordinate collection method	Date coordinate collected

Surface water (surface water monitoring stations only): _____

Station ID:

Station type: Influent Waste Stream (WS) Internal Waste Stream (WS) Surface Water Monitoring (SW)
 Land Application (LA) Other (specify): _____

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W			
Latitude		Longitude		Datum	Coordinate collection method	Date coordinate collected

Surface water (surface water monitoring stations only): _____

Station ID:

Station type: Influent Waste Stream (WS) Internal Waste Stream (WS) Surface Water Monitoring (SW)
 Land Application (LA) Other (specify): _____

Township (26-71 or 101-168)		Range (1-51)		Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)
T	N	R	<input type="checkbox"/> E <input type="checkbox"/> W			
Latitude		Longitude		Datum	Coordinate collection method	Date coordinate collected

Surface water (surface water monitoring stations only): _____

Submittals

- The applicable application and any applicable attachments required by the application.
- Map: attach a U.S. Geological Survey topographical map or similar that indicates the location of the existing or proposed facility, the location of the stations identified above, the receiving water (if applicable) and any additional information required by the applications applicable to your facility.
- Schematic: attach a schematic of the treatment facility that includes all facility components, indicating the direction of wastewater flow and the location of the stations identified above.
- (Industrial facilities only) Flow Diagram or Water Balance Diagram: attach a flow diagram on the process in its entirety from raw water to discharge.
- (Major Municipal facilities only) Facility Description: attach a facility description that describes the collection system and wastewater treatment facility.

Note: Please ensure this form and all applicable applications and attachments are complete. Incomplete applications will be returned. Review your existing NPDES/SDS Permit to ensure all required submittals have been completed. Failure to complete the application for reissuance or failure to complete requirements of the existing permit is considered a violation and may be subject to enforcement.

Application Fees

An application fee is required under Minn. Stat. § 116.07, subd. 4d (1990) and Minn. R. ch. 7002 (Permit Fee Rules). The application fee is determined by the type of permit you are applying for. Please make your check payable to the MPCA.

Indicate which type of permit you are applying for:

(refer to flow chart on page 8 of the instructions to determine the appropriate fee category)

- | | |
|--|---|
| <input type="checkbox"/> Individual Permit Reissuance, no modifications: \$1240 | <input type="checkbox"/> Individual Permit Issuance: \$9300 |
| <input type="checkbox"/> Individual Permit Reissuance, modifications: \$2480 | <input type="checkbox"/> Individual Pretreatment Permit Issuance: \$2480 |
| <input type="checkbox"/> Individual Permit Reissuance, construction: \$2480 | <input type="checkbox"/> Individual Dredge Materials Disposal Permit Issuance: \$2480 |
| <input type="checkbox"/> Individual Permit Reissuance, construction, increased design flow: \$9300 | <input type="checkbox"/> Individual Stormwater Permit Issuance: \$400 |
| <input type="checkbox"/> Individual Permit Minor Modification: \$1240 | <input type="checkbox"/> Biosolids Treatment or Storage Permit Issuance: \$9300 |
| <input type="checkbox"/> Individual Permit Major Modification: \$2480 | <input type="checkbox"/> General Permit (MNG) Reissuance: \$1240 |
| <input type="checkbox"/> Individual Permit Major Modification, construction: \$2480 | <input type="checkbox"/> General Permit (MNG) Issuance: \$1240 |
| <input type="checkbox"/> Individual Permit Major Modification, construction, increased design flow: \$9300 | <input type="checkbox"/> General Permit (MNG) Modification: \$1240 |

Certification

Federal Regulations (40 CFR Part 122.22) and State Regulations (Minn. R. 7001.0060) require all permit applications to be signed as follows:

- A. For a corporation: by a responsible corporate officer. For the purpose of this permit, a responsible corporate officer means: 1) a president, secretary, treasurer or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or 2) The manager of one or more manufacturing, production or operating facilities employing more than 250 persons or having a gross annual sales or expenditures exceeding 425 million, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively.
- C. For a municipality, county or other political subdivision: by a principal executive officer or ranking elected official.
- D. For a state, federal or other public agency/agents: by a commissioner, assistant or deputy commissioner; director, assistant or deputy director.

"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."

Printed name: _____ Title: _____

Authorized signature: _____ Date: _____

State tax ID#: _____ Federal tax ID#: _____

Applications that are submitted without an authorized signature, the required application fee, and attachments will be returned. Please make a copy for your records. Send the completed permit application, attachments (*including plans and specifications, if applicable*), and check to:

Attn: Beckie Olson
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155-4194

Instructions

Questions 1-7. Identify the appropriate person and address for each contact type. It is important this information is accurate; this information is utilized by MPCA staff to contact the facility. If one person is used as multiple contacts, enter the name only if the address is identical. Refer to the Certification for definition of an authorized agent.

Questions 1 and 2 - Identify the appropriate organization, address and agent for each contact type. If a facility is leasing a building or land, these questions pertain to the owner/operator of the activities covered by the permit, not the land or building owner. The operator runs the facility on a day-to-day basis. If a separate management organization operates the facility, its name goes there. Fill in the operator information if applicable; if not, fill in "N/A". If the facility has more than one owner and/or operator, for example a partnership, then also provide the additional owner/operator's information (attach additional sheets as necessary).

Question 8. For instructions on how to complete the table for the facility location, refer to the instructions for Question 13 below.

Question 11. Identify all environmental permits or construction approvals received or applied for under any of the following programs: Hazardous Waste Management under the Resource Conservation and Recovery Act (RCRA), Underground Injection Control Program under the Safe Water Drinking Act (SDWA), NPDES Program under the Clean Water Act (CWA), Prevention of Significant Deterioration (PSD) under the Clean Air Act (CAA), Nonattainment Program under the CAA, National Emission Standards for Hazardous Air Pollutants (NESHAPS) preconstruction approval under the CAA, ocean dumping permits under the Marine Protection Research and Sanctuaries Act, dredge or fill permit under section 404 or the CWA and other relevant environmental permits.

Question 13. Complete the table for each surface water discharge point. The location of a surface water discharge is defined as the location where a wastewater discharge enters a surface water (not where the pipe leaves the wastewater facility structure). If a pipe extends out into a river or lake, the location is identified where the pipe leaves the shore and enters the body of water. If the discharge is to a tile line or storm sewer the location is identified where the tile line or storm sewer enters a surface water. If the discharge is into an open ditch or ravine, the location is identified as the point where the discharge leaves the pipe and enters the open ditch. For new facilities, enter as much information as available and provide a name or description for the Station ID.

Example:

Station ID: SD 002 Main Facility Discharge

Township (26-71 or 101-168)	Range (1-51)	Section (1-36)	¼ Section (NW, NE, SW, SE)	¼ of ¼ Section (NW, NE, SW, SE)	
T 109 N	R 28 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	5	NW	NW	
Latitude	Longitude	Datum	Coordinate collection method	Date coordinate collected	
44.279510	-94.228549	NAD83	DOQ (aerial photo)	4/27/2009	
UTM Northing	UTM Easting	UTM Zone	UTM Datum	Coordinate collection method	Date coordinate collected
401978.10090	4903661.23061	15N	NAD83	DOQ (aerial photo)	4/27/2009
Receiving water:	Swan Lake				

UTM coordinates for surface water discharge stations are not required.

A datum for Latitude/Longitude and Universal Transverse Mercator (UTM) should be specified. For latitude/longitude coordinates, this will either be NAD83 or WGS84 (the default on most GPS units). For UTM, this will likely be NAD83 or NAD27. NAD83 is preferred.

For latitude/longitude and UTM indicate the method of collection and the date of collection. Methods of collection include:

- GPS – Survey Quality
- GPS – Recreational Receiver WAAS enabled (Real Time Differential Corrected)
- GPS – Recreational Receiver Uncorrected
- GPS – Unknown
- Digitized – Web Map Google / Yahoo / Microsoft
- Digitized – Digital Raster Graph (DRG) (USGS 7.5 min topographic map 1:24,000 scale)
- Digitized – Digital Ortho Quad (DOQ) (USGS aerial photo 1:24,000 scale)

Note: If more space is needed for additional stations, refer to the MPCA Web site at www.pca.state.mn.us/water/permits/index.html for an Additional Station Location Attachment.

Question 15. For instructions on how to complete the table for the Groundwater Monitoring Wells, refer to the instructions for Question 13. For Groundwater Monitoring Wells, UTM coordinates are required. If this is an existing facility, refer to the current NPDES/SDS Permit for Station ID and Station Type. For new facilities, enter as much information as available.

Question 16. For instructions on how to complete the table for all other permitted stations not identified in the Surface Water Discharge or Groundwater Monitoring Wells sections, refer to the instructions for Question 13. If this is an existing facility, refer to the current NPDES/SDS Permit for Station ID and Station Type. For new facilities, enter as much information as available.

Submittals

Map: The map information requested may require multiple maps of varying scales. The map identifying the location of surface discharges and surface water monitoring must be small enough to identify locations of outfalls, etc. but large enough to include identifiable features such as roads and waterways. Maps that require more detail, for example identifying the location of tanks or biosolids storage facilities, may require a smaller map scale. Read the applications applicable to your facility, many require additional information to be included on the map(s).

Flow diagram or water balance diagram: This diagram is a line drawing of the water flows through the facility, showing those operations contributing wastewater to the effluent and treatment units; similar processes, operations, or production areas may be indicated as a single unit, labeled to correspond to the contributing process; and a description of the treatment the wastewater receives, including the storage and ultimate disposal of any solid or fluid wastes other than by discharge; the water balance must show approximate average flows at intake and discharge points and between units, including treatment units and evaporation/atmospheric drift releases), highlighting proposed changes from currently NPDES/SDS-authorized facility. On the flow diagram, indicate any addition points for chemical additives.

Application Fees

The application fee is determined by the application type. Refer to the flow chart on page 8 to determine the application type. For more information on the application fees, please refer to the Water Quality Fee Guidance located at <http://www.pca.state.mn.us/water/permits/index.html>.

Note: Minn. R. 7002.0253 requires additional points for designated permit activities (ex. flow increase, Environmental Assessment Worksheet (EAW), Nondegradation, etc.). If applicable, these additional points will be billed to the Permittee before the permit is final issued. Please refer to the Water Quality Fee Guidance located at <http://www.pca.state.mn.us/water/permits/index.html> or Minn. R. 7002.0253 for more information.

Definitions (for flow chart on page 8)

Individual Permit: For permit reissuances or modifications, the existing permit number begins with MN00. For permit issuances, all municipal permits are issued an individual permits. For industrial permit issuances, you may be eligible for a general permit. The general permit qualifications are indicated on the appropriate applications.

General Permit: For permit reissuance or modifications, the existing permit number begins with MNG, MNR, or MNP. For municipal permit issuances, facilities are not eligible for a general permit. For industrial permit issuances, general permit qualifications are indicated on the appropriate applications.

Modifications: In the application for reissuance, the Permittee is requesting changes to the existing permit; for example, addition of chemical treatment, addition of a storage facility, replacement of existing equipment, rehab of existing equipment, etc.

Construction: Permittee will be constructing new treatment components or upgrading or expanding the facility.

Minor Modification: The Permittee is requesting a modification to an existing permit mid permit cycle. A Permittee qualifies for a minor modification if the modifications are to correct errors, require more frequent monitoring, change in a voluntary construction schedule or removal of a monitoring station that has been terminated.

Major Modification: The Permittee is requesting a modification to an existing permit mid permit cycle. A Permittee qualifies for a major modification if there are substantial alterations or additions to the facility, change in a compliance schedule, etc.

Reissuance, Issuance, or Modification Flow Chart

