



**Minnesota Pollution  
Control Agency**

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

# Industrial Surface Water Discharge of Process Wastewater Application

## NPDES/SDS Permit Program

Doc Type: Permit Application

The National Pollutant Discharge Elimination System (NPDES)/State Disposal System (SDS) Permit Program regulates wastewater discharges to land and surface waters. This application applies to industrial facilities that discharge process wastewater to a surface water of the state. Any other discharge types will require a different permit application.

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.

Permittee name: \_\_\_\_\_ Permit number: MN

### Facility Information

1. Principal facility activity: \_\_\_\_\_
2. Product(s) produced: \_\_\_\_\_
3. Amount of product produced per Unit Time (such as tons/year, kilograms/day)\*:  
Average: \_\_\_\_\_ Maximum: \_\_\_\_\_
4. Raw material(s) consumed: \_\_\_\_\_
5. Amount of product consumed per Unit Time (such as tons/year, kilograms/day)\*:  
Average: \_\_\_\_\_ Maximum: \_\_\_\_\_  
*\*Provide both daily maximum and long-term monthly average expected during the five-year permit term. If an effluent limitation guideline applies and is expressed in terms of production (or other measure of operation) please report the expected actual production rates in the units used in the applicable effluent guideline. Consumptive use and/or production rates should be in sufficient detail so as to aid in the development of technology-based effluent limitations. For new discharges, actual production shall be estimated using projected production.*
6. Standard Industrial Classification (SIC) Code Number (list all that apply): \_\_\_\_\_
7. If established, please indicate what you believe to be the applicable federal effluent limitation guideline(s) for your waste stream(s):  
40CFR \_\_\_\_\_
8. What date did the facility initiate operation? \_\_\_\_\_

### Water Supply

9. What is the source of the intake water supply for the facility?

	Rate of supply (gallons/day)
<input type="checkbox"/> Municipal water supply, city name: _____	_____
<input type="checkbox"/> Ground water, intake location: _____	_____
<input type="checkbox"/> Surface water, name: _____	_____
10. If this is a surface or ground water intake, please provide the Minnesota Department of Natural Resources (DNR) Water Appropriation Permit Number: \_\_\_\_\_
11. Is the intake water supply chlorinated or otherwise disinfected? ☐ Yes ☐ No
12. Is the intake water supply treated with a scale and/or corrosion inhibitor? ☐ Yes ☐ No

## Wastewater Treatment

13. How does the facility dispose of sewage (sanitary wastewater)?

---

14. Does the facility generate process wastewater? ☐ Yes ☐ No

If yes, the process wastewater from the facility is disposed of to: (check all that apply)

☐ Municipal storm sewer

☐ Land

☐ Sanitary sewer

☐ Surface water:

☐ Stormwater retention basin or pond

☐ Other (specify):

☐ Septic tank/drainfield

15. Provide a complete description of the existing or proposed wastewater treatment system. For existing facilities, indicate what changes, if any, have occurred since the last permit was issued.

---

---

---

16. Completely describe the type, amount, and fate of all residual solids, sludge, silage, and by-products generated from facility operations and/or wastewater treatment.

---

---

17. Identify the discharge rate in million gallons per day (MGD) and other information for each wastewater outfall discharge point:

Station ID/ Outfall number	Type of wastewater/waste streams	Discharge flow rate, average (MGD)	Discharge flow rate, maximum (MGD)	Discharge frequency	Route to receiving waters

18. Attach a topographical map of the route of discharge to the receiving waters. If this is a discharge to a storm sewer, you must show the route of the storm sewer to a receiving water body. A map showing only the discharge to a storm sewer is unacceptable. The map must show how and where the facility's waste stream enters a receiving water body.

## Groundwater Monitoring

19. Are there groundwater monitoring wells or lysimeters at your facility? ☐ Yes ☐ No

If yes, describe where were installed and the reason they were installed:

---

---

## Chemical Additives

20. List below all chemical additives that are used or proposed to be used at the facility. This includes the process reagents, flocculants, descalants, corrosion inhibitors, biocides, wastewater treatment chemical additives, chlorine or other disinfectants, detergents, cleaning products, chemical dust suppressants, freeze conditioning agents, etc.

Product Name	Location of chemical addition	Frequency of addition	Average rate of use (weight or volume per year)

Attach the *Material Safety Data Sheets*, complete product labels and any other information on chemical composition, aquatic toxicity, human health, and environmental fate for each chemical additive.

An *Additional Chemical Additives Attachment* is available on the Minnesota Pollution Control Agency (MPCA) Web site at <http://www.pca.state.mn.us/water/permits/index.html> if more space is needed.

## Water Quality Sample Results

---

21. Attach a list of all pollutants known or reasonably believed to be present at each facility discharge point and provide sample results for those pollutants.

Pollutants may include, but are not limited to, total suspended solids, biochemical oxygen demand, pH, fecal coliform, temperature (heat), nutrients (phosphorus, ammonia, nitrate, nitrite), metals, salts, cyanide, residual chlorine, fluoride, oil and grease, polychlorinated biphenyls, phenols, polynuclear aromatic hydrocarbons, volatile organic compounds, pesticides and/or radioactivity. Clearly indicate the date, location where sample was taken, types of wastewater sampled, and method(s) of sampling (e.g. grab, composite) for each sample.

At a minimum, sample results must be provided for total suspended solids (TSS), biochemical oxygen demand (BOD), fecal coliform (if believed present or sanitary wastes will be discharged), pH, and total phosphorus, irrespective of what might be required by an existing permit.

If this is an application for reissuance of an existing permit, review your existing NPDES/SDS permit to see if it has special testing requirements as part of the application for reissuance process.

22. Certified laboratory analyzing samples: \_\_\_\_\_  
Minnesota Department of Health Certification Number: \_\_\_\_\_

## Stormwater

---

23. Is the facility covered by an MPCA stormwater NPDES permit? ☐ Yes ☐ No

If yes, indicate the permit number (if stormwater discharges are authorized under the stormwater general permit give unique identifying number rather than general permit number): \_\_\_\_\_

24. Does stormwater contact **any** raw or processed materials, finished products, industrial waste, byproducts, or any other type of materials at the facility? ☐ Yes ☐ No

If yes, describe these materials: \_\_\_\_\_

25. Is any vehicle maintenance, transportation equipment cleaning, or airport deicing conducted at the facility? ☐ Yes ☐ No

26. Indicate where stormwater from the facility discharges to: \_\_\_\_\_

27. Summarize any treatment or best management practices that are used to regulate stormwater discharges at the facility: \_\_\_\_\_

## Attachments

---

- ☐ **Pond Attachment:** If your facility has a pond treatment component (i.e., primary, secondary, aerated, polishing, cooling, etc.), complete the Pond Attachment.

**Review the application and ensure all requested items are submitted with this application.**

**Please make a copy for your records.**

**Refer to the *Transmittal Form* for mailing instructions.**