|  |  |
| --- | --- |
| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Preliminary effluent limit review  request Industrial wastewater  Environmental Analysis and Outcomes  Effluent Limits Unit  *Doc Type: Preliminary Effluent Limit Review* |

## **Purpose:** This form is required for all preliminary effluent limit requests for:

|  |  |
| --- | --- |
| **MPCA Use Only** | |
| AI# |  |
| MN |  |
|  | *Application number* |
|  |  |
|  | *Date received*  *(mm/dd/yyyy)* |

## 1) New facilities with a surface water discharge

## 2) Existing facilities with a surface water discharge where the design flow, outfall location, or quality of the effluent is changing

## 3) Existing facilities with a surface water discharge where changes to treatment type would impact the quality of the effluent

## **Complete application by typing or printing in black ink. *Instructions on page 5.***

## Contact information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Engineer or consultant or requester** | | | | | | | | | | | Employer/Company: | | | | | | | | |  | | | | | |
| Name: | |  | | | | | | | | | | | | Title: | |  | | | | | | | | | |
| Mailing address: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | | | State: | | | |  | | | Zip code: | |  | |
| Phone: | |  | | | | | | Fax: |  | | | | | | Email: | | | |  | | | | | | |
| **2. Permittee or Facility** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | County: | | | |  | | | | | | | | |
| City: |  | | | | | | | | | | | | | | State: | | | |  | | | Zip code: | |  | |
| NPDES/SDS Permit #: | | | | | | |  | | | | *(complete only for existing permitted facilities)* | | | | | | | | | | | | | | |
| Address of facility *(if known)*: | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **3. Facility owner** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization name: | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Mailing address: | | | | | |  | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | | | | | | State: | | |  | | Zip code: | |  |
| Telephone: | | |  | | | | | | | Fax: | |  | | | | | | Email: | | |  | | | | |
| Authorized agent: | | | |  | | | | | | | | | | Title: | |  | | | | | | | | | |

## *National Pollutant Discharge Elimination System (NPDES); State Disposal System (SDS)*

## Facility information(If more space is needed, attach additional page(s) to the request.)

|  |  |
| --- | --- |
| **4. Reason for request:** *(Describe in detail: reason and any changes to treatment type impacting the quality of the effluent.)* | |
|  |  |
| **5. Identify design flows and waste flow type for the existing (if any) and proposed facility:** | |
| See the Minnesota Pollution Control Agency (MPCA) website regarding *Design Flow and Loading Determination Guidelines* for Wastewater Treatment Plants at: <https://www.pca.state.mn.us/water/engineering-and-technical-information-construction-or-expansion>. | |
| **Specify whether or not there is an existing wastewater treatment facility** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Maximum daily flow (mgd)** | **Average daily flow (mgd)** | **Maximum design daily flow (mgd)** | **Waste flow type** | **Location of discharge** |
| **Existing facility** |  |  |  | Continuous  Controlled  Periodic/Seasonal  Intermittent | Existing location |
| **Proposed facility 1** |  |  |  | Continuous  Controlled  Periodic/Seasonal  Intermittent | Identify discharge location using station IDs in question 11 |
| **Proposed facility 2** |  |  |  | Continuous  Controlled  Periodic/Seasonal  Intermittent | Identify discharge location using station IDs in question 11 |
| **Proposed facility 3** |  |  |  | Continuous  Controlled  Periodic/Seasonal  Intermittent | Identify discharge location using station IDs in question 11 |
| **Proposed facility 4** |  |  |  | Continuous  Controlled  Periodic/Seasonal  Intermittent | Identify discharge location using station IDs in question 11 |

**Maximum daily flow:** This is the anticipated maximum daily flow rate for the next five year permit term.

**Average daily flow:** This is the anticipated average daily flow rate for the next five year permit term.

**Maximum design daily flow:** This is the design flow of the treatment system.

**Waste flow type:** A description of the discharge type

**Continuous:** Continuous, year-round discharge where flows occur without interruption throughout operating hours of the facility, except for infrequent shutdowns for maintenance, process changes, or other similar activities (40 CFR 122.2). Most domestic mechanical facilities are considered to have continuous discharges.

**Controlled:** Discharge permitted during pre-defined periods or windows which are generally during periods of higher receiving water flow and lower temperatures. For northern Minnesota [Minnesota Pollution Control Agency (MPCA) regions I, II, III] these periods are 3/1-6/30 and 9/1-12/31. For southern Minnesota [MPCA regions IV, V, Metro] these periods are 3/1-6/15 and 9/15-12/31. These discharges are almost exclusively stabilization ponds with controlled discharges in spring and fall.

**Intermittent:** Discharge that occurs sometimes, but not regularly (40CFR pt.122). Intermittent discharges occur infrequently and/or for short durations. Examples include water treatment plants with backwash discharge such as once every ten days or a few hours every week, and stormwater detention ponds with discharges that are precipitation dependent.

**Periodic/Seasonal:** Discharge that occurs regularly, but is not continuous all year, where discharge is intentional at specified times following treatment (e.g., monthly or seasonally) and of longer duration, as opposed to the short duration of intermittent discharges (40CFR 122). Examples include canning facilities that discharge process wastewater continuously during packing season (May-Sep or other months) and quarries and gravel mining operations. This excludes stabilization ponds with pre-defined discharge periods or windows.

|  |  |  |  |
| --- | --- | --- | --- |
| **6. Facility description:** *(include the type of treatment units, known and anticipated pollutants, additives, etc.)* | | | |
|  | **Existing facility** | | |
|  | a. | | Type of treatment units: |
|  | b. | | Known pollutants: |
|  | c. | | Additives |
|  | **Proposed facility 1** | | |
|  | a. | | Type of treatment units: |
|  | b. | | Known and anticipated pollutants: |
|  | c. | | Additives |
|  | **Proposed facility 2** | | |
|  | a. | | Type of treatment units: |
|  | b. | | Known and anticipated pollutants: |
|  | c. | | Additives |
|  | **Proposed facility 3** | | | |
|  | a. | | Type of treatment units: | |
|  | b. | | Known and anticipated pollutants: | |
|  | c. | | Additives | |
|  | **Proposed facility 4** | | | |
|  | a. | Type of treatment units: | | |
|  | b. | Known and anticipated pollutants: | | |
|  | c. | Additives | | |

**7. Facility information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **a.** | **Principal facility activity:** | | | | |
|  | | **b.** | **Products produced:** | | | | |
|  | | **c.** | **Amount of product produced 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.

|  |  |  |
| --- | --- | --- |
|  | **d.** | **Standard Industrial Classification (SIC) Code Number (list all that apply):** |
|  | **e.** | **If established, please indicate what you believe to be the applicable federal effluent limitation guideline(s) for your waste stream(s)\*:** |

**\***Include the applicable subparts and additional information required by the federal rule. Example: Dairy Products Processing Point Source, 40CFR405, subparts B for fluid products and/or N for natural and processed cheese. Also include the BOD5 input data for the raw material for each subpart.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **f.** | **What date did the facility initiate operation?** (mm/dd/yyyy)**:** | | | |  | |
|  | | **g.** | **Days of operation per year:** |  | |  | | |
| **8. Wetland impacts:** (For new or expanded discharges, will construction or operation of the proposed facility result in wetland filling, drainage, excavation, or permanent inundation?)  Yes  No  If yes, please provide the following information: | | | | | | | | |
|  | a. Location of impacted wetland: | | | |  | | | |
|  | b. Acreage of impacted wetland: | | | |  | | | |
|  | c. Wetland type/classification: | | | |  | | | |
|  | *(See U.S. Fish and Wildlife Service National Wetlands Inventory at* [*http://www.fws.gov/wetlands/index.html*](http://www.fws.gov/wetlands/index.html)*.)* | | | | | | | |
| **9. Is the facility located on tribal land?**  Yes  No  **If yes,** also contact U.S. Environmental Protection Agency (EPA) Region V, John Coletti [colletti.john@Epa.gov](mailto:colletti.john@Epa.gov), 312-886-6106. | | | | | | | |
| **10. Identify all wastewater treatment facility locations for which preliminary effluent limits are requested:** | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Proposed facility 1** | County: | | City/Township: | | |
|  | 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      E W |  |  |  |
| **Proposed facility 2** | County: | | City/Township: | | |
|  | 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      E W |  |  |  |
| **Proposed facility 3** | | County: | | City/Township: | | |
|  | | 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      E W |  |  |  |
| **Proposed facility 4** | | County: | | City/Township: | | |
|  | | 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      E W |  |  |  |

## Existing/Proposed surface water discharge

|  |
| --- |
| **11. Identify all surface water discharge locations for which preliminary effluent limits are requested:** |

Complete the table for each surface water discharge point. If this is an existing facility, refer to the current NPDES/SDS Permit for Station ID. For new facilities, enter as much information as available. If more space is needed for additional stations, attach additional pages.

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 or ravine.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Proposed facility 1** | **Station ID:**       For existing facilities will the discharge location change?  Yes  No | | | | |
|  | Latitude | | Longitude | Datum | Coordinate Collection Method |
|  |  | |  | WGS84 | Digitized – Web Map Google |
|  | Receiving water name: |  | | | |
| **Proposed facility 2** | **Station ID:**       For existing facilities will the discharge location change?  Yes  No | | | | |
|  | Latitude | | Longitude | Datum | Coordinate Collection Method |
|  |  | |  | WGS84 | Digitized – Web Map Google |
|  | Receiving water name: |  | | | |
| **Proposed facility 3** | **Station ID:**       For existing facilities will the discharge location change?  Yes  No | | | | |
|  | Latitude | | Longitude | Datum | Coordinate Collection Method |
|  |  | |  | WGS84 | Digitized – Web Map Google |
|  | Receiving water name: |  | | | |
| **Proposed facility 4** | **Station ID:**       For existing facilities will the discharge location change?  Yes  No | | | | |
|  | Latitude | | Longitude | Datum | Coordinate Collection Method |
|  |  | |  | WGS84 | Digitized – Web Map Google |
|  | Receiving water name: |  | | | |

## Attachments

List attachments:

|  |
| --- |
|  |

Always attach a map

Attach a U.S. Geological Survey topographic map (7.5 minute series) or other map of comparable detail that shows surface water bodies, roads, and other pertinent landmarks. The map should show and label the exact location of the existing or proposed facility, and the location of all existing and proposed wastewater discharge points into receiving waters. Mark and label all surface water discharge locations at the point where the wastewater enters the receiving water. If the discharge is to a tile line or storm sewer, label the tile line or storm sewer and show its flow path to the receiving water.

**Note:** Please ensure this form and all applicable attachments are complete. **Please make a copy for your records.**

## Application fee

An application fee is required under Minn. Stat. § 116.07, subd. 4d (1990) and Minn. R. ch. 7002 (Permit Fee Rules). This application fee must be submitted with the application. The current application fee is $1,550 with the dollar amount determined by point assignments contained in the Permit Fee Rules. Please refer to Minn. R. ch. 7002.0253, subp. 1.A. found on the MPCA’s website at: [http://www.pca.state.mn.us/index.php/water/water-permits-and-rules/water-permits-and-forms/mpca-water-quality-permit-fees.html.](https://www.pca.state.mn.us/water/wastewater-permit-fees)

## Submittal

Requests that are submitted without the required fee and attachments will be returned. Please make your check payable to the Minnesota Pollution Control Agency. Send the completed request, attachments, and check to:

**Attn: Fiscal Services – 6th floor**

Minnesota Pollution Control Agency

520 Lafayette Road North

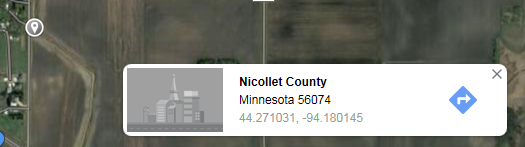
St. Paul, MN 55155-4194

## Contact information

## If you have questions or need further assistance, contact Elise Doucette via email at [elise.doucette@state.mn.us](mailto:elise.doucette@state.mn.us) or by phone at 651-757-2316 or Carol Sinden via email at [carol.sinden@state.mn.us](mailto:carol.sinden@state.mn.us) Effluent Limits Unit, Environmental Analysis and Outcomes Division.

## Instructions

**Surface water discharge location example:**Find proposed discharge location using Google Maps at <https://www.google.com/maps>, click on exact proposed discharge location, and latitude/longitude information appears in pop-up window.



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Station ID:** SD *1* | | | | | |
| Latitude | | Longitude | Datum | Coordinate Collection Method |  |
| *44.271062* | | *-94.180317* | *WGS84* | *Digitized – Web Map Google* |  |
| Receiving water name: | *County Ditch 4* | | | | |

*A datum for latitude/longitude should be specified. For latitude/longitude coordinates, this will either be NAD83 or WGS84 (the default on most GPS units and Google Maps).*