



Minnesota Pollution Control Agency

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

Industrial Stormwater Waiver Request

Industrial Stormwater Program

Doc Type: Permit Evaluation

Instructions:

- This form is for general benchmark monitoring, natural background pollutant, or run-on demonstration waivers only. Indicate which waiver below.
- **Submittal:** Sign and date form. Send the form electronically via email to: iswprogram.pca@state.mn.us, or mail the original-signed copy to: ATTN: ISW Program Coordinator, Minnesota Pollution Control Agency, 520 Lafayette Road North, St. Paul, MN 55155-4194
- **Incomplete, incorrect, or unsigned forms will be returned**, and you will still need to continue sampling.
- Forms will be reviewed and facilities will be contacted for additional information or approval. Sampling must continue until you are contacted by Minnesota Pollution Control Agency (MPCA).
- Fill out as many copies of this form as necessary. **Note: Fields preceded by an asterisk (*) indicates a required field.**
- No changes to monitoring locations, addresses, or facility names can be made through this form. Please fill out the Change Form at: <http://www.pca.state.mn.us/index.php/view-document.html?gid=14121>.

Facility Information

*Facility name: _____ *Facility ID number: _____

*Facility address: _____ MN _____ *Waiver effective date: _____

(Street) (City) (State) (Zip) (mm/dd/yyyy)

Indicate the monitoring locations and parameters the waiver applies to:

Monitoring location #	Monitoring location name	Parameters	Type of waiver (general, natural background, or run-on)
1			
2			
3			
4			
5			
6			

Describe in detail the justification for claiming this waiver. The requirements for the general benchmark, run-on demonstration, and natural back ground pollutant are found in Part V.A.4 of Minn. R. 050000; additional guidance for documenting these waivers can be found in the *MPCA Monitoring Guidance Manual* on the MPCA website at <http://www.pca.state.mn.us/index.php/view-document.html?gid=15415>. Attach supporting documentation and additional sheets if necessary.

Owner/Operator signature: By typing my name in the following box, I certify that I am familiar with the information contained in this report and the above statements to be true, complete, and correct to the best of my knowledge.

*Name: _____ Title: _____

(This document has been electronically signed.) *Date (mm/dd/yyyy): _____