



**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.

- Review the application to ensure all requested items are submitted with this application.
- Please make a copy for your records.
- Refer to the Transmittal Form for mailing instructions.

Permittee name: Enbridge Energy, Limited Partnership Permit number: MN

### Facility information

- Principal facility activity: Oil Transmission Pipeline
- Product(s) produced: Transport of crude oil from Canada
- Amount of product produced per Unit Time (such as tons/year, kilograms/day)\*:  
 Average: \_\_\_\_\_ Maximum: 760,000 barrels per day (bpd)
- Raw material(s) consumed: NA
- Amount of product consumed per Unit Time (such as tons/year, kilograms/day)\*:  
 Average: NA Maximum: NA  
*\*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.*
- Standard Industrial Classification (SIC) Code Number (list all that apply):  
4612
- If established, please indicate what you believe to be the applicable federal effluent limitation guideline(s) for your waste stream(s):  
40CFR Part 122.41, 122.42, 136, 403 and 503
- What date did the facility initiate operation? NA; New construction

### Water supply

- 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 checked="" type="checkbox"/> Ground water, intake location: _____	See Section 4.0 of the Supplement.
<input checked="" type="checkbox"/> Surface water, name: _____	See Section 4.0 of the Supplement.
- If this is a surface or ground water intake, please provide the Minnesota Department of Natural Resources (DNR) Water Appropriation Permit Number: 2018-3690

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)?  
No sanitary wastewater will be discharged at this facility.
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.  
See Section 8.0 and Attachments J and K of the Supplement.
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.  
See Section 3.0 of the Supplement.
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
See Attachments E, F and I of the Supplementt	See Attachments E, F and I of the Supplement.	See Attachments E, F and I of the Supplement.	See Attachments E, F and I of the Supplement	See Attachments E, F and I of the Supplement	See Attachments E, F and I of the Supplement.

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:  
Hydrostatic test water discharge locations will not be placed near monitoring wells.

## 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, freeze conditioning agents, etc. MPCA approval is required for any additives that are new, increasing in usage, or not previously approved. Go to the MPCA chemical additive webpage at: <http://www.pca.state.mn.us/a6krka9> to find the documents necessary to complete the approval process. Your additives will **not** be approved for use until you complete this process.

Product name	Purpose	Location in process of chemical addition	Frequency of addition	Type of application (slug dosing or continuous feed)	Average rate of use (weight or volume per day)	Maximum rate of use (weight or volume per day)	Previously approved? Yes or no	Date of approval (mm/dd/yyyy)
NA							<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	

An Additional Chemical Additives attachment is available on the MPCA website at <http://www.pca.state.mn.us/water/permits/index.html> if more space is needed.

21. Do you use chemical dust suppressants at your facility?  Yes  No

If yes, fill out table below:

Product name	Location of use	Frequency of use	Average rate of use (weight or volume per day)	Maximum rate of use (weight or volume per day)
NA				

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 dust suppressant. Chemical dust suppressants are approved separately from the process required in question 20.

## Water quality sample results

22. 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.

23. Certified laboratory analyzing samples: See Attachment A of the Supplement.

Minnesota Department of Health Certification Number: \_\_\_\_\_

## Stormwater

24. 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):

Application for coverage under the general stormwater permit will be submitted 30 days prior to construction per agency conversation; coverage is expected.

25. 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:

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

27. Indicate where stormwater from the facility discharges to: Various conveyances along the linear corridor.

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

See Enbridge's Environmental Protection Plan which is provided as Attachment C of the Supplement. Enbridge's Stormwater Pollution Prevention Plan is available upon request.

## Attachments

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