



For City Use Only
 Date Received: _____
 Staff Person: _____

Significant Industrial User and Industrial User Discharge Permit Application

A. General Information

1. Company Name: _____
2. Facility Address: _____

3. Facility County: _____

4. Mailing Address: _____

5. Contact Information:

Contact Name	Title	Address	Phone	FAX	Email
(Primary contact)					
(Billing contact)					
(Alternate contact)					

6. Application for:
 - Existing Facility Lease Own Startup Date: _____
 - New Facility Lease Own Anticipated Startup Date: _____
 - Is this a multi-tenant facility? Yes No

B. Operations

1. Operating hours per day: _____
2. Operating hours per week: _____

	1st	2nd	3rd
3. Number of employees per shift:			
Shift hours:			

4. Hours of operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

C. Production

1. Standard Industrial Classification Codes and descriptions of operations:

SIC Code	Description of Operation	Primary?

2. Information on raw material used:

You may request that information regarding raw materials be classified as confidential if you consider the specific information to be "trade secret information" as defined by the Minnesota Government Data Practices Act (Minnesota Statutes § 13.37). To make this request, check the following box and contact the Public Works Director to complete the request process.

Yes, the raw materials should be classified as trade secret information.

Principal Raw Materials	Daily Quantity	Units

3. Information on principal products produced:

Principal Products	Daily Quantity	Units

4. Are there seasonal changes at this facility in the volume of water used, rate of production, services rendered, and/or industrial waste generated? Yes No If Yes, please describe below:

D. Water Balance

1. Incoming water supply:

	Gallons per Year	Determination Method
City Water Supply		
Private Well(s)		
Other: _____		
Total		

2. Water not discharged to sanitary sewer:

	Gallons per Year	Determination Method
To Storm Sewer and/or Receiving Water		
Lawn Sprinkling		
Used in Product		
Lost to Evaporation		
Off-Site Disposal		
Other		
Total		

3. Wastewater discharged to sanitary sewer (Total of D.3. should equal Total of D.1. minus Total of D.2.)

	Gallons per Year	Determination Method
Non-Contact Cooling Water		
Domestic Wastewater		
Industrial Wastewater		
Other		
Total		

E. Industrial Wastewater

1. Please indicate any incoming water treatment (check all that apply):

None Water Softener Reverse Osmosis De-ionization Other: _____

Total quantity of water treated: _____ gallons/year

2. Is there a reject waste stream from any of these processes that is discharged to the sanitary sewer?

Yes No If Yes, total quantity discharged: _____ gallons/year

3. Please list the sources of all industrial waste discharges to the sanitary sewer and their estimated percent of the total facility discharge:

Source	% of Total Facility

(use a separate sheet if necessary)

4. Is your facility's industrial waste pretreated prior to discharge to the sanitary sewer?

Yes No If Yes, please list the treatment method(s) used:

Method of Treatment	Year Installed	Waste Streams Treated	Parameter(s) Treated	Discharge Rate*	Discharge Frequency*	Byproduct Disposal Method

(use a separate sheet if necessary)

*Note: Discharge rate and frequency should provide enough information to determine whether discharge from the pretreatment process is continuous or intermittent.

5. Does your facility have batch discharges* to the sanitary sewer?

Yes No If Yes, please list in table below:

Source	Characteristics	Quantity (gallons)	Discharge Frequency	Pretreatment Method

(use a separate sheet if necessary)

*Note: A batch discharge is defined as an infrequent or periodic discharge of industrial waste which includes, but is not limited to the following: spent acid or caustic solutions, spent process solutions, machining coolants, concentrated dead rinses, etc.

6. Does your facility have waste that is hauled off-site for treatment and disposal?

Yes No If Yes, please list in table below:

Waste Streams Shipped	Characteristics	Quantity (gallons)	Discharge Frequency	Transported By/To

(use a separate sheet if necessary)

F. Analytical Data

Has any portion of this facility's wastewater discharge been monitored or analyzed in the past two years?

Yes No

Note: Industrial Compliance staff will notify you if wastewater monitoring is required as part of this permit application process.

G. Permits and Licenses

1. Federal Tax ID Number: ___ - _____

2. Does this facility have a NPDES/SDS permit for the discharge of non-contact cooling water, contaminated ground water, or other wastewater to a storm sewer or receiving water?

Yes No If Yes, please indicate the permit number: _____

3. Does this facility have a license or permit for the generation, treatment, storage, or disposal of hazardous waste?

Yes No If Yes, please indicate the type of license and complete the table below:

VSQG SQG LQC Other: _____

Permit/License Number	Issued By

4. Does this facility discharge to the sewer any wastes that could be considered hazardous under Minnesota Rules Chapter 7045? Yes No If Yes, complete the table below:

Hazardous Waste Discharge	Quantity (gallons)	Discharge Frequency

H. Public Information Policy

Discharge Permit applications and accompanying documents required by the City of Northfield are public information. If, however, the applicant considers specific information submitted to the City of Northfield via permit applications to be "trade secret information" as defined by the Minnesota Government Data Practices Act (Minnesota Statutes § 13.37), the applicant may mark items on these documents as trade secret information. If the City of Northfield determines the marked items are trade secret information, then the City of Northfield will treat the marked items as nonpublic data in accordance with the Minnesota Government Data Practices Act.

I. Facility/Site Diagram(s)

Provide current and/or proposed diagrams on separate sheet(s) indicating the location of:

1. General areas such as production, offices, warehouses, etc.;
2. Bulk chemical storage areas (such as: flammables, solvents, oils, acids, caustics, dyes, metal solutions, pesticides, ethylene glycol, or large volumes of foodstuff liquids);
3. Manufacturing or process areas where industrial waste is generated;
4. Main water supply lines to and wastewater lines from process/manufacturing areas;
5. Incoming and deduct water meters;
6. All connections to the sanitary and storm sewers, including the locations of any oil/water separators or flammable waste traps;
7. Sampling/monitoring point(s);
8. Wastewater pretreatment system(s), if present; and
9. Miscellaneous sources of industrial waste, such as cooling tower bleed-off and boiler blow-down.

Also provide in list or table format the following information:

- a. Equipment or processes using non-contact cooling water; and
- b. Chemicals stored at this facility in quantities greater than 5 gallons that have the potential to affect the characteristics of the wastewater discharge if released.

Note: In the case of facilities with complex operations, more than one diagram, schematic or table may be necessary to provide all of the information requested above. Certain individual process operations or a pretreatment system may warrant a separate schematic.

J. Process Flow Schematic(s)

You may request that the process flow schematics be classified as confidential if you consider the specific information to be "trade secret information" as defined by the Minnesota Government Data Practices Act (Minnesota Statutes 13.37). To make this request, check the following box and contact the Public Works Director to complete the request process.

Yes, the process flow schematic(s) should be classified as trade secret information.

Provide a process flow schematic for each industrial process with a sanitary sewer discharge. Each schematic must contain the following:

1. Incoming water addition point and volume determination method (meters, etc.);
2. Process chemical addition points;

3. Pretreatment systems;
4. Industrial waste streams, as well as the waste stream disposal options (e.g., on-site sanitary sewer, hauled liquid waste, storm sewer, hazardous waste management, etc.);
5. Wastewater sampling / monitoring point(s);
6. Wastewater volume determination methods (meters, etc.);

K. Certification of Information

"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 fines and imprisonment for known violations."

Name (Print): _____

Title: _____

Email: _____

Signature: _____

Date: _____

The signatory must be an authorized representative. An authorized representative must be:

1. A principle executive officer of at least the level of vice president, if the application is a corporation;
2. A general partner or proprietor, if the applicant is a partnership or sole proprietorship, respectively.

Send completed application to: City of Northfield
 Public Works Division
 801 Washington St
 Northfield, MN 55057