



## Notice of Intent to Discharge Non-domestic Wastewater, as Required by sec. 11.401, MMSD Rules

### I. Facility, Site, or Project Information

(a) Name \_\_\_\_\_

(b) Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Mailing address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Contact person \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone \_\_\_\_\_

(e) Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(f) Five digit NAICS code or four digit SIC code \_\_\_\_\_



(d) Wastewater discharge rates for the facility as a whole. Complete this section if the discharge is not for a limited-term.

	Flow rates (gallons per day)	
	Existing	Proposed
Domestic	_____	_____
Non-domestic Process	_____	_____
Non-contact cooling	_____	_____
Other	_____	_____

(e) Process wastewater discharges (fill in the spaces that apply)

1. Continuous discharge: \_\_\_\_\_ hours per day \_\_\_\_\_ days per week
2. Batch discharge: \_\_\_\_\_ gallons discharged \_\_\_\_\_ per \_\_\_\_\_.  
Frequency Time
3. One time discharge: \_\_\_\_\_ gallons discharged over \_\_\_\_\_ days
4. Other (explain the timing and type of discharge)

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(f) List the pollutants potentially present in the wastewater covered by this *Notice of Intent*

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(g) Sample results. If you are able to sample the wastewater covered by this *Notice of Intent*, then attach sample results according to the instructions.

(h) Describe any proposed treatment procedures or equipment

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(i) Identify the exact location of the discharge point

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(j) Enclose a drawing of the site where the discharge will occur. This drawing must identify all connections to the sewerage system; the processes, operations, or activities generating wastewater; treatment facilities, and potential sampling locations.

**III. Certification and signature**

*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 fine and imprisonment for knowing violations.*

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Signature

Date

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Printed name and title