MCES CONTACT LIST FOR SAC QUESTIONS

www.metrocouncil.org, search word "SAC"

SAC Program Administration

Reporting procedures; General SAC policies and procedures; Community Reviews; 2010 Credit policy (effective 1/1/2010)

	E-mail	Phone/Fax
☎ Jessie Nye, SAC Program Administrator	jessica.nye@metc.state.mn.us	(651) 602-1378 (651) 602-1030 fax

Determinations (Commercial and Industrial); SAC Criteria; Use of Forms

	E-mail	Phone/Fax
☎ Karon Cappaert, SAC Technician *Determination Reviews*	karon.cappaert@metc.state.mn.us	(651) 602-1118 (651) 602-1030 fax
☎ Kelly Barnebey, SAC Assistant *Contact for submittal requirements, ordering additional forms & manuals, and Determination status*	kelly.barnebey@metc.state.mn.us	(651) 602-1421 (651) 602-1030 fax

MCES Industrial Waste

Industrial discharges; Third-year permit reviews; Contaminated groundwater

	E-mail	Phone
☎ Paul Neubauer, Environmental Scientist	paul.neubauer@metc.state.mn.us	(651) 602-4720

MCES Finance

SAC Policy and authority

	E-mail	Phone
☎ Jason Willett, MCES Finance Director	jason.willett@metc.state.mn.us	(651) 602-1196

Metropolitan Council

Environmental Services

Sewer Availability Charge (SAC)
Determination Application

Please Type or Print Clearly and Complete In Full

NEW

PROJECT TYPE: ☐ New Building ☐ Addition ☐ Remodel ☐ Tenant Finish

Business Name	**Type of Business**	
Site Address (if address not assigned – street intersections in lieu of street address)		**City Name**
Site Location (ex. Mall of America, Oaktown Office Park, etc.)	**Suite Number**	**Date of Occupancy** **From:** **To:**
Project Description		

PREVIOUS

Business Name (at this location)	**Type of Business**	
Site Address	**Suite Number**	**Date of Occupancy** **From:** **To:**
Original building construction date	**Parcel Identification Number (PID)**	

CONTACT

Contact Name	**Phone Number**
Company Name	
Complete Mailing Address	
Email Address	

SUBMITTAL CHECKLIST

Include

- ☐ Complete SAC Determination Application Transmittal
- ☐ Architectural Floor Plans – 1 set; PDF floor plans are preferred (**No Spec Books**)
  - ☐ Must be same plan as submitted to City for their review
  - ☐ Scalable or with individual room dimensions for each room/space
  - ☐ Room Schedule, showing room use (if not specified on plan)
  - ☐ Seating layout (if restaurant, bar or theater) – Indoor and outdoor seating
  - ☐ Plumbing fixture layout (if clinic, hospital or parking garage)
- ☐ Demolition Plans (if existing or remodel) – 1 set- include room schedule
- ☐ SAC Affidavit, Reclaim, Transmittal-B and/or Transmittal-C forms (if applicable)

See "Additional Submittal Requirements" page for further submittal requirements

Submit all of the above to SAC Technician at the address on the bottom of page or by PDF document to kelly.barnebey@metc.state.mn.us

Metropolitan Council

Environmental Services

Sewer Availability Charge (SAC)

Additional Submittal Requirements

If applicable, please check the boxes that pertain to your business and submit with items listed on Transmittal-A

Business Name:	Business Owner:
Business Site Address: Street	City

Apartment Building

Is there a parking garage present? ☐ No -or- ☐ Yes, *See Parking Garage Below*
Is there a common laundry? ☐ No -or- ☐ Yes
Do any units have a washing machine? ☐ No -or- ☐ Yes

Banquet Rooms

Is the food: ☐ Catered in ☐ Prepared on-site
Is liquor served: ☐ Yes ☐ No
Is the dishwashing: ☐ On-site ☐ Off-site

Barber/Beauty Salon

Number of hair stations? _____ Number of massage/treatment stations? _____
Number of manicure stations? _____ Number of pedicure/facial stations? _____

Cafeteria/Catering/Meals-to-Go

What is the maximum number of meals that can be made on the busiest day of the year? _____
(Include breakfast, lunch, dinner, and after-hours events)

Car Wash (automatic)

☐ Submit specification sheets that show the gallons per car water consumption for each wash type.
Reclaim systems will have further submittal requirements. Please see "Reclaim-Conveyor" or "Reclaim-Rollover" under 'SAC Determination Forms' on the main SAC webpage.

Church

The classroom usage is:
☐ Daily -or- ☐ Weekly

Clinic/Dental/Hospital

Number of gallons/minute discharge for: Sterilizers _____ Dental Vacuum _____
Number of gallons to fill: Whirlpool: _____ X-ray Film Processors _____
Number of licensed beds? *(submit copy of license or license application)* _____

Parking Garage

Which floors are connected to the sanitary sewer? _____ What size are the floor drains? _____
Is there a car wash bay/port? ☐ Yes -or- ☐ No

Service Station/Vehicle Garage

The type of service is:
☐ Fast service (less than 4 hours per car) -or- ☐ Major service (more than 4 hours per car)

I hereby certify that I have read and understood every question in this transmittal and that the answers to every question are true to my knowledge and belief. I further understand that the giving of false information in this affidavit constitutes fraud and is also cause for the immediate redetermination of any charges and I will be held responsible for any additional SAC fees.

If agent signs, must submit letter from business owner stating agent can sign on his/her behalf.

Print Name of Business Owner: _____
(Must Be Legible)

Signature of Business Owner: _____ Date: _____

Metropolitan Council

Environmental Services

Sewer Availability Charge (SAC)
Affidavit of Business Use
Food/Drink Establishments

This form is to be submitted along with the other items listed on the Transmittal-A form if the business use is a food/drink establishment.

Business Name:	
Business Owner:	
Business Site Address: Street	City
Federal Tax ID:	Minnesota Tax ID:

**** * * Please check all boxes that pertains to your business * * ****

TYPE OF SERVICE (check all that apply):

Restaurant - Food Prepared and/or Served

☐ Yes

☐ No

Drinks Only - No Food Prepared

☐ Yes

☐ No

Take Out Only - No Food or Drink Served

☐ Yes

☐ No

TYPE OF DINING:

☐ **Indoor Dining** ☐ **Outdoor Dining** ☐ **Indoor and Outdoor Dining**

If outdoor area is smoking only and no food or drink can be consumed, submit copy of City approved ordinance or City issued business license stating the restriction of food or drink from being consumed. If drinks can be consumed but no food, submit said copy of City approved ordinance or City issued business license stating the restriction.

I hereby certify that I have read and understood every question in this affidavit and that the answers to every question are true to my knowledge and belief. I further understand that the giving of false information in this affidavit constitutes fraud and is also cause for the immediate redetermination of any charges and I will be held responsible for any additional SAC fees.

If agent signs, must submit letter from business owner stating agent can sign on his/her behalf.

Print Name of Business Owner:_____
(Must Be Legible)

Signature of Business Owner: _____ Date:_____

Metropolitan Council

Environmental Services

Sewer Availability Charge (SAC)
Affidavit of Business Use
Manufacturing

This form is to be submitted along with the other items listed on the Transmittal-A form if the business use is a manufacturing establishment.

Business Name:	
Business Owner:	
Business Site Address: Street	City
Federal Tax ID:	Minnesota Tax ID:

**** * * Please check all boxes that pertain to your business * * ****

TYPE OF FACILITY:

☐ **Existing Facility(s)** - or - ☐ **New Facility**

Multi-Tenant Facility or Campus

☐ Yes

☐ No

Permitted Industry Through MCES Industrial Waste Division

☐ Yes Permit # _____

☐ No

TYPE OF MANUFACTURING PROCESS:

☐ **Dry Process -** no process water discharges into the sanitary sewer

☐ **Wet Process -** process water discharges into the sanitary sewer

Maximum potential process discharge into the sanitary sewer

[ ] gallons per day

I hereby certify that I have read and understood every question in this affidavit and that the answers to every question are true to my knowledge and belief. I further understand that the giving of false information in this affidavit constitutes fraud and is also cause for the immediate redetermination of any charges and I will be held responsible for any additional SAC fees.

If agent signs, must submit letter from business owner stating agent can sign on his/her behalf.

Print Name of Business Owner: _____
(Must Be Legible)

Signature of Business Owner: _____ Date: _____

Metropolitan Council

Environmental Services

Sewer Availability Charge (SAC)

Affidavit of Vacancy

Vacancy can be described as: Properties that are not occupied, as evidenced by the absence of flow based sewer fees on the property beyond any minimum administration charge and/or minimum flow charge, for the entire Look-Back Period.

Property Address:
Local Government Unit:
Parcel Identification Number:
Date of Vacancy*:

**** * * Please check the box for the type of property * * ****

RESIDENTIAL:

- ☐ Single Family Dwelling
- ☐ Townhome/Condominium
- ☐ Multi-Family Dwelling
- ☐ Apartment with no Individual Laundry Plumbing Connections
- ☐ Apartment with Individual Laundry Plumbing Connections
- ☐ Public Housing

NON-RESIDENTIAL:

- ☐ Commercial
- ☐ Institutional
- ☐ Governmental
- ☐ Industrial

* Documentation, such as the sewer bill showing the absence of flow based sewer fees, of the date of vacancy may be requested by MCES.

I hereby certify that I have read and understood every question in this affidavit and that the answers to every question are true to my knowledge and belief. I further understand that the giving of false information in this affidavit constitutes fraud and is also cause for the immediate redetermination of any charges and I will be held responsible for any additional SAC fees.

Print Name of Government Official: _____

Signature of Government Official: _____

Title of Government Official: _____ Date: _____

Metropolitan Council

Environmental Services

Sewer Availability Charge (SAC)

Affidavit of Property Use

This Affidavit of Property Use is to verify the use on this property for SAC purposes prior to the Look-Back Period if no SAC records are available. The Look-Back Period is the 7 full years plus the portion of the current year prior to the SAC Determination and/or permit issuance.

Property Address:	
Local Government Unit:	
Parcel Identification Number:	
SAC Look-Back Period:	through

We certify that City staff has researched the above property and have found none of the items listed below for activity at this address during the Look-Back Period (or the year prior):

- Building Plan(s)
- Building Inspection record(s) stating the actual use of the property
- Lease Agreement(s) listing details of the building use
- Business License(s)
- Building Assessment Record(s)

Although no written proof exists, we believe the use of this property includes (if more than one use include the amount of square feet for each specific use):

_____

_____

_____

_____

_____

and was used in this manner prior to the beginning date of the Look-Back Period.

We hereby certify that we have read and understood this affidavit and that the statements are true to our knowledge and belief. We further understand that the giving of false information in this affidavit constitutes fraud and is also cause for the immediate redetermination of any charges. We have no conflict of interest in this matter.

Print Name of Government Official: _____
City Building Official

Signature of Government Official: _____ Date: _____

Print Name of Government Official: _____
Manager of Building Official

Signature of Government Official: _____ Date: _____

Metropolitan Council

Environmental Services

Sewer Availability Charge (SAC)

Reclaim Conveyor Carwash Systems

Submittal List

Business Name:	
Business Owner:	
Business Site Address: Street	City
Federal Tax ID:	Minnesota Tax ID:

1. ____ If recycling is required under a local ordinance then a copy of said ordinance shall be submitted.

2. ____ A letter from the city including a statement that the city is willing to inspect the facility to ensure the equipment is installed properly and that no cross connections or bypass features exist which would allow the wash system to function without reclaimed water usage. Agreement from the city to periodically inspect the facility to ensure that the reclaim equipment is being utilized properly, and that the actual water usage conforms to the original SAC determination.

3. ____ A letter from the business owner indicating that they are committed to the continued use of the reclaim process and that the facility will and cannot operate without the reclaim system.

4. ____ Detailed plumbing plan that highlights the tanks, method of connection to sanitary sewer, location and size of reclaim supply line, and location, elevation and size of interconnection(s) between tanks. The plan should include sufficient detail to show that no cross connects or bypass features exist which would allow the wash system to function without reclaim water usage.

5. ____ Detailed floor plan of wash area that shows and identifies each piece of equipment within vehicle wash bay.

6. ____ Detailed plumbing plans that shows freshwater supply from entrance into building to equipment connection(s). Note: Freshwater supply line should be sized so that it is insufficient to deliver adequate water pressure or flow rate to operate wash system without the use of reclaimed water. Freshwater supply lines should only be connected to the rinsing equipment.

7. ____ Specification sheet stating water delivered (gpm) for each piece of equipment and operation cycle (prewash, wash, repeat wash, rinse, etc.) Identify which pieces of equipment are using reclaim.

8. ____ Calculations or specifications which gives the duration (seconds) of each piece of equipment cycle time per vehicle (i.e. undercarriage sprayer, 10 seconds). For pull-through/conveyor wash system we need conveyor speed (vehicles/hour) and total "wash/rinse" time per vehicle (minute/vehicle).

* * *

For vehicle reclaim consideration, please send all of the above information along with the SAC Commercial/Institutional & Industrial Determination Transmittal to the attention of SAC Technician at the address on the bottom of this form. Please allow at least one week review period for your project.

Metropolitan Council

Environmental Services

Sewer Availability Charge (SAC)

Reclaim Rollover Carwash Systems

Submittal List

Business Name:	
Business Owner:	
Business Site Address: Street	City
Federal Tax ID:	Minnesota Tax ID:

1. ____ If recycling is required under a local ordinance then a copy of said ordinance shall be submitted.

2. ____ A letter from the city including a statement that the city is willing to inspect the facility to ensure the equipment is installed properly and that no cross connections or bypass features exist which would allow the wash system to function without reclaimed water usage. Agreement from the city to periodically inspect the facility to ensure that the reclaim equipment is being utilized properly, and that the actual water usage conforms to the original SAC determination.

3. ____ A letter from the business owner indicating that they are committed to the continued use of the reclaim process and that the facility will and cannot operate without the reclaim system.

4. ____ Detailed plumbing plan that highlights the tanks, method of connection to sanitary sewer, location and size of reclaim supply line, and location, elevation and size of interconnection(s) between tanks.

5. ____ Detailed floor plan of wash area that shows and identifies each piece of equipment within vehicle wash bay.

6. ____ Detailed plumbing plans that shows freshwater supply from entrance into building to equipment connection(s). Note: Freshwater supply line should be sized so that it is insufficient to deliver adequate water pressure or flow rate to operate wash system without the use of reclaimed water. Freshwater supply lines should be connected to a separate manifold that feeds fresh water only during the appropriate cycles. The plan should include sufficient detail to show that no cross connects or bypass features exist which would allow the wash system to function without reclaim water usage.

7. ____ Specification sheet stating water delivered (gpm) for each piece of equipment and operation cycle (prewash, wash, repeat wash, rinse, etc.) Identify which pieces of equipment are using reclaim.

8. ____ Calculations or specifications that gives the duration (seconds) of each piece of equipment cycle time per vehicle (i.e. undercarriage sprayer, 10 seconds).

* * *

For vehicle reclaim consideration, please send all of the above information along with the SAC Commercial/Institutional & Industrial Determination Transmittal to the attention of SAC Technician at the address on the bottom of this form. Please allow at least one week review period for your project.

Metropolitan Council

Environmental Services

Sewer Availability Charge (SAC)

Phased Development Plan

Phased Development Name:
Local Government Unit:

CHECKLIST:

1. _____ List of all properties involved in the phased development plan including: address, property identification number, and type of property (single family, duplex, commercial, etc.).

2. _____ List of all properties involved in the phased development plan potential SAC credits (attach copy of SAC Determination Letter).

3. _____ Narrative describing the type of development planned for the site.

4. _____ Timeline for phased development site for each area and phase.

5. _____ Map showing the phased development site and the properties involved.

6. _____ Statement from Local Government Unit official stating phased development plan is consistent with approved Comprehensive Plans for the Local Government Unit.

7. _____ Copy of approval from City Council or other governmental officially delegated authority.

* * * * *

MCES must approve all Phased Development Plan submittals for potential SAC Credits. Approved SAC Credits will be available for 10 years from the date of the MCES Credit Determination and Phased Development Plan submission. The SAC Credits are to be used only on the specific planned development site. Any Phased Developments that were in existence prior to January 1, 2010 may be submitted during 2010 to receive the SAC Credit availability for 10 years.

* * * * *

I hereby certify that I have read and understood every question in this affidavit and that the answers to every question are true to my knowledge and belief. I further understand that the giving of false information in this affidavit constitutes fraud and is also cause for the immediate redetermination of any charges and I will be held responsible for any additional SAC fees.

Print Name of Government Official: _____

Signature of Government Official: _____

Title of Government Official: _____ Date: _____