

Four Rivers Sanitation Authority
Atypical Wastewater Discharge Request

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COMPANY CONTACT: _____ TELEPHONE: _____

I. General Instructions

This form is to be used by an industrial user (IU) that has an atypical wastewater and wishes to discharge it to the sanitary sewer on an intermittent basis. This discharge, if approved, may be a single event or occur several times each billing quarter. Below are the general instructions on the use of this form:

1. IU completes Section II of this form. This is done once by the IU for each atypical wastewater.
2. Authority either approves or disapproves the request (Section III). The approval process may require a sample for Authority lab analysis.
3. If approved, the Authority returns to the IU a copy of this form with the discharge instructions.
4. The IU returns a copy of the Atypical Wastewater Discharge Request form (Section IV) to the Authority after each discharge, Attention: I/C/G Billing Department
5. The IU completes the Atypical Wastewater Discharge Report Form (Section IV) which summarizes all discharges of the atypical wastewaters for a billing quarter. This report is sent at the end of the IU's billing quarter.

II. Wastewater to be Discharged (To be filled out by discharger.)

1. Name of Wastewater: _____

2. Atypical Wastewater Characteristics¹ (Give units):

BOD:	CN:	Zn:
COD:	Cu:	Pb:
TSS:	Cd:	Mo:
pH:	Ni:	Other:
FOG:	Cr(T):	Other:
NH ₄ :	Cr+6:	Other:

¹ Submit copies of analytical reports.

3. Physical Description: _____

4. Alternative Disposal Method: _____

5. Total Volume to be Discharged (Give units): _____

6. Total Daily Volume to be Discharged (Give units): _____

7. Company Representative who will be Responsible for This Discharge.
NAME: _____
TITLE: _____
Date this section is filled out: _____
Telephone Number: _____
Fax Number: _____
E-Mail Address: _____

III. Instructions by Four Rivers Sanitation Authority (To be completed by FRSA)

1. Estimated Impact on the Treatment Plant: _____

2. Special Precautions if Necessary: _____

3. Flow Rate for Atypical Wastewater to Sanitary Sewer (Give units): _____

4. Time(s) of Discharge (Daily): _____

5. Account Number: _____ Billing Cycle Number: _____
Billing Cycle Dates:
Qtr. 1 _____ Qtr. 2 _____
Qtr. 3 _____ Qtr. 4 _____

6. Remarks: _____

Approved by: _____
Title: _____
Date: _____

IV. Atypical Wastewater Discharge Request Form

Return a copy of this form at the conclusion of each atypical discharge to:

ATTENTION: FRSA Industrial/Commercial/Governmental Billing Department
 Fax: 815-387-7538; or
 Mail: FRSA, 3501 Kishwaukee St., Rockford IL 61109

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company Contact: _____ Telephone: _____

1. Information from Discharger

- A. Date(s) of discharge (as described in Section II), name and volume of atypical wastewater.

DATE DISCHARGED	ATYPICAL WASTEWATER NAME	VOLUME (GALLONS)
TOTAL		

2. Remarks: _____

Authorized Signature _____

Title: _____ Date: _____