APPLICATION FOR APPROVAL OF SPECIAL/UNUSUAL DISCHARGE

CITY OF CEDAR RAPIDS WATER POLLUTION CONTROL FACILITIES
7525 Bertram Road SE Cedar Rapids, IA 52403-7111
(319) 286-5281 FAX: (319) 286-5287

GENERAL INSTRUCTIONS:

You must obtain approval for wastewater specified in this application prior to discharge.
Contact: Kelly Seery, Environmental Specialist, CRPWCF
Phone: (319) 286-5286x4629, Email: k.seery@cedar-rapids.org

DISCHARGE APPROVAL ISSUED TO:

1. Company Name: _____
2. Mailing Address: _____
   _____
   _____ Zip Code: _____
3. Discharge Address: _____
4. Name of signing official: _____
   Title of signing official: _____
   Telephone No.: _____ FAX #: _____
5. Alternate person to contact concerning information provided herein:
   Name & Title: _____
   Bus. Tel. #: _____ 24-hr Tel. #: _____

WASTE SAMPLING INFORMATION: (More information or data may be required)

1. Attach sample data: (Lab analysis or MSDS if available)

2. Describe any treatment prior to discharge: _____
   _____
   _____
   _____
   _____

DISCHARGE INFORMATION: **1X discharge _____, Continuing _____**

1. Location of sanitary sewer discharge point: _____
_____

2. Describe operation(s) creating wastewater discharge:_____
_____
_____
_____
_____
_____
_____

3. Diameter of sanitary line discharging to (if known): _____
4. Estimated total discharge (gallons): _____
5. Maximum flow/day (gallons): _____
6. Days/week of discharge: _____

CERTIFICATION STATEMENT:

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.

Name: _____ Date:_____
Signature of Authorized Representative