

ROCK RIVER WATER RECLAMATION DISTRICT  
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. District either approves or disapproves the request (Section III). The approval process may require a sample for District lab analysis.
3. If approved, the District 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 District 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 Characteristics<sup>1</sup> (Give units):

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

<sup>1</sup> 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): \_\_\_\_\_

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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 Rock River Water Reclamation District (To be completed by RRWRD)

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: RRWRD Industrial/Commercial/Governmental Billing Department

Fax: 815-387-7538; or

Mail: RRWRD, PO Box 7480, Rockford IL 61126-7480

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: \_\_\_\_\_