

Instructions for Completing the Form

- 1.) Designate a Request Number by condensing the date
 - August 28, 2014 = No. 082814

- 2.) A University Unit Representative must sign the form.
 - The Unit Representative is responsible for notifying Environmental Compliance of any changes to the discharge request prior to the discharge occurring. **This includes changes to the original discharge date.**

 - The Unit Representative is responsible for performing the discharge in accordance with UCSD requirements.

- 3.) Provide a university CFOAP or Work Order Number.
 - This is needed for billing purposes to ensure the discharge fee is applied appropriately.

- 4.) Submit the completed form to Environmental Compliance for approval. ecs@illinois.edu

- 5.) Environmental Compliance will review and either approve the discharge or forward to the Urbana and Champaign Sanitary District (UCSD) for further review and approval.

- 6.) The approved discharge request will be returned to the Unit Representative. This form must be received prior to discharge.

- 7.) Send Environmental Compliance the following information upon completion of the discharge:
 - Location/name of building.
 - Date and volume of discharge.
 - Location of the point of discharge to the sanitary sewer (e.g. floor drain, manhole).
 - Indication whether discharge contained glycol and percent of glycol.

Contact Information:

Facilities and Services, Division of Safety and Compliance, Environmental Compliance

Phone: (217) 265-9828

ecs@illinois.edu

**University of Illinois at Urbana-Champaign
Special Sanitary Discharge Request Form**

No. _____

University Unit Requesting Permission: _____

Unit Representative: _____ Signature: _____

Phone Numbers: _____ Email addresses: _____

CFOAP or work order number: _____ Contractor: _____

Description of special discharge: _____

Percent of glycol contained in discharge: _____ % N/A

Will cleaning agents be used or other chemicals present in this discharge? Yes No

Explain: _____

Total volume to be discharged (gal): _____ Requested maximum discharge rate (gpm): _____

Desired Discharge Location: _____ Desired Discharge Date: _____

___ Wastewater sample submitted to UCSD? ___ Wastewater sample analyses submitted to UCSD for review?

This section to be completed by Environmental Compliance:	
<p>Calculated BOD based on glycol concentration: _____ lbs.</p> <p>Are other discharges scheduled for the same day? <input type="checkbox"/> No <input type="checkbox"/> Yes Total BOD for this date: _____ lbs.</p> <p><input type="checkbox"/> Discharge Approved <input type="checkbox"/> Request further review from UCSD</p> <p>Environmental Compliance Representative: _____ Date: _____</p>	

This section to be completed by UCSD:	Ammonia _____ BOD _____ TSS _____
<p>UCSD Discharge Decision <input type="checkbox"/> Approved ___ May occur on site ___ UCSD representative must be present during discharge</p> <p><input type="checkbox"/> Denied Reason Denied: _____</p> <p>UCSD Representative: _____ Date: _____</p> <p>Additional discharge instructions: _____ _____ _____</p>	