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

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:

Calculated BOD based on glycol concentration: __________ lbs.

Are other discharges scheduled for the same day? □ No □ Yes  Total BOD for this date: __________ lbs.

☐ Discharge Approved  ☐ Request further review from UCSD

Environmental Compliance Representative: __________________ Date: __________

This section to be completed by UCSD:

UCSD Discharge Decision: ☐ Approved  ☐ Denied  Reason Denied: ______________________________

UCSD Representative: __________________ Date: __________________

Additional discharge instructions: ________________________________

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