

## ONE-TIME INDUSTRIAL DISCHARGE APPROVAL REQUEST FORM

### A. General Information:

1. **Responsible Party/Company Name:** \_\_\_\_\_  
**Responsible Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_
2. **Site Name:** \_\_\_\_\_  
**Site Address:** \_\_\_\_\_  
\_\_\_\_\_
3. **Requester Name/ Company:** \_\_\_\_\_  
**Requester Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_
4. **Billing Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Federal Tax ID No. of Financially**  
5. **Responsible Party:** \_\_\_\_\_

### B. Waste Characteristics/Site Information:

1. Describe waste: \_\_\_\_\_  
\_\_\_\_\_
2. Are there any MSDS sheets applicable to the waste?     Yes     No  
(Attach relevant MSDS sheets.)
3. Location of waste (tank, sump, barrel, etc.): \_\_\_\_\_
4. Volume of waste: \_\_\_\_\_ (gallons)
5. Frequency of discharge:     One-time     On-going  
If on-going, please note the number or frequency of discharge events per year: \_\_\_\_\_
6. How soon does the waste need to be removed? \_\_\_\_\_
7. Means of disposal into the HOV Disposal System (MDS):  
 Transport to HOV Disposal Site:    Hauler's Name: \_\_\_\_\_  
 Discharge on site to sanitary sewer.    Identify proposed point of discharge and attach a map:  
\_\_\_\_\_

8. List below the analytes specified by HOV for analysis. **Attach copies of all laboratory data sheets to this request.**

√	Analyte
	Biological Oxygen Demand (BOD)
	Total Suspended Solids (TSS)
	pH
	Cadmium
	Chromium
	Copper
	Lead
	Mercury
	Nickel
	Zinc
	Phosphorus

√	Additional Analyte(s)
	Ammonia Nitrogen
	Chlorides

**C. Additional Pertinent Information:** (Attach additional information if necessary)

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**D. Public Information Policy**

Most documents required by HOV, are considered to be public information. However, if a person considers specific information submitted to HOV to be “trade secret information” as defined by state and federal laws, the person may mark each page containing such information as “trade secret information.” If the marked items are determined to be “trade secret information,” then to the extent allowed by law, HOV will make reasonable efforts to maintain their non-public status. However, HOV is not liable to any persons for disclosure of such information.

**E. Certification of Information**

I hereby certify that the information supplied in this request is correct and complete to the best of my knowledge.

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Send completed request to address at the top of this form. For further questions regarding this request, contact the Heart of the Valley MSD Office at: 920-766-5731, Fax: 920-766-5733.**