

## 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.
  
- 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

[fandsdlec@mx.uillinois.edu](mailto:fandsdlec@mx.uillinois.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:**

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:**

Ammonia \_\_\_\_\_ BOD \_\_\_\_\_ TSS \_\_\_\_\_

**UCSD Discharge Decision**  **Approved** \_\_\_ May occur on site \_\_\_ UCSD representative must be present during discharge

**Denied** Reason Denied: \_\_\_\_\_

UCSD Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Additional discharge instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_