

EMERGENCY DISCHARGE APPLICATION

For after-hours lift station maintenance only
(Note: Normal hours are Monday – Friday 8:30 AM to 4:30 PM)
CWA Authority, Inc. / Belmont AWT

A: Generator's Name and Address _____

Contact Person _____ Phone _____ Fax _____

B: Is the wastewater to be discharged to the sewer? _____

Pumper Company Name _____

Company Contact _____ Phone _____ Fax _____

C: Describe business activity at wastewater source. _____

D: List all chemicals and hazardous materials at this location _____

E: Describe the nature of the wastewater and any treatment it has received _____

Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on inquiry of the person or persons who manage the systems, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. To the best of my knowledge and belief, the wastewater to be discharged does not include any hazardous waste as defined in the Resource Conservation and Recovery Act, 42 U.S.C., Section 6901 et. seq., as amended, and the regulations thereunder, or in the Indiana Environmental Management Act, I.C. 13-7-1-1 et. seq., as amended, and the regulation thereunder. I understand that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Generator's Authorized Representative _____

Title _____ Signature _____ Date _____

Pumper's Authorized Representative _____

Title _____ Signature _____ Date _____

Once approved by authorized representatives of the CWA Authority, Inc., this application and all attachments hereto will constitute a Special Discharge Agreement and arrangement within the meaning of Sewage Disposal Tariff Rates, Terms, and Conditions for Sewage Disposal Service within Marion County, Indiana and Contiguous Areas and CWA Board Resolution 2-2011 that is expressly incorporated herein.

CONTACT CWA AUTHORITY, INC. DISPATCH FOR APPROVAL: PHONE: (317)927-6000

IF DISCHARGE CONTINUES INTO THE NEXT BUSINESS DAY, CONTACT IPP FOR FURTHER INFORMATION:

PHONE: (317) 927-4394 or (317) 429-3569

----- **-Emergency Discharge Application Review – For Official Use Only -** -----

Approved – Authorized from _____ to _____ Time Requested _____

Denied – Reason: _____

CWA Authority Approval _____ Title _____ Date _____

Approved Discharge location _____
