



**Unusual Discharge Request  
Permit Application**

UDR Permit No. \_\_\_\_\_

Date \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Requestor Company: \_\_\_\_\_

Requestor Address: \_\_\_\_\_

Requestor Phone #: \_\_\_\_\_ Requestor Fax #: \_\_\_\_\_

Requestor E-mail: \_\_\_\_\_

Generator Company Name: \_\_\_\_\_

Generator Company Address: \_\_\_\_\_

Generator Company Contact: \_\_\_\_\_ Generator Phone #: \_\_\_\_\_

Site Location/Address: \_\_\_\_\_

Discharge Location/Address: \_\_\_\_\_

General Discharge Information: \_\_\_\_\_

**Description of Material**

**Total Volume (gal)**

Description of Material	Total Volume (gal)
_____	_____
_____	_____
_____	_____
_____	_____

**Please Provide Analytical Data and/or SDS**

I certify that I am discharging only the above materials into MSD's Treatment Works/Sewer System in compliance with MSD regulations. Neither myself nor my designate agent will at any time or under any conditions discharge any hazardous waste into MSD's sewer system or any regulated compounds into MSD's sewage system without its prior written consent. I understand that by signing this Wastewater Quality Certification I assume responsibility for ensuring that the material is discharged in accordance with MSD regulations.

Generator of Material: \_\_\_\_\_

Requestor of Material: \_\_\_\_\_

Commonwealth of Kentucky ) ss

)

County of Jefferson )

Subscribed and sworn to before me by \_\_\_\_\_ and \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public