

DEFIANCE WATER POLLUTION CONTROL DIVISION

Phone 782-0841

Fax 782-1969

Commercial/Industrial Wastewater Discharge Request

SHORT FORM

I hereby make application to discharge wastewater into the City of Defiance sanitary sewer system

Name of Business _____ Date _____

Service Address _____

Contact Person _____ Phone # _____

Facility Use	_____
Please describe the facility intended use (Manufacturing - Office - Warehouse- etc.)	_____ _____ _____

Sources and Amounts of Wastewater	Sanitary <input type="checkbox"/> gal or ft ³ /day _____	Cooling Tower * <input type="checkbox"/> gal or ft ³ /day _____
	Process * <input type="checkbox"/> gal or ft ³ /day _____	Other * <input type="checkbox"/> gal or ft ³ /day _____
	Contact Cooling * <input type="checkbox"/> gal or ft ³ /day _____	Other Cooling * <input type="checkbox"/> gal or ft ³ /day _____
	Expected Total Wastewater Flow (gallons or ft ³ per day) _____	Date Sewer Discharge is Expected to Begin _____

* Wastewater Quality	_____ _____ _____
Briefly describe the expected qualities or characteristics of the discharge (oils, metals, hydrocarbons, etc.) - attach additional sheets	_____ _____ _____ _____ _____

Chemicals & Materials	_____ _____ _____
Briefly describe the nature of chemicals and materials used or stored at this facility (cleaners, oils, solvents, sludges, hydrocarbons, hazardous compounds, etc.) - attach additional	_____ _____ _____ _____ _____

Other Comments	_____ _____ _____
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Signature

Return Form To:

The City of Defiance
Water Pollution Control Division
Attn: Pretreatment Coordinator
26273 St. Rt. 281
Defiance, Ohio 43512