



<b>For MCES Use Only</b> Permit/Approval No: _____ Staff: _____ Received: <b>O L 45 E</b>
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## Special Discharge Report

**1. Permittee\*:** \_\_\_\_\_

\*The corporation, proprietorship, government unit or individual that was issued the MCES Permit or Approval Letter.

**2. Site Address:** \_\_\_\_\_

Billing Address or Mailing Address Changed?  Yes  No If Yes, attach the change(s).

**3. Reporting Period:**

A.  Jan-Mar, 20\_\_  Apr-Jun, 20\_\_  Jul-Sep, 20\_\_  Oct-Dec, 20\_\_

B.  Jan-Dec, 20\_\_

C.  Short-Term Discharge Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**4. Discharge Information:**

Indicate whether the wastewater was discharged on-site and/or hauled during this reporting period, and complete the associated questions. If no wastewater was disposed to MCES during this reporting period, indicate no discharge.

**No Discharge to MCES during this reporting period**

If no discharge was selected, proceed directly to Item #10.

**On-Site Discharge**

A. Total volume discharged during this reporting period (gallons): \_\_\_\_\_

B. Total days of discharge during this reporting period (days): \_\_\_\_\_

C. Average volume discharged per day (gallons/day): \_\_\_\_\_

D. Method of volume determination for this period: \_\_\_\_\_

**Hauled Discharge**

A. Total number of loads hauled during this reporting period: \_\_\_\_\_

B. Total volume hauled during this reporting period (gallons): \_\_\_\_\_

C. Total days of discharge during this reporting period (days): \_\_\_\_\_

D. Average volume per discharge day (gallons/day): \_\_\_\_\_

E. Method of volume determination for this period: \_\_\_\_\_

**5. Sampling Information:**

A. Number of sampling events during this reporting period: \_\_\_\_\_

B. Sample(s) collected by:  Permittee  Other, name \_\_\_\_\_

C. Describe method of sample collection: \_\_\_\_\_

D. Sample(s) analyzed by:  Permittee  Other, name \_\_\_\_\_

E. Were all samples collected according to MCES requirements?  Yes  No If No, attach an explanation.

