

Madison Metropolitan Sewerage District



TO BE COMPLETED BY PROPERTY OWNERS AND CONSULTANTS SEEKING TEMPORARY DISCHARGE
APPROVAL FOR NON-DOMESTIC WASTEWATER TO THE SANITARY SEWER SYSTEM

NON-TYPICAL WASTEWATER REQUEST TO DISCHARGE FORM (NTRDF)

A. TO BE COMPLETED BY OWNER OR REPRESENTATIVE

1. Site Description: _____

a. Street Address: _____

b. City, State, Zip: _____

2. Mailing Address:

a. Street or P.O. Box: _____

b. City, State, Zip: _____

3. Wastewater type, quality, and quantity:

4. Date when discharge will begin: _____ Date when discharge will end: _____

5. Reason for filing request:

____ Contingency planning

____ Construction activities on-going or soon to begin

____ Emergency response

Other (describe): _____

6. Describe process(es) that will result in the discharge of wastewater: _____

7. List all chemicals/pollutants that might be present in your proposed discharge: _____

8. Describe discharge point and any wastewater pretreatment methods and facilities to be used:

B. REQUESTOR MAY ADD OR ATTACH DIAGRAMS, DATA, & COMMENTS:

C. CONTACT AND SIGNATORY INFORMATION

1. Name, title, and contact info of person completing this form:

a. Name: _____

b. Title: _____

c. Tel Number: _____ Email Address: _____

D. RETURN THIS FORM TO

1. Madison Metropolitan Sewerage District
Attn: Hauled Waste Coordinator
1610 Moorland Road
Madison, WI 53713-3398

hauledwaste@madsewer.org (608) 222.1201

2. Approval to use the local municipal sewerage system is additionally required. Submittal of this form to the public works or engineering division of the municipality serving the site can assist the municipality in reviewing the request. **The municipality will provide the final decisions regarding the use of its sewers.** The municipality will determine discharge restrictions and cost recovery requirements.

E. TO BE COMPLETED BY MMSD

MMSD review of the treatability of the proposed lightly contaminated wastewater

_____ granted, in accordance with municipality approval and requirements (see below for any notes).

_____ rejected, for reasons as specified below / attached

Signature

Date
