

- A. Generator's Name and Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_
- B. Is the wastewater to be (check one): Hauled \_\_\_\_\_ Discharged to the sewer \_\_\_\_\_  
 If hauled: Hauler Company Name \_\_\_\_\_  
 Hauler Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_
- C. Describe the 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 \_\_\_\_\_
- F. Annual discharge gallonage (est) \_\_\_\_\_ Frequency of discharges \_\_\_\_\_
- G. Attach any analytical data pertaining to the waste including sample collection details and chain of custody forms.
- H. Attach a payment of \$50.00, payable solely to City of Lawrence Utilities, for review of this application and related materials. Send all payments and documentation to: City of Lawrence Utilities, 9001 east 59th Street, Suite 200, Lawrence, IN 46216.

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 \_\_\_\_\_

If waste is to be hauled:  
 Hauler's Authorized Representative:  
 Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Once approved by an authorized representative of City of Lawrence Utilities, if required, this Application, and all attachments hereto, will constitute a special agreement and arrangement within the meaning of Section 5-1-1 City of Lawrence Municipal Code is expressly incorporated herein.

**Special Discharge Application Review – LU Use Only**

\_\_\_\_ Approved: Authorized from \_\_\_\_\_ to \_\_\_\_\_ at \$ \_\_\_\_\_ per 1000 gallons

\_\_\_\_ Rejected: Reason(s) \_\_\_\_\_

Analysis Required: Sample for: \_\_\_\_\_

Results Received: \_\_\_\_\_ Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

City Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_