

Merrell Bros., Inc.

8811 W 500 N
Kokomo, IN 46901
Ph#: 1-800-663-8830
Fax#: 1-574-699-7478
www.merrellbros.com

Application for Special Discharge Approval

I. Wastewater Source Identification

Site Name: _____
Premise Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Title: _____
Phone #: _____
FAX#: _____

II. Applicant (Mailing Information)

Applicant Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Title: _____
Phone #: _____
FAX#: _____

III. Material to be Discharged (check all applicable boxes):

1. Wastewater Description/Location: _____
2. Process/Activity Generating Waste: _____

3. Physical & Chemical Composition: List all constituents, and known or potentially present regulated contaminants below.
 See Separate Listing attached, and/or; See analytical results attached; MSDS Attached

Description	Range	Unit

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4. Is the wastewater from a process subject to EPA's categorical standards in 40 CFR Subchapter N? YES NO
NO hazardous waste as defined at 40 CFR 261 or CSR 25-24.261 can be accepted as hauled waste. NO petroleum based products, or other oil products can be accepted, NO waste containing Floating oil layer.
5. Representative Sample : Laboratory results attached, and/or Sample Provided (½ Gallon minimum)
 - a. Sample Collection Point/Location: _____, Collection Method: _____
 - b. Sampler's Name: _____, Sample Date/Time: _____

6. Discharge will occur over the following time period: 30 days, 1 year, 2 years, Other; _____
- a. Expected Total Volume of wastewater to be discharged over the time period above: _____ Gallons
- b. Proposed discharge Volume: _____ Gallons, at frequency of:
 One Time Daily Weekly Monthly
7. Wastewater from a Centralized Wastewater Treatment facility (CWT) NO, Yes, Describe _____

8. Material from Underground storage tank source? NO, YES, Explain in detail: _____

9. Previous Tank Contents: Gasoline Diesel Used Oil Unknown Other; _____
10. State Assigned UST site identification number: _____, NOT Applicable
- a. Number of UST's Affected, Their State ID #'s: _____
11. Hauled to Merrell Bros., Disposal Facility: 6400 McKissock Ave, St. Louis, MO
 4115 West Vermont St., Indianapolis, IN
- a. Transporters Name: _____
12. Analyses or analytical fees assigned to the wastewater by Merrell Bros., Inc.: \$ _____

ADDITIONAL INFORMATION: _____

Applicants Signature and Certification:

This application must be signed by the applicant: either the source contact, or a contractor or an agent directly responsible for site activities.

I hereby certify that I am directly responsible for activities at the site regarding the wastewater to be discharged, and to the best of my knowledge and belief, based on appropriate inquiry, the information in this application is true, complete, and accurate. The samples or analyses submitted are representative of the materials to be discharged. If granted approval to discharge, I agree to abide by the Ordinances, and all applicable federal, state and local regulations. I agree to pay the costs of any pre-approval analyses performed by Merrell Bros., Inc. and to pay any applicable disposal charges for the volume and strength of the waste discharged.

Applicant Name Printed Legibly: _____

Applicant Signature: _____, **Date:** _____