**Industrial Pretreatment Discharge Request Form**

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| Date of Request: | Click or tap to enter a date. | Proposed Discharge: |  | Existing Discharge: |  |

**Contact Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & Title: | | Click or tap here to enter text. | | |
| Company Name: | | Click or tap here to enter text. | | |
| Company Address: | | Click or tap here to enter text. | | |
| Phone: | Click or tap here to enter text. | | Email: | Click or tap here to enter text. |

**Discharge Details (Volume, Frequency, Location, etc.):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | Click or tap to enter a date. | Discharge Volume: | | | | Click or tap here to enter text. | |
| Frequency: | *One-Time* |  | *Ongoing* | |  | Safety Data Sheet (SDS) Attached: |  |
| Location (manhole, building, tank, etc): | | | | Click or tap here to enter text. | | | |

**Description of Discharge (chemicals, pollutants, volume, process, etc) – Please be detailed.**

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| --- |
| Click or tap here to enter text. |

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**Section Below Is for Official Use Only**

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**Discharge Comments**

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| *pH must be verified to be within* ***5.5-10.5 su*** *prior to discharge.*   1. *Reasonable steps must be taken to minimize any discharge of solids.* 2. *Spill control precautions shall be in place to ensure* ***no discharge to a Stormwater drain****.*   *If an un-controlled release occurs, immediately contact City of Boulder Industrial Pretreatment staff at 303-413-7350 and the Wastewater Treatment Coordinator at 303-413-7340 – also immediately email* [COBPretreatment@BoulderColorado.gov](mailto:COBPretreatment@BoulderColorado.gov) *.* |

**City of Boulder Approval:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name / Title: | *Sheri Duren Industrial Pretreatment Supervisor* | | | */s/* | | | |
| Phone: | *303-413-7362* | Email: | *DurenS@BoulderColorado.gov* | | | | |
| **Date Signed:** | Click or tap to enter a date. | **APPROVED:** | | |  | **NOT APPROVED:** |  |