



**DES MOINES METROPOLITAN
WASTEWATER RECLAMATION FACILITY**

3000 Vandalia Road
Des Moines, Iowa 50317
Ph. (515) 323-8000



AUTHORIZATION TO DISCHARGE

WASTEWATER SOURCE INFORMATION:

COMPANY: _____
PHYSICAL ADDRESS: _____
MAILING ADDRESS: _____
CONTACT: _____
PHONE #: _____
Email: _____

POLLUTANT NAME	CONCENTRATION (<i>please list units</i>)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

WASTE DESCRIPTION: _____

RATE: Disposal rate shall be \$ _____ /lb. or \$ _____ /gal. Rates are reviewed annually and subject to change given 30 days' notice, typically on or around March 1st. The WRF reserves the right to adjust rates accordingly if pollutant concentrations change from what was originally disclosed.

VOLUME: _____

DISCHARGE METHOD/LOCATION: Via hauled waste to the WRF: Headworks Digesters

The above wastewater may be discharged from _____ to _____ to the Des Moines WRA POTW. Changes from the stated pollutants, pollutant concentrations, volumes, or other measures require immediate notification to and approval from this office. The WRF reserves the right to divert waste streams to different disposal/treatment locations at the WRF and at the current disposal rate for that location without advanced notice. The WRF also reserves the right to temporarily suspend or restrict the waste load volumes without advanced notice due to operational or maintenance reasons.

Signed: _____

Date: _____

Paul Ebert pcebert@dmgov.org
Industrial Pretreatment Department
Phone: (515) 323-8133
FAX: (515) 323-8063