



MSD

Louisville and Jefferson County  
Metropolitan Sewer District

UDR Permit No. \_\_\_\_\_

**UNUSUAL DISCHARGE REQUEST  
PERMIT APPLICATION**

Date \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Requestor Company: \_\_\_\_\_

Requestor Address: \_\_\_\_\_

Requestor Phone Number: ( ) \_\_\_\_\_ Requestor Fax Number ( ) \_\_\_\_\_

Generator Company and Address \_\_\_\_\_

Generator Company Contact: \_\_\_\_\_

Site Location: \_\_\_\_\_

Generator Phone Number: ( ) \_\_\_\_\_

On-site Discharge Address \_\_\_\_\_

Discharge to SRF County of Origin \_\_\_\_\_

Waste Hauler Company: \_\_\_\_\_

Waste Hauler Address: \_\_\_\_\_

Hauler Phone Number: ( ) \_\_\_\_\_

**Description of Material:**

	Volume (gals)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

***Please Provide Analytical Data and/or MSDS***

I certify that I am discharging only the above materials into MSD's Treatment Works/Sewer System in compliance with MSD Regulations. Neither myself nor my designate Agent will at any time or under any conditions discharge any hazardous waste into MSD's sewer system or any regulated compounds into MSD's sewage system without its prior written consent. I understand that by signing this Wastewater Quality Certification I assume responsibility for ensuring that the material is discharged in accordance with MSD regulations.

Generator of Material: \_\_\_\_\_

Requestor of Material: \_\_\_\_\_

Commonwealth of Kentucky)

) ss

County of Jefferson )

Subscribed and sworn to before me by \_\_\_\_\_ and \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_. My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public