

Holland Area Wastewater Treatment Plant Special Discharge Allocation Request

Based on our calculations, we would like to apply for approval to discharge wastewater carrying compatible pollutants in excess of ordinance limits to the Holland Area Wastewater Treatment Plant.

Name of Company: _____

Address: _____

Name and Title of Person Authorizing the Request: _____

Requested Special Discharge Allocation

(Use anticipated maximum daily concentrations and flow. See attached page of examples.)

Total Chemical Oxygen Demand (COD): _____ lbs/day

This is based on a daily flow of: _____ gallons per day

$(\text{daily flow}/1,000,000) \times 8.34 \times (\text{concentration mg/L} - 500 \text{ mg/L}) = \text{lbs/day}$

Total Suspended Solids (TSS): _____ lbs/day

This is based on a daily flow of: _____ gallons per day

$(\text{daily flow}/1,000,000) \times 8.34 \times (\text{concentration mg/L} - 250 \text{ mg/L}) = \text{lbs/day}$

Total Phosphorus: _____ lbs/day

This is based on a daily flow of: _____ gallons per day

$(\text{daily flow}/1,000,000) \times 8.34 \times (\text{concentration mg/L} - 5 \text{ mg/L}) = \text{lbs/day}$

Polar Grease and Oil: _____ lbs/day

This is based on a daily flow of: _____ gallons per day

$(\text{daily flow}/1,000,000) \times 8.34 \times (\text{concentration mg/L} - 50 \text{ mg/L}) = \text{lbs/day}$

We understand that if our company exceeds the designated amount(s) in this Special Discharge Allocation (SDA), there may be penalties imposed on us. This SDA will be effective on _____ and will expire on **June 30, 20__**. This SDA is subject to approval of the Administrative Committee and will be public noticed in the local newspaper.

Signature: _____

Date: _____