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| <i>For MCES Use Only</i> |       |
| Date Received:           | _____ |
| Staff:                   | _____ |
| Approval No:             | _____ |

## ONE-TIME APPROVAL SPECIAL DISCHARGE REPORT

1. **Responsible Party:** \_\_\_\_\_
2. **Site Address:** \_\_\_\_\_  
\_\_\_\_\_
3. **Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_
4. **Point of Discharge:** \_\_\_\_\_
5. **Hauler Name (if applicable):** \_\_\_\_\_
6. **Date(s) of Discharge:** \_\_\_\_\_
7. **Total Volume Discharged:** \_\_\_\_\_
8. **Method of Determination:** \_\_\_\_\_
9. **Sample Collected By:** \_\_\_\_\_
10. **Sample Analyzed By:** \_\_\_\_\_

11. **Analytical Results** – List all required analytes and the corresponding analytical results below. Express all values in mg/L or ppm (except for pH). Analytical methods used shall meet EPA protocol (Code of Federal Regulations Part 136). Copies of all laboratory data sheets shall be submitted with this report.

| Analyte | Result |
|---------|--------|
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| Analyte | Result |
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**Report Submitted By:\***

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*This report must be signed by the Responsible Party or a Designated Authorized Representative as defined in 40 CFR Part 403 – General Pretreatment Regulations.