

WASTEWATER DISCHARGE REPORT

Reporting Period: Date from _____ to _____
Number of working days _____

Facility Name: _____

Facility Address: _____

Meter Readings:

	Current	Previous	Gallons
Total city water intake:	_____	_____	_____
Total well water intake:	_____	_____	_____
Total Intake:			_____

Meter Readings:

Flow Loss Areas *	Current	Previous	Gallons
Storm sewer discharge	_____	_____	_____
Evaporation	_____	_____	_____
Contained in product	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

Total discharge to the Richmond Sanitary District: _____ gallons.
(Total intake minus flow loss)

* Flow losses must be obtained through meter readings or other verifiable means and are subject to inspection and confirmation by Richmond Sanitary District personnel.

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IN THIS DISCHARGE REPORT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Company Official: _____
Printed

Signature Date _____

Please mail this report to the Richmond Sanitary District, 2380 Liberty Avenue, Richmond, IN 47374, or fax to (765) 962-2669, attn: Steve Swoveland, no later than the 10th day of each month following each completed reporting period. If Indiana American Water Company meter readings are not available in time to submit this report by the 10th of the month, then each facility requesting flow losses will be responsible for obtaining their own meter readings. If you are unable to submit this report on time, please call Steve Swoveland at (765) 983-7473. Please remember that reading the meter on or near the same day each month will help assure a relatively consistent charge.