DISCHARGE PERMIT

PART 1: INITIATOR			
A) Name (Print) Gill Farley	**B) Department** Chemistry	**C) Phone** 6-5555	**D) Date** today
E) Source of Water			
CST / CRT Dike area			
F) Discharge to			
storm sewer			

PART 2: RADIATION PROTECTION (General Supervisor, Radiological Engineering or designee)
A) Water potentially contaminated? ☒ Yes ☐ No If yes, complete actions required by MRP18 or other applicable controls.
B) Applicable actions completed? ☒ Yes ☐ NA
C) Discharge Concurrence Name (Print) Tad Shorter Sign Tad Shorter Date today

PART 3: ENVIRONMENTAL/CHEMISTRY
A) Has water been processed? ☐ Yes ☑ No
B) What sampling is required to authorize discharge? none
C) Outfall Affected: storm water outfall **Sanitary Sewer Path:** N/A
D) Special Outfall Observation Required? ☐ Yes ☑ No If yes, explain:
E) Other Requirements: none
F) Discharge Concurrence Name (Print) Gina Darling Sign Gina Darling Date today

PART 4: OPERATIONS/INITIATOR
A) Permit Expiration Date:
B) Special Precautions and Limitations
C) Approved By SM Name (Print) Sign Date
D) Initiator Agreement Name (Print) Sign Date
E) Volume Discharged: