



De Minimus Waste Discharge Report R8-2009-0003

Date of discharge: _____ Name of person reporting discharge: _____

Type of discharge:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Well Installation | <input type="checkbox"/> Well Development | <input type="checkbox"/> Well Purging |
| <input type="checkbox"/> Pipeline Maintenance | <input type="checkbox"/> Reservoir Maintenance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pipeline Disinfection | <input type="checkbox"/> Reservoir Disinfection | |
| <input type="checkbox"/> Fire Hydrant Testing | <input type="checkbox"/> Fire Hydrant Flushing | |

Discharge flowed to Drainage Area: E04 Atwood Channel E05 Richfield Channel
 E03 Carbon Canyon Channel Santa Ana River

Discharge was dechlorinated using: Sodium sulfite tablets Other: _____

Discharge was not dechlorinated.

Time Discharge ended: _____

Time Discharge began: _____

Total Minutes: _____

Qty of Hydrants: _____ System PSI: _____ Hydrant #'s: _____

Estimated total discharge volume, along with description of how the volume was tabulated:

Note: Discharge shall meet all domestic water standards.
Cl₂ residual shall be retained at 0.2 - 2.5 mg/L.