

FAX NUMBER: (904) 665-8334

BATCH DISCHARGE NOTIFICATION FAX FORM

This is to notify JEA that:	
Facility name:	-
Permit #:	-
intends to discharge a batch of wastewater to the POTW. Characteristics of this cinclude the following:	discharge
Date of discharge:	-
Discharge start time:	-
Volume of discharge (gallons):	-
Duration of discharge (minutes):	-
Pre-discharge sampling date(s) (if applicable *):	-
Other:	-
	-
	<u>.</u>
Name Title	
Signature Date	

* If batch has been sampled and analyzed prior to discharge, analysis results shall be faxed under cover of this form.