

# SANITARY DISTRICT OF DECATUR, ILLINOIS

501 DIPPER LANE \* DECATUR \* ILLINOIS \* 62522

## INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

(Type or Print)

Business Name of Industry Applying for Discharge Permit:

Mailing Address:

Property Address:

Name of Property Owner:

Points of Discharge to the Sewerage System:

Type of Industry:

S.I.C. or NAICS Number(s):

Number of Employees: (part-time)

(full-time)

Hours of Operation (include shift times):

Products:

(include a complete description - use additional sheets as needed)

Source(s) of Water and Average Volume From Each Source:

City Water Account Numbers:

Wastewater Producing Operations (in order of significance):

Water Consumption; Average Daily (gal/day):

Maximum Daily (gal/day):

Wastewater Discharge; Average Daily (gal/day):

Maximum Daily (gal/day):

Production &/or Cleanup: days/week hours/day

Mark days on which there will be a discharge: Mon  Tue  Wed  Thu  Fri  Sat  Sun

List Categorical Processes:

(Those processes defined in 40 CFR, Parts 403 - 471 as categorical)

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List the Types and Descriptions of Major Processes: \_\_\_\_\_

Is the First Major Process: (check one)

Continuous/intermittent Discharge     Batch Discharge     Dry (no discharge)

Attach a current laboratory analysis report that accurately details the constituents of the industrial wastewater discharges from your entire facility, and a list of all current environmental permits issued for air, land, or water. Also include a supplemental information form for each individual process (including the one listed on this form).

Describe Method(s) of Wastewater Pretreatment at Your Facility: \_\_\_\_\_

Hours of Pretreatment Operation: \_\_\_\_\_

Name of IEPA Certified Operator: \_\_\_\_\_

Company Representative Responsible for the Industrial Wastewater Discharges From This Industry:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Signature for Application (Company Administrative Official):

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(↑ Type or Print Name ↑) (↑ Type or Print Position ↑)

Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**Application:**     Approved    SDD Permit Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Denied    Reasons \_\_\_\_\_

By: \_\_\_\_\_

District Director, or Authorized Agent of the Sanitary District of Decatur.

# **SANITARY DISTRICT OF DECATUR, ILLINOIS**

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IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, THE APPLICANT AGREES:

1. To furnish any additional information on industrial wastewater discharges as required by the Sanitary District of Decatur.
2. To operate and maintain any required industrial wastewater treatment devices in a satisfactory and approved manner.
3. To cooperate at all times with the Sanitary District of Decatur's personnel, or their representatives, in the inspection, sampling and study of industrial wastewater facilities and discharges.
4. To notify the Sanitary District of Decatur in the event of any accident, negligence or other occurrence that causes the discharge to the sewer of any materials whose nature and quantity might constitute a hazard to the District's personnel, wastewater treatment facilities or the environment.
5. To submit, as required by the Sanitary District of Decatur, accurate data on industrial wastewater discharge flows and wastewater constituents.
6. To apply for a revised District's industrial wastewater discharge permit if any change in industrial processes or operations creates a significant change in industrial wastewater quality or quantity.
7. To provide immediate access to authorized personnel of the Sanitary District of Decatur to any facility directly or indirectly connected to the District's sewerage system under emergency conditions and at all other reasonable times.
8. To accept and abide by all provisions of Ordinances of the Sanitary District of Decatur.
9. To submit additional pages as required to furnish any and all information if adequate room is not provided on the approved form.