

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:

Tax I.D. or Owner's Social Security Number:

Points of Discharge to the Sewerage System:

Type of Industry:

S.I.C. 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): I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Person or Persons who manage the system, or those Persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name: _____ Position: _____
(↑ Type or Print Name ↑) (↑ Type or Print Position ↑)

Signature: _____

Date of Application: _____

In consideration of the granting of this permit, the applicant agrees to the conditions on page three.

Application: Approved if Accepted SDD Permit Number: _____
Effective Date: _____
Expiration Date: _____
 Denied Reasons _____

By: _____

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

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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.

Acceptance and Acknowledgment

The undersigned hereby warrants that the undersigned _____ is the facility's administrative official and is authorized to execute this permit on behalf of the IU hereby agreeing and acknowledging that the IU is bound and obligated to fulfill the terms and conditions of their permit. The SDD may enforce this permit in accordance with the provisions of Ordinance 94-01 as amended and as necessary in the Circuit Court of Macon County, Illinois.

For industrial user _____:

Signature Date

Printed Name Title

For the Sanitary District of Decatur:

Signature Date

Printed Name Title