

ZERO INDUSTRIAL WASTEWATER DISCHARGE PERMIT

PERMIT NO. _____

EFFECTIVE DATE: _____

Industry

Name: _____

Address: _____

S.I.C.

Number(s): _____

Sewer

Connection _____

Locations: _____

In compliance with the Sanitary District of Decatur Pretreatment Ordinance, #94-01, any applicable provisions of Federal or State law or regulation, and in accordance with the conditions set forth here in,

(Industry Name)

is authorized to discharge **only** sanitary and non-process wastewater at its facilities located at

(Industry Address)

to the Publicly Owned Treatment Works of the Sanitary District of Decatur upon receipt of a Zero Process Wastewater Discharge Certification. A certification of zero discharge of industrial process wastewater (forms attached) must be received every year before the end of January.

This permit shall expire at 12:00 midnight on

(Expiration Date)

unless sooner revoked, suspended, or modified.

This permit may not be sold, traded, transferred, assigned, or sublet.

Signature for Application (Company Administrative Official):

Name: _____
(Type or Print Name)

Position: _____
(Type or Print Position)

Signature: _____

Date of Application: _____

Conditions of Zero Industrial Wastewater Discharge Permit:

- No discharge of **process wastewater** to the sanitary or combined sewer system is permitted.
- Immediately upon discovery, the industrial user is required to notify the District of any changes in operation that could result in a potential for discharge of process waste.
- The Industry must submit an initial certification that no discharge of process wastewater has occurred or will occur (form attached).
- An annual certification that no discharge of process wastewater has occurred or will occur is required by the end of January each year (form attached).
- The District may inspect the industrial user's facilities as necessary, without notice, to assess and assure compliance with the "no discharge requirement." Immediate access to all parts of the premises will be granted by the industry.
- The industrial user must comply with Resource Conservation and Recovery Act (RCRA) and state hazardous waste and air regulations regarding the proper disposal of hazardous and special wastes. Alternative waste disposal other than sanitary sewer disposal of process wastewater must not adversely impact any other environmental media such as air, any water bodies, and/or soil.

ZERO PROCESS WASTEWATER DISCHARGE CERTIFICATION

Name of Business: _____

Address: _____

Contact Name: _____ Phone: _____

(IMPORTANT! Sign EITHER Statement 1 or 2, below. Do NOT sign both.)

Return this Certification to: Sanitary District of Decatur
Attn. Pretreatment Coordinator
501 S. Dipper Lane
Decatur, IL 62522

Statement 1

"For the period ending December 31st of 20__, I certify that the above named facility HAS CONSISTENTLY COMPLIED with the terms and conditions of the Zero Discharge Permit and HAS NOT DISCHARGED any process wastes to the sanitary or combined sewer system. I further certify that, to the best of my knowledge and belief, ALL wastewater processes, other than human wastes, are disconnected from the sewer system and all employees involved with the processes or who handle solvents and wastes have been trained to prevent contaminated wastes from reaching the sanitary sewer system."

Name (Print or type) Title

Signature Date
(Owner, principal executive officer, or duly authorized representative)

***** OR *****

Statement 2

"For the period ending December 31st, 20__, I certify that the above named facility HAS NOT CONSISTENTLY COMPLIED, for any reason whatsoever, with the terms and conditions of the Zero Discharge Permit. Additional measures have been implemented or will be implemented as soon as possible, to ensure compliance with all requirements of the Zero Discharge Permit. A description of each instance of noncompliance and corrective action is attached or on file with the District. I understand that this statement in no way releases my firm from administrative and/or legal actions that may be taken by the District, the municipality, or other State or Federal agencies.

Name (Print or type) Title

Signature Date
(Owner, principal executive officer, or duly authorized representative)