

MO. / DAY / YR.

Permit No. \_\_\_\_\_

**PERMIT FOR DOMESTIC WASTEWATER HAULER DISCHARGE  
SANITARY DISTRICT OF DECATUR  
501 DIPPER LANE, DECATUR, IL 62522**

01 APPLICATION IS HEREBY MADE FOR A PERMIT FOR DOMESTIC WASTEWATER HAULERS DISCHARGE TO THE SDD TREATMENT FACILITY BY:

\_\_\_\_\_  
(Print) Firm Name

02 Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

03 ( ) \_\_\_\_\_  
(Phone No.) Business Owner

04 Number of Employees (Full Time): \_\_\_\_\_ (Part Time): \_\_\_\_\_

05 Vehicle Information

A. Make/Model: \_\_\_\_\_ License No./ State: \_\_\_\_\_ Tank Capacity: \_\_\_\_\_

B. Make/Model: \_\_\_\_\_ License No./ State: \_\_\_\_\_ Tank Capacity: \_\_\_\_\_

C. Make/Model: \_\_\_\_\_ License No./ State: \_\_\_\_\_ Tank Capacity: \_\_\_\_\_

06 If any vehicles haul anything but residential septage, please note: \_\_\_\_\_  
(Please attach additional sheet if needed)

07 List State of Illinois permit titles & numbers: \_\_\_\_\_

08 Is any waste chemically treated prior to discharge? Yes \_\_\_\_\_ No \_\_\_\_\_

09 Working Days per week: (Check) M  Tu  W  Th  F  Sa  Su

10 Average number of loads per month: \_\_\_\_\_

11 Constituents of wastewater discharge: \_\_\_\_\_

(General Description)

12 Person in company responsible for septage hauling and discharge:

\_\_\_\_\_  
Print (Name) (Position) (Telephone Number)

I AFFIRM THAT ALL INFORMATION FURNISHED IS TRUE AND CORRECT AND THAT THE APPLICANT WILL COMPLY WITH THE CONDITIONS STATED ON THE BACK OF THIS PERMIT FORM.

Date: \_\_\_\_\_, 20 \_\_\_\_\_

13 Signature for Applicant: \_\_\_\_\_  
(Company Administrative official) (Name) (Position)

14 Approved by Sanitary District of Decatur Date: \_\_\_\_\_

By: \_\_\_\_\_  
(District Director or Authorized Personnel Signature)

15 Permit Expiration Date: \_\_\_\_\_

**THIS FORM, WHEN PROPERLY SIGNED, SHALL BE A VALID PERMIT UNLESS SUSPENDED, REVOKED OR EXPIRED.**

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

1. To furnish any additional information on septage discharges as required by the Sanitary District of Decatur.
2. To operate and maintain any required devices in an approved manor.
3. To cooperate at all times with the Sanitary District's personnel, or their representatives, in the inspection, sampling, and study of septage 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 or quantity might constitute a hazard to District's personnel, wastewater treatment facilities, or the environment.
5. To submit, as required by the Sanitary District of Decatur, accurate data on septage discharge flows and wastewater constituents.
6. To apply for a revised District's domestic wastewater haulers discharge permit if any change in processes or operations creates a significant change in septage quality or quantity.
7. To provide immediate access to authorized personnel of the Sanitary District to any facility directly or indirectly connected to the District's sewerage system under emergency conditions and at all other reasonable times.
8. Not to hold the Sanitary District of Decatur responsible for accidents related to the discharge of septage to the treatment facility.
9. To deliver only grease trap waste or septage of residential origin that originated within Macon County to the Sanitary District of Decatur.
10. To discharge all loads in a manner that prevents creation of an unsightly, odorous, or unsafe mess at the SDD treatment plant and to clean up all unavoidable messes.
11. To reimburse the Sanitary District of Decatur for the cost of treatment for all loads delivered. If payments are not made promptly, this permit may be revoked and wastewater dumping privileges will cease.