

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: _____

Date Industry was established: _____

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)

SANITARY DISTRICT OF DECATUR, ILLINOIS

501 DIPPER LANE * DECATUR * ILLINOIS * 62522

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 21-05 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