## 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)
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List the Types a	nd Descriptions of Major Process	ses:
Is the First Maio	or Process: (check one)	
	ous/intermittent Discharge	Batch Discharge Dry (no discharge)
discharges from	your entire facility, and a list of	ccurately details the constituents of the industrial wastewater all current environmental permits issued for air, land, or form for each individual process (including the one listed on
Describe Metho	d(s) of Wastewater Pretreatment	at Your Facility:
Hours of Pretrea	atment Operation:	
Name of IEPA Operator:		
Company Repre	sentative Responsible for the Ind	lustrial Wastewater Discharges From This Industry:
Name:		
Title:		
Telephone Num		E-Mail Address:
designed to assu my inquiry of th gathering the inf accurate, and co	re that qualified personnel prope be Person or Persons who manage formation, the information submi	er my direction or supervision in accordance with a system rly gather and evaluate the information submitted. Based on a the system, or those Persons directly responsible for tted is, to the best of my knowledge and belief, true, a significant penalties for submitting false information, at for knowing violations.
Name:		Position:
	(↑ Type or Print Name ↑)	(↑ Type or Print Position ↑)
Signature:		
Date of Application		mit, the applicant agrees to the conditions on page three.
Application:	Approved if Accepted	SDD Permit Number:
••		Effective Date:
		Expiration Date:
	Denied Rea	asons
By:	D1.1. D1	
	District Director, or Authorize	ed Agent of the Sanitary District of Decatur.
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### 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.

#### **Acceptance and Acknowledgment**

The undersigned hereby warrants that the undersigned			
facility's administrative official and is authorize	zed to execute this permit on behalf	of the IU hereby	
agreeing and acknowledging that the IU is bou	and and obligated to fulfill the terms	s and conditions of	
their permit. The SDD may enforce this permit	it in accordance with the provisions	of Ordinance 21-	
05 and as necessary in the Circuit Court of Ma	con County, Illinois.		
For industrial user	:		
Signature	Date		
Printed Name	Title		
For the Sanitary District of Decatur:			
Signature	Date		
Printed Name	Title		

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