SANTTARY DISTRICT OF DECATUR, IL. 62522 01 APPLICATION IS HERBBY MADE FOR A PERMIT FOR DOMESTIC WASTEWATER HAULERS DISCHARGE TO THE SDD TREATMENT FACILITY BY: (Type or Print) Firm Name	MO		STIC WASTEWATE	Permit No WASTEWATER HAULER DISCHARGE			
TO THE SDD TREATMENT FACILITY BY: Tope or Print Firm Name		SANIT	ARY DISTRICT OF I	DECATUR	CHARGE		
Mailing Address: (Street) (City) (State) (Zip) (Phone No.) Business Owner Tax LD. Number or Social Security Number of Employees (Full Time): (email address) (which is family address) Vehicle Information A. Make/Model: B. Make/Model: C. Make/Model: License No./ State: Tank Capacity: C. Make/Model: Lisense No./ State: Tank Capacity: Combined Note of Illinois permit titles & numbers: Working Days per week: (Check) M. Tu. W. Th. F. Sa. Su. Average number of loads per month: Constituents of wastewater discharge: (General Description) Person in company responsible for septage hauling and discharge: Print (Name) (Position) (Telephone Number) LAFFIRM 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.	01			STIC WASTEWA	TER HAULERS DISC	HARGE	
(Street) (City) (State) (Zip) (Phone No.) Business Owner Tax LD. Number or Social Security Number of Complex (Part Time): (email address) (temail address) (t			(Type or Print)	Firm Na	ime		
(Phone No.) Business Owner Tax I.D. Number or Social Security Number (email address) Number of Employees (Full Time): (Part Time): Vehicle Information A. Make/Model: License No./ State: Tank Capacity: C. Make/Model: License No./ State: Tank Capacity: C. Make/Model: License No./ State: Tank Capacity: C. Make/Model: List State of Illinois permit titles & numbers: Is any waste chemically treated prior to discharge? Yes No Working Days per week: (Check) M Tu W Th F Sa Su Average number of loads per month: Constituents of wastewater discharge: Person in company responsible for septage hauling and discharge: Person in company responsible for septage hauling and discharge: Print (Name) (Position) (Telephone Number) LAFFIRM 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.	02	Mailing Address:					
Cemail address		(Street	t)	(City)	(State)	(Zip)	
Cemail address Number of Employees (Full Time):	03	()					
04 Number of Employees (Full Time): Vehicle Information		(Phone No.)	Business Owner	Tax I.D. Number or Social Security Number			
04 Number of Employees (Full Time): Vehicle Information		(7.11)					
A. Make/Model: License No./ State: Tank Capacity: B. Make/Model: License No./ State: Tank Capacity: C. Make/Model: License No./ State: Tank Capacity: C. Make/Model: License No./ State: Tank Capacity: If any vehicles haul anything but residential septage, please note: (Please attach additional sheet if needed) List State of Illinois permit titles & numbers: No	04		ne): (Part Time):				
B. Make/Model: License No./ State: Tank Capacity: C. Make/Model: License No./ State: Tank Capacity: B. Make/Model: License No./ State: Tank Capacity: C. Make/Model: License No./ State: Tank Capacity: If any vehicles haul anything but residential septage, please note: (Please attach additional sheet if needed) List State of Illinois permit titles & numbers: Is any waste chemically treated prior to discharge? Yes No Working Days per week: (Check) M Tu W Th F Sa Su Average number of loads per month: Constituents of wastewater discharge: (General Description) 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.	05						
B. Make/Model: License No./ State: Tank Capacity: C. Make/Model: License No./ State: Tank Capacity: B. Make/Model: License No./ State: Tank Capacity: C. Make/Model: License No./ State: Tank Capacity: If any vehicles haul anything but residential septage, please note: (Please attach additional sheet if needed) List State of Illinois permit titles & numbers: Is any waste chemically treated prior to discharge? Yes No Working Days per week: (Check) M Tu W Th F Sa Su Average number of loads per month: Constituents of wastewater discharge: (General Description) 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.		A. Make/Model:	License I	No./ State:	Tank Capacity:		
C. Make/Model: License No./ State: Tank Capacity: If any vehicles haul anything but residential septage, please note: (Please attach additional sheet if needed) List State of Illinois permit titles & numbers: 8							
106 If any vehicles haul anything but residential septage, please note: (Please attach additional sheet if needed) 107 List State of Illinois permit titles & numbers: 108 Is any waste chemically treated prior to discharge? Yes No 109 Working Days per week: (Check) M Tu W Th F Sa Su 110 Average number of loads per month: 110 Constituents of wastewater discharge: 111 (General Description) 121 Person in company responsible for septage hauling and discharge: 13 Print (Name) (Position) (Telephone Number) 14 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.							
(Please attach additional sheet if needed) List State of Illinois permit titles & numbers: Sany waste chemically treated prior to discharge? Yes No Working Days per week: (Check) M Tu W Th F Sa Su Su Average number of loads per month: Constituents of wastewater discharge:	06						
Is any waste chemically treated prior to discharge? Yes			_				
Working Days per week: (Check) M Tu W Th F Sa Su Average number of loads per month: Constituents of wastewater discharge: (General Description) 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.	07	List State of Illinois permit titles & number	ers:				
Average number of loads per month: Constituents of wastewater discharge: (General Description) 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.	08	Is any waste chemically treated prior to dischar	ge? Yes	No			
Constituents of wastewater discharge: (General Description) 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.	09	Working Days per week: (Check)	orking Days per week: (Check) M Tu W Th F Sa Su				
(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.	10	Average number of loads per month:					
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.	11	Constituents of wastewater 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.							
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.			•	on)			
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.	12	Person in company responsible for septage hau	lling and discharge:				
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.		Print (Name)		(Position)	(Telephone	e Number)	
COMPLY WITH THE CONDITIONS STATED ON THE BACK OF THIS PERMIT FORM.		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		Date:, 20 _					
Signature for Applicant: (Company Administrative official) (Name) (Position)	13		(Nama)		(Decition)		
(Company Administrative orricial) (Name) (Position) 14 Approved by Sanitary District of Decatur Date:	1.4		,		(1 OSIUOII)		

(District Director or Authorized Personnel Signature)

By:

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, unless approved otherwise.
- 10. To discharge all loads in a manner that prevents creation of an unsightly, odorous, or unsafe condition 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.