SANITARY DISTRICT OF DECATUR ANNUAL REPORT FORM

The purpose of the Annual Report is to summarize activities at your facility during the past calendar year that could affect:

- a) the Sanitary District of Decatur's collection system;
- b) the operation of the treatment plant; or
- c) the disposal of the treatment plant sludge.

Please complete both sides of this form. Attach additional pages if necessary.

Company Name:	Permit #:
Address:	
Telephone: ()	
Reporting Period:	
Estimated average daily flow during reporting period:	
Estimated maximum daily flow during reporting period:	
I. List changes that have been made or events that have of significantly affect the amount of or constituents in your materials, water/wastewater processing, production, prod	ur waste stream (include changes in raw

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Π.	List process additions or deletions that may change your status concerning categorical standards as listed in 40 CFR or the Federal Register. If there have been no changes of this nature, state "None".
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	(Attach additional pages if necessary.)
Γhe	e preceding and attached statements are true and correct to the best of by knowledge and belief.
	ped or printed name and title of administrative officer or authorized representative:
J 1	Title:
Sig	nature of administrative officer or authorized representative, and date:
5	
	Date:

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