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 occurred during the reporting period that could significantly affect the amount of or constituents in your waste stream (include changes in raw materials, water/wastewater processing, production, pretreatment of wastewater, etc...).

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II. 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".

(Attach additional pages if necessary.)

The preceding and attached statements are true and correct to the best of by knowledge and belief.

Typed or printed name and title of administrative officer or authorized representative:

_____ Title: _____

Signature of administrative officer or authorized representative, and date:

_____ Date: _____