## DEPARTMENT OF PUBLIC WORKS STATEMENT OF INDUSTRIAL WASTE DISCHARGE FOR

Phone Number

1. Company Name Service Address 2701 West Raymond St. Industrial Permit # 342403  2. Water Meter Numbers (attach additional pages if necessary)  2. Water Meter Numbers (attach additional pages if necessary)  3. Do you meter you discharge?  A. If yes, supply beginning and ending discharge meter readings From and proceed to item # 7  B. If no, attach copies of water bills and beginning and ending meter readings for all private source water used such as wells.  4. Water Interesting allows  A. Pubbic utility water (attach water bills) furnished units to gallons by multiplying by 748)  4. Pubbic utility water (attach water bills) furnished units to gallons by multiplying by 748)  4. Pubbic utility water (attach water bills) furnished units to gallons by multiplying by 748)  4. Pubbic utility water (attach water bills) furnished units to gallons by multiplying by 748)  4. Pubbic utility water (attach water bills) furnished units to gallons by multiplying by 748)  4. Company of the service of the servic		STATEMENT OF IND	USTRIAL WASTE DISCHAR	GE FOR	August 2 Month	.0 <u>10</u>	
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A. Average NH3-N concentration of discharge (PPM)  B. Less normal NH3-N concentration (20 PPM)  C. Less normal NH3-N concentration (if line 10.B is greater than line 10.A, enter zero)  D. Multiply line 10.C by 8.34  E. Multiply line 10.D by line 7 divided by 1,000,000  10.E  Form must be provided in duplicate along with all supporting documentation by the 25th of the month following the month the report covers (i.e. SEPTEMBER REPORT IS DUTOBER 25TH). Failure to meet this deadline will result in a \$100.00 penalty.  Mail to:  Veolia Water Indianapolis, LLC  Attention: Danielle Toth Industrial Sewer Billing P. O. Box 1220 Indianapolis, IN 46206-1220  e undersigned, hereby certify that I am knowledgeable of the volume and strength of the wastewater discharged to the sewer, that all information in this report is true and urate to the best of my throwledge; and that I understand that any omissions, deletions or misrepresentations may result in legal action against me and the firm I represent. I consent to verification at all information provided here upon request  Contract Project Manager  Signature  Title					0.2		
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