DEPARTMENT OF PUBLIC WORKS
STATEMENT OF INDUSTRIAL WASTE DISCHARGE FOR August 20 11
Month

1. Company Name: Revitalizing Auto Communities Environmental Response Trust — Industrial Permit #: None
   Service Address: 2701 West Raymond St., Indianapolis, IN
   Mailing Address: 1210 South 5th Street, Springfield, IL 62703
2. Water Meter Numbers (attach additional pages if necessary)
3. Do you meter you discharge? _____ Yes _____ No (Check one)
   A. If yes, supply beginning and ending discharge meter readings
      From _____ To _____ 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 Intake (in gallons)
   A. Public utility water (attach water bills) (translate units to gallons by multiplying by 748) — 4.A: -
   B. Private source water. (Beginning meter reading _____ to ending _____ — 4.B: -
   C. Steam condensate discharged (attach copies of steam bills) Multiplying Therms by 10.39 — 4.C: -
   D. Other (attach all details) — 4.D: 0
5. Total of lines 4.A through 4.D in gallons — 5.: 0
6. Deductions (Totals for A through F) — 6.: 0
   A. Clear water diverted. Beginning meter reading _____ to ending _____ — 6.A: -
      NPDES Permit Number _____
   B. Steam Losses (Net of B1. and B2.)
      B1. Beginning meter reading _____ to _____ — 6.B: -
      ending meter reading for water delivered to steam system
      B2. Beginning meter reading _____ to _____
      ending meter reading for discharge from steam system
   C. Evaporation (Net of C1. and C2.) — 6.C: -
      C1. Beginning meter reading _____ to _____
      ending meter reading for water delivered to system
      C2. Beginning meter reading _____ to _____
      ending meter reading for discharge from system
   D. Product Water: Attach Certificate — 6.D: -
   E. Irrigation: Beginning meter reading _____ to _____
      ending meter reading — 6.E: -
   F. Other (attach documentation) — 6.F: -
7. Total Discharge (line 5 minus line 6 or net 3.A) — 7.: 0
   **Items 8.A, 9.A and 10.A require supporting documentation**
8. Excess Biochemical Oxygen Demand (BOD) Computation
   A. Average BOD concentration of discharge (PPM) — 8.A: -
   B. Less normal BOD concentration (250 PPM) — 8.B: -
   C. Less normal BOD concentration (if line 8.B is greater than line 8.A, enter zero) — 8.C: -
   D. Multiply line 8.C by 8.34 — 8.D: -
   E. Multiply line 8.D by line 7 divided by 1,000,000 — 8.E: -
9. Excess Suspended Solids (SS) Computation
   A. Average TSS concentration of discharge (PPM) — 9.A: -
   B. Less normal TSS concentration (300 PPM) — 9.B: -
   C. Less normal TSS concentration (if line 9.B is greater than line 9.A, enter zero) — 9.C: -
   D. Multiply line 9.C by 8.34 — 9.D: -
   E. Multiply line 9.D by line 7 divided by 1,000,000 — 9.E: -
10. Excess Ammonia Nitrogen (NH3-N) Computation
   A. Average NH3-N concentration of discharge (PPM) — 10.A: -
   B. Less normal NH3-N concentration (20 PPM) — 10.B: -
   C. Less normal NH3-N concentration (if line 10.B is greater than line 10.A, enter zero) — 10.C: -
   D. Multiply line 10.C by 8.34 — 10.D: -
   E. Multiply line 10.D by line 7 divided by 1,000,000 — 10.E: -

This form must be provided along with all supporting documentation by the **25th** of the month following the month the report covers (i.e. SEPTEMBER REPORT IS DUE OCTOBER 25TH). Failure to meet this deadline will result in a **$100.00** penalty.

**Mail to:** **Veolia Water Indianapolis, LLC**
**Attention: Dawn Jones**
**Industrial Sewer Billing**
**P. O. Box 1220**
**Indianapolis, IN 46206-1220**

**Phone: (317) 263-6541**
**Fax: (317) 263-6541**
**Email: dawn.jones@veoliawaterna.com**

I, the 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 accurate to the best of my knowledge, and that I understand that any omissions, deletions or misrepresentations may result in legal action against me and the firm I represent. I also consent to verification of all information provided here upon request.

[signature] on behalf of RACER TRUST — Clean-up Mgr.
Signature — Title

419-277-0815 — 9-26-11
Phone Number — Date