

Illinois Environmental Protection Agency
Bureau of Water

Data Maintenance Form

Facility Information

| | | |
|--------------------------------------------|------------|-----------|
| Facility Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Area Code/Telephone: | SIC Code: | |
| Legal Location (Section, Township, Range): | | |
| Latitude: | Longitude: | |
| Facility Type Code (from back of form): | | |
| Receiving Wastewater Works*: | | |

***Note: If the Facility Type Code is "K", the name of the specific wastewater works the facility discharges to must be provided in the space above.**

Facility Owner Information

| | | |
|------------------------|--------|-----------|
| Facility Owner's Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Area Code/Telephone: | | |

Please return completed form to the following address:

Illinois EPA - Bureau of Water - CAS#19
Operator Certification Program
1021 North Grand Avenue East
P.O. Box 19276
Springfield, Illinois 62794-9276

Form completed by:

| | |
|----------------------|--------|
| Name (please print): | Title: |
| Signature: | Date: |