

**HEART OF THE VALLEY
METROPOLITAN SEWERAGE DISTRICT
801 THILMANY ROAD
KAUKAUNA, WISCONSIN 54130**

PRETREATMENT PERMIT APPLICATION

SECTION ONE

NAME OF PUBLICLY OWNED TREATMENT WORKS:

Heart of the Valley Metropolitan Sewerage District
801 Thilmany Road
Kaukauna, WI 54130

CONTACT PERSON: Chad Giackino
TITLE: Regulatory Compliance Manager
PHONE NUMBER: (920) 766-5731

SECTION TWO

NAME OF PARENT COMPANY: _____

ADDRESS: _____

NAME OF OFFICIAL REPRESENTATIVE: _____

TITLE: _____

NAME OF INDUSTRIAL CONTACT PERSON: _____

TITLE: _____

PHONE NUMBER: _____

PROVIDE A SCHEMATIC OF FACILITY DISCHARGES TO THE POTW.
LABEL THE DIAGRAM "SCHEMATIC OF WASTEWATER FLOWS".

DO YOU HAVE A PRETREATMENT OF PROCESS WASTEWATER FROM YOUR
INDUSTRY BEFORE THE WASTEWATER IS DISCHARGED TO POTW: YES NO

IS AN ENGINEERING REPORT ON THE PRETREATMENT SYSTEM AVAILABLE
TO THE POTW: YES NO

PRETREATMENT PROCESS: DESCRIPTION

SECTION THREE

CODE IDENTIFICATION:

PROCESS

NR CODE

SECTION FOUR

SIGNATURES:

In consideration of the granting of this permit, the undersigned agrees:

1. To furnish any additional information relating to the installation of use of the industrial sewer for which this permit is sought as may be requested by the District.
2. To accept and abide by all provisions of the Rules and Regulations of the Heart of the Valley Metropolitan Sewerage District, and of all other pertinent rules and regulations that may be adopted in the future.
3. To operate and maintain any waste pretreatment facilities, as may be required as a condition of the acceptance into the POTW of the industrial wastes involved, in an efficient manner at all times, and at no expense to the District.
4. To cooperate at all times with the District and its representatives in their inspecting, sampling, and study of the industrial wastes, and facilities provided for pretreatment.
5. To notify the District immediately in the event of any accident, or other occurrence that occasions contribution to the wastewater treatment system of any wastewater or substances prohibited or not covered in the permit.

SIGNATURE OF INDUSTRIAL REPRESENTATIVE: _____

TITLE: _____

DATE SIGNED: _____

SIGNATURE OF INDUSTRIAL CONTACT PERSON: _____

TITLE: _____

DATE SIGNED: _____

SIGNATURE OF POTW REPRESENTATIVE: _____

TITLE: _____

DATE SIGNED: _____