

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: