



## APPLICATION FOR Industrial Pretreatment Discharge Permit RENEWAL

### GENERAL INSTRUCTIONS & INFORMATION:

1. Please review the attached permit and use the form for changes
2. Form should be returned 30 days prior to permit expiration date.
3. Information listed should be updated if changes occur, throughout the 3 year permit cycle.
4. Return completed form by mail to:

**Kelly Seery**  
**City of Cedar Rapids WPCF**  
**7525 Bertram Road SE**  
**Cedar Rapids, IA 52403**

### INFORMATION NEEDED FOR PERMIT RENEWAL:

1. Industry Name: \_\_\_\_\_
2. Current Contact Name & Title: \_\_\_\_\_  
phone #, e-mail, fax #: \_\_\_\_\_  
**24 hour contact info:** \_\_\_\_\_
3. Industry Location Address: \_\_\_\_\_
4. Mailing Address for Permit: \_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address for Monthly Invoices (if necessary):  
\_\_\_\_\_  
\_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Name of signing official: \_\_\_\_\_  
Title of signing official: \_\_\_\_\_  
phone #, e-mail, fax# : \_\_\_\_\_

### DISCHARGE INFORMATION:

Describe any changes in waste water discharge (attach additional sheets, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Representative