

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO
Industrial Waste Division / Pretreatment and Cost Recovery Section
FACILITY CLASSIFICATION QUESTIONNAIRE (FCQ)

Instructions

Who must complete and return this Classification Questionnaire

All Users or potential Users of nonresidential commercial establishments and industrial facilities or tax-exempt entities who discharge or will discharge waste to sewerage system of the Metropolitan Water Reclamation District of Greater Chicago (District) or into any sewer connected thereto must file the questionnaire to establish or change their classification as required under Section 4 of the **User Charge Ordinance** and Article V, Section 3 of the **Sewage and Waste Control Ordinance**.

Due Date

This questionnaire is due within 45 calendar days after written demand by the District through a certified mailing. Overdue questionnaires are subject to penalties and enforcement actions as provided in Section 8 of the **User Charge Ordinance** and Article VI, Section 4 of the **Sewage and Waste Control Ordinance**. Overdue questionnaires are also subject to late filing fees as provided in Article V, Section 10 of the **Sewage and Waste Control Ordinance**.

Retention of Filing Forms and Supporting Documentation

A copy of the filing forms, flow records, and any other data used in the completion of this questionnaire should be retained by the User not less than five years from the date such documentation was submitted.

Line 1. Facility Name, Address, City, Zip Code, Telephone Number and Email

1. a. Enter the reporting facility or plant name address, telephone number and email.
- b. Enter the legal name, mailing address, telephone number and email of the parent company (if any).

Line 2. Federal Tax I.D. Number

Enter your Federal Tax I.D. Number and Illinois Secretary of State Identification number.

Lines 3 through 6. Data on User's Operation within the District's Jurisdiction dating back to January 1, 2000

3. a. Indicate if the facility is rented or owned.
- b. If rented, enter the name and address of the owner.

4. a. Since when has the company been operating under the current name, enter month and year.
- b. Since when has the company been at the current location, enter month and year.
5. If date in 4b. is later than January 1, 2000, please provide name and location of User's operations since January 1, 2000, until the date indicated for the current residence.
6. List names and addresses of other facilities in Cook County owned by the organization. If there are none, state NA. If needed attach additional pages.

Line 7. Previous Submittals of User Charge Forms

If your facility has previously filed an FCQ, a User Charge form (RD-920, or RD-925) with the District, please enter the facility name and FID Number under which these forms were filed. If you are filing this form because of a change in ownership, please indicate who the previous owner was, and attach a letter of explanation.

Lines 8 and 9. General Facility Information

8. a. Enter number of employees.
- b. Enter number of shifts.
- c. Enter hours of operation.
- d. Enter days of operation.
- e. Enter number of workdays in reporting year.
9. a. Enter type of business conducted.
- b. List your principal products.
- c. Enter the North American Industry Classification System (NAICS) Code or SIC (Standard Industrial Classification) Code of facility.

Line 10. Annual Ad Valorem Real Estate Taxes Paid to the District During the Previous Year

Indicate whether your facility is tax exempt. If not, enter the 14-digit Permanent Real Estate Index Number for each real estate parcel occupied by the company. This number will be found on the real estate tax bill. Attach additional pages if necessary. Please provide copies of your tax bills in the table below and enter the PIN and the property address for each Property Index Number.

Lines 11 and 12. Processes and Materials

(Note that if the activities at the Reporting Facility are solely office or warehouse activities, then skip Lines 11 through 14.)

11. Describe manufacturing, production, or service activities at your facility.

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12. a. List any raw materials and process additives used. *Please include in your list any PFAS compounds used at the reporting facility.*
- b. During manufacturing, production or services do you consume, produce, or store any flammable, volatile, explosive, or corrosive materials more than 50 gallons.
- c. Indicate if you have reported having any FVEC materials stored, consumed produced at your facility over the past 12 months.

Line 13. Liquid Wastes or Sludges

13. a. Indicate all types of waste produced by the Reporting Facility and the amounts generated per month. Check whether this waste is discharged to the sewer or disposed of off-site.
- b. If disposal is off-site, provide most recent 12 months of manifest forms and/or paid receipts.
- c. Indicate if any hazardous wastes are discharged by the facility to the sanitary sewerage system by checking the appropriate box.

Line 14. Pretreatment Devices

Check all that apply.

Line 15. Water Sources

15. a. List the total number of incoming water meters to the Reporting Facility.
- b. List water sources other than municipal supply systems (wells, rivers, raw materials, etc.)
- c. **Attach copies of water bills and/or documentation for other water sources to show total water consumption at the Reporting Facility for one year.** If there are significant process or evaporation losses, please describe on a separate sheet. Upon request, the District will advise you of the procedure for documenting water losses.

Line 16. Number of Outlets

Indicate the number of connections (waste discharge outlets) to the public sewer serving the Reporting Facility.

Line 17. Types of Wastewater

Check all types of wastewater discharged by the Reporting Facility. List average daily flow in gallons and indicate whether the flow is measured (water meter or flowmeter) or estimated. Indicate whether the wastewater is discharged on a continuous basis, or on a batch or infrequent basis.

Who Should Sign Form

This form must be signed by either a corporate officer, a partner, a fiduciary, or other duly authorized agent of the User. To expedite inquiries and review, insert the name, telephone number and email of the person who prepared the form in the space provided.

Notary Seal

Form must be notarized to ensure that the information contained therein is true, correct and complete. If the form is not notarized, it will be returned to you and considered an incomplete submittal.

Corporate Seal

Corporate seal must be affixed (if applicable).

Keep a Copy for your Records

Mail the original of this questionnaire within 45 calendar days after written demand by the District to:

Metropolitan Water Reclamation
District of Greater Chicago
Industrial Waste Division - Pretreatment & Cost
Recovery Section
111 East Erie Street
Chicago, Illinois 60611-2802

Failure to file, on time, an accurate and complete questionnaire, together with all required supporting documents, will subject the User to possible enforcement actions and penalties as provided by the District's Ordinances.

For inquiries, email us at mwrd-ucls@mwrd.org or call (312) 751-3000 between: 8:45 a.m. and 4:30 p.m., Monday through Friday.

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For Office Use Only

1. a. Reporting Facility (Location)
Name _____
Address _____
City, Zip Code _____
Telephone _____
Email _____
- b. Parent Company (Mailing Address)
Name _____
Address _____
City, Zip Code _____
Telephone _____
Email _____
2. a. Federal Tax Identification No. _____
b. State File No. _____
3. a. Facility is (Check one): Owned Rented
b. If facility is rented, please indicate owner's name and address.
Owner: _____
4. a. Operating under present name since (mo./yr.) _____
b. At this location since (mo./yr.) _____
5. If the date indicated in response to line 4b is later than January 1, 2000, provide information concerning name and location of User's operations from 2000 until the date indicated.

(If the nature of the operation in prior years at any of the above locations is different from that of the reporting facility, the User must submit a separate FCQ.)
6. Please list the names and addresses of other facilities in Cook County owned by your organization. (If there are none, state "none." If space provided is not sufficient, provide the information on additional pages.)

7. a. Has your facility submitted a District form such as the FCQ, User Charge Annual Certified Statement (RD-925) or User Charge Certified Sampling (RD-920) previously with the District?
Yes No
b. If yes, indicate facility name, FID No., and the date filed. (Attach copies) _____

8. a. Number of employees _____
b. Number of shifts _____
c. Hours of operation _____ (AM/PM) to _____ (AM/PM)
d. Days of operation: S M T W R F S
e. Number of workdays in reporting year _____
9. a. Type of business conducted _____
b. Principal products _____
c. North American Industry Classification System (NAICS) Code or SIC (Standard Industrial Classification) Code of facility _____

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10. a. Is your facility exempt from paying real estate taxes? Yes No (If No please fill out 10.b)

b. List below and on additional pages all real estate property index numbers and annual ad valorem taxes paid to the District in the previous calendar year. **(Attach copies of itemized tax bills to this form).**

<u>Real Estate Property Index Number</u>	<u>Address Associated with Tax PIN</u>
_____	_____
_____	_____
_____	_____
_____	_____

11. Brief description of the manufacturing, production, or service activities your facility conducts. (If the activities at the reporting facility are solely office or warehouse activities, skip to Line 15.)

12. a. Raw materials and process additives used _____

b. Does your facility use, consume, produce, or store any flammable, volatile, explosive, or corrosive materials more than 50 gallons? Yes No

c. Have you reported the type and quantity of such materials to the District within the past 12 months?
 Yes No

13 a. Indicate the type of liquid wastes or sludges generated from all operations and the unit of measure (gals/lbs.)

<u>Type</u>	<u>Monthly Volume</u>	<u>Discharge to Sewer</u>	<u>Off-Site Disposal</u>	<u>Type</u>	<u>Monthly Volume</u>	<u>Discharge to Sewer</u>	<u>Off-Site Disposal</u>
Acids/Alkalies	_____			Solvents/thinners	_____		
Heavy Metal sludges	_____			Organic compounds	_____		
Oil and/or grease	_____			Pesticides	_____		
Paints	_____			Inks/Dyes	_____		
Pretreatment sludges	_____			Other _____	_____		
Plating wastes	_____			_____	_____		

b. If disposal is off-site, provide copies of manifest forms and/or paid receipts.

c. Are any toxic, hazardous, or injurious materials discharged to the sewerage system? Yes No

14. Pretreatment devices or processes used. Check as many as appropriate.

- | | | |
|---|---|---|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Flow equalization | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Grease and/or oil separation | <input type="checkbox"/> Reverse osmosis |
| <input type="checkbox"/> Chemical precipitation | <input type="checkbox"/> Grease trap | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Ion exchange | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Neutralization | <input type="checkbox"/> _____ |

15. a. Number of incoming water meters _____ b. Other water sources (Specify) _____

c. Attach copies of water-use documentation, e.g., Water bills (provide last 12 months).

16. Number of Waste Discharge Outlets to the Sewerage System _____

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17. Types of Wastewater discharged to the Sanitary Sewer, check all that apply.

	<u>Average GPD</u>	<u>Measured</u>	<u>Estimated</u>	<u>Batch</u>	<u>Continuous</u>
a. <input type="checkbox"/> Domestic Wastewater Restrooms/showers, etc.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="checkbox"/> Noncontact Cooling Water	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="checkbox"/> Boiler/Tower Blowdown	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> Process Wastewater	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <input type="checkbox"/> Equipment/Facility Washdown	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Total	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confidential Information: Information contained herein may be claimed confidential to the extent allowed by 40 CFR Part 403.14 and 40 CFR Part 2.302 if such is requested at the time of submission. To claim confidentiality, please find the confidentiality form at [www.mwrp.org/documents/Pretreatment and Enforcement Forms](http://www.mwrp.org/documents/Pretreatment%20and%20Enforcement%20Forms) and click on *Request for Confidentiality of Document Submitted in Compliance with User Charge Ordinance Waste Control Ordinance*.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

Prepared by: _____
Name (Type or Print)
Title
Email
Telephone No.

Certification: The undersigned, being first duly sworn on oath, deposes and says that he/she has examined this statement and its supporting documentation, and to the best of his/her knowledge and belief, same are true, correct, and complete.

Signature of Officer/Owner
Email Address
Telephone No.

 Officer/Owner's Name (Type or Print)

Subscribed and sworn to, before me this _____ day of _____ 20____.

Notary Public Signature: _____

Notary Public Seal

Corporate Seal (if applicable)