

## DISCHARGE AUTHORIZATION REQUEST (DAR)

### SECTION A - GENERAL INFORMATION

#### 1. Facility\* Details

Business Name MWRD Example

Address 123 Main Street

City, State, Zip Code Chicago, IL 606XX

Telephone (XXX) XXX - XXXX Fax (XXX) XXX-XXXX

Email Address your.email@company.com Website www.companywebsite.com

IL Sec. of State File No. XXXXXXXX FEIN XX-XXXXXXXX-XX

PINs XX-XX-XXX-XXX-XXXX, XX-XX-XXX-XXX-XXXX, XX-XX-XXX-XXX-XXXX, XX-XX-XXX-XXX-XXXX

(\*See *Instructions* for definition of the term "Facility". Include all PINs for your facility.)

#### 2. Mailing Address (if different from above)

Business Name Same as above

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

IL Sec. of State File No. \_\_\_\_\_ FEIN \_\_\_\_\_

#### 3. Identify the name(s) of all primary contacts, principal officers/owners, and facility contacts of your entity.

Name	Title	Telephone	Email	Primary Contacts	Officer/Owner	Facility Contacts
<u>Jane Smith</u>	<u>President</u>	<u>(XXX) XXX-XXXX</u>	<u>jane.smith@company.com</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>John Smith</u>	<u>Vice President</u>	<u>(XXX) XXX-XXXX</u>	<u>john.smith@company.com</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>James Doe</u>	<u>Environmental Compliance Manager</u>	<u>(XXX) XXX-XXXX</u>	<u>james.doe@company.com</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Jackie Doe</u>	<u>Plant Manager</u>	<u>(XXX) XXX-XXXX</u>	<u>jackie.doe@company.com</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**SECTION B - BUSINESS ACTIVITY**

1. Does (or will) this facility perform categorical processes defined under [Title 40, Chapter I, Subchapter N of the Code of Federal Regulations](#)?  Yes  No If yes, complete the table below.

Business Activity	Regulated Category	Average Production Rate (if applicable)
Metal Finishing – Coating (Phosphating)	40 CFR Part 433	N/A
_____	40 CFR Part _____	_____
_____	40 CFR Part _____	_____

2. **Mass/Production-Based Limits.** Does the facility perform any processes regulated under a categorical pretreatment standard that has established [mass or production-based limits](#)?  Yes  No

3. Indicate all applicable North American Industry Classification System (NAICS) or Standard Industrial Classification (SIC) codes for all processes at your facility.

Business Activity	NAICS Code	SIC Code
Phosphate Coating of metal and metal products	332812	3479
Plastic Extrusion (Noncontact Cooling Water)	326199	3089
Metal Stamping	332119	3469
Sheet Metal Work	332322	3444
_____	_____	_____

4. Give a description of all operations at this facility, including primary and secondary products and services, raw materials and all chemicals used.

a. Operations

Metal stamping, metal fabrication, plastic injection molding, and powder coat paint

b. Products and services

Job shop manufacturer for metal housing for various electronic machines, cabinets, kiosks, & computers

c. Raw materials and chemicals

Steel rolls, sheet steel, plastic resin, powder paint, stamping fluids, wash line chemistry, closed loop  
 Cooling water chemistry

5. Average number of employees annually: 50

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**SECTION C – WATER/WASTEWATER MONITORING**

**1. Water Sources (Check as many as are applicable):**

- Municipal Water Supply
- Private Well
- Surface Water
- Other (please specify): \_\_\_\_\_

**2. Wastewater Characteristics**

Does (or will) this facility discharge any wastewater to the local sanitary sewer system other than from restrooms?

Yes  No

**3. Monitoring of wastewater discharge**

**a. Water Intake Meters.**

How many intake water meters (including fire meters) are used at your facility: \_\_\_\_\_ 2

**b. Flow metering Equipment.**

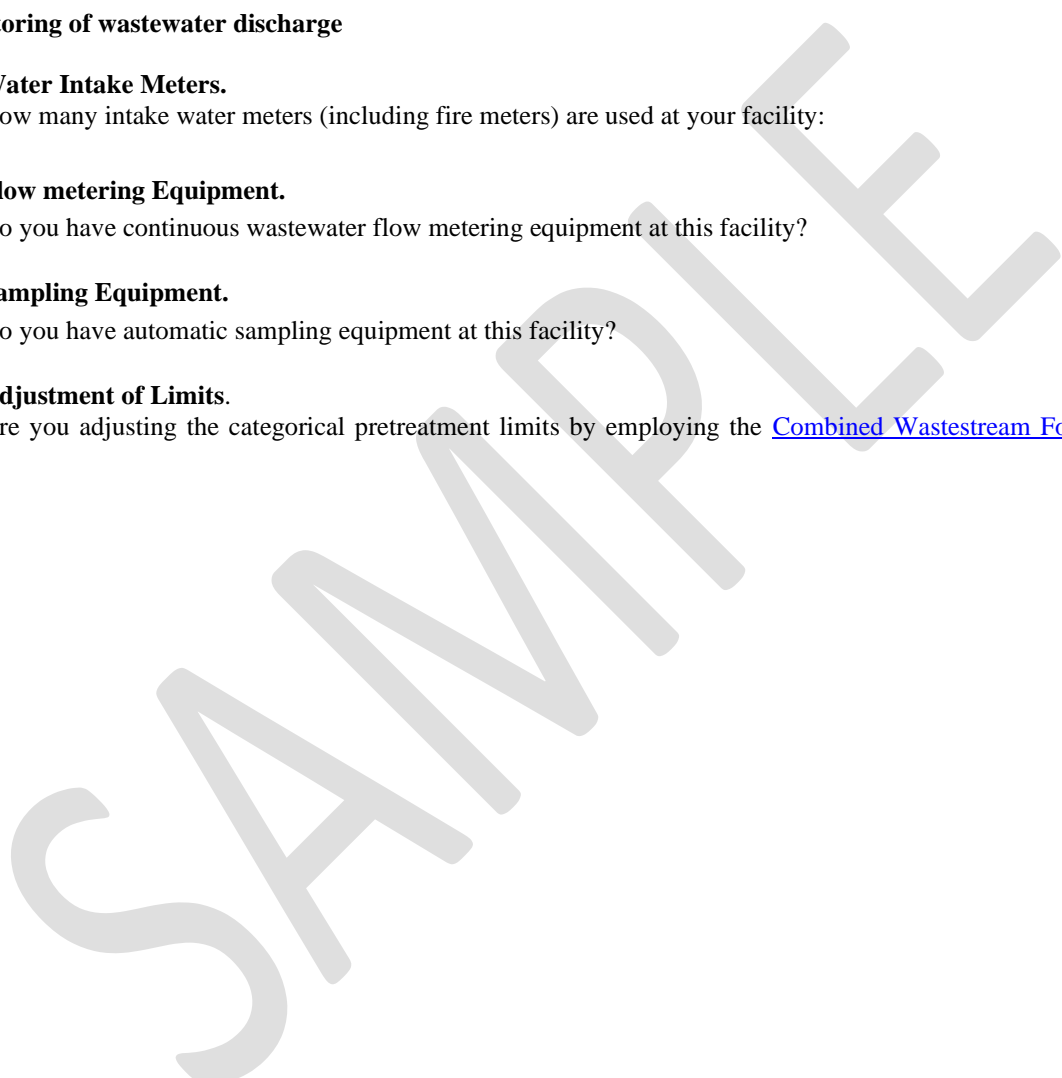
Do you have continuous wastewater flow metering equipment at this facility?  Yes  No

**c. Sampling Equipment.**

Do you have automatic sampling equipment at this facility?  Yes  No

**d. Adjustment of Limits.**

Are you adjusting the categorical pretreatment limits by employing the [Combined Wastestream Formula \(CWF\)](#)?  Yes  No



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**4. Flow Monitoring and Sampling Equipment.**

List all intake water meters, submeters, discharge flow meters, and sampling equipment for the facility on the following table. The location of each item provided in this table must also be included in the Building and Property Layout required under Section E, Item 1 of this application. If your facility has a primary measurement device (PMD), list the PMD and flowmeter device in the table below (see instructions for more details).

For equipment used to employ a CWF, attach a separate sheet showing the CWF calculations.

For equipment used to establish mass or production-based limits, attach a separate sheet showing the calculations used to derive the pretreatment limits for each sampling station that receives wastewater from one or more of these processes. Production-based limits must be converted to equivalent mass limits. Submit production data used in the calculations and the methodology used to calculate mass loading for purposes of determining compliance with the mass limits.

Type of Meter / Sampling Equip.	Municipal Account Number	Manufacturer	Serial Number	Size	Location	Purpose
Municipal Incoming Water Meter	XXXX-XXXX-XXXX	Meter Inc.	xxxxxxxxxxx	3 in	Mechanical closet in office area	Public water supply
Municipal Incoming Fire Meter	XXXX-XXXX-XXXX	Meter Inc.	xxxxxxxxxxx	1.5	Mechanical closet in office area	Fire sprinkler system
Private Meter - Domestic	N/A	Meter Inc.	xxxxxxxxxxx	1 in	Cabinet in lunchroom	Domestic water usage in restrooms and lunchroom
Private Meter – Noncontact Cooling Water Makeup Meter	N/A	Meter Inc.	xxxxxxxxxxx	0.75 in	Plastic Extrusion Process Area	Makeup water meter for Noncontact cooling system
Primary Measurement Device – 45-degree V-notch weir	N/A	N/A	N/A	N/A	Weir Box in Waste Treatment Area	Measurement of Process & NCCW Wastewater after Pretreatment
Private Meter – Ultrasonic Flowmeter	N/A	Meter Inc.	xxxxxxxxxxx	N/A	Control Panel on South Wall of Waste Treatment Area	Measurement of Process & NCCW Wastewater after Pretreatment

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**5. Average Water Usage.**

**a. List average water usage for this facility.** Check all that apply. Check “Measured” if the value entered is from water usage data from meter readings. Check “Estimate” if the value entered is from other calculations. Include the data with the submittal. Furnish copies of water bills and documentation for one year that show total water consumption, if available.

**Gallons per day (GPD) based on production days**

	Average	Maximum		
a. <input checked="" type="checkbox"/> Sanitary wastewater	1,000	2,000	<input checked="" type="checkbox"/> Measured	<input type="checkbox"/> Estimate
b. <input type="checkbox"/> Boiler makeup			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
c. <input type="checkbox"/> Cooling tower makeup			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
d. <input checked="" type="checkbox"/> Noncontact cooling water makeup	3,000	4,500	<input checked="" type="checkbox"/> Measured	<input type="checkbox"/> Estimate
e. <input type="checkbox"/> Contact cooling water			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
f. <input checked="" type="checkbox"/> Process	6,000	9,000	<input checked="" type="checkbox"/> Measured	<input type="checkbox"/> Estimate
g. <input type="checkbox"/> Facility/equipment washdown			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
h. <input type="checkbox"/> Air pollution control unit			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
i. <input type="checkbox"/> Other (Specify): _____			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
j. <input type="checkbox"/> Other (Specify): _____			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
<b>Total Water Usage (Sum of a - j)</b>	<b>10,000</b>	<b>15,500</b>		

**b. List water usage not discharged to the sewer system.** Check all that apply. Check “Measured” if the value entered is from water usage data from meter readings. Check “Estimate” if the value entered is from other calculations.

**Gallons per day (GPD) based on production days**

	Average	Maximum		
k. <input type="checkbox"/> Contained in product			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
l. <input type="checkbox"/> Irrigation and lawn watering			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
m. <input type="checkbox"/> Hauled off site			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
n. <input type="checkbox"/> Boiler evaporative loss			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
o. <input type="checkbox"/> Cooling tower evaporative loss			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
p. <input type="checkbox"/> Noncontact cooling water evaporative loss			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
q. <input type="checkbox"/> Other (Specify): _____			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
r. <input type="checkbox"/> Other (Specify): _____			<input type="checkbox"/> Measured	<input type="checkbox"/> Estimate
<b>Total Deductive Loss (Sum of k - r)</b>	<b>0</b>	<b>0</b>		

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**6. Provide the following information on wastewater flow rate (New facilities may estimate).**

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours of Operation (e.g., 9am-5pm)	9am to 5pm	9am to 5pm	9am to 5pm	9am to 5pm	9am to 5pm		
Hours of Discharge (e.g., 10am-7pm)	9am to 5pm	9am to 5pm	9am to 5pm	9am to 5pm	9am to 5pm		
Hours Per Day Discharged	9	9	9	9	9		
Peak Hourly Flow Rate (gpm)	80	80	80	80	80		
Average Hourly Flow Rate Per Day (gpm)	20	20	20	20	20		
Average Number of Employees	50	50	50	50	50		

**7. Batch Discharge.**

Batch/infrequent discharges are those discharges which are intermittent or noncontinuous and which occur less frequently than once per hour. Do not include discharges from domestic sources (toilets, sinks, showers, etc.), boiler blowdown, noncontact cooling water, or air conditioner towers, or discharges which do not directly enter the sewer system, but are sent to treatment, recycle, etc.

If batch discharges occur or will occur, please complete the table below (New facilities may estimate).

Description of Batch Discharge (e.g., Hydro-Test Water)	Frequency of Batch Discharge (e.g.: daily, weekly, monthly)	Time of Batch Discharge			Average Volume (gallons) per Batch Discharge	Flow Rate (gpm)
		Day of Week	Time of Day	Duration		
Phosphate Tank Rinse	Every 3months	Friday	2 PM	3 Hours	2,500 gal	15

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**8. Provide the below information for each connection to the local sanitary sewer system and type of discharge (Batch (B) or Continuous (C) or Both (B+C)).**

Sampling Point	Sewer Size	Descriptive Location of the Sampling Point	Flow (GPD)		Type of Discharge (B,C,B+C)
			Average	Maximum	
1A	6"	Manhole in lawn west of office area	10,000	18,000	B+C
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total:			10,000	18,000	_____

**9. Process flow discharge:** List average daily wastewater discharge, maximum daily discharge, type of discharge (Batch (B) or Continuous (C) or both (B+C)), and sampling point for each process flow. Include the reference number for each flow consistent with the process flow diagram requested in Section E, Item 2 of this application. New facilities may provide estimates for each discharge. Regulated process flows apply to categorical users only.

Ref. No.	Regulated Process Flows	Flow (GPD)		Type of Discharge (B,C,B+C)	Sampling Point
		Average	Maximum		
#1	Phosphate Coating	6,000	9,000	C	1A
#2	Phosphate Rinse Tank - Quarterly	0	2,500	B	1A
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Ref. No.	Unregulated Process Flows	Flow (GPD)		Type of Discharge (B,C,B+C)	Sampling Point
		Average	Maximum		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Ref. No.	Dilutional Flows	Flow (GPD)		Type of Discharge (B,C,B+C)	Sampling Point
		Average	Maximum		
#3	Sanitary (Bathrooms & Lunchroom)	1,000	2,000	C	1A
#4	Noncontact Cooling Water	3,000	4,500	C	1A
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**SECTION D – WASTEWATER PRETREATMENT**

1. Is there any form of wastewater pretreatment or air pollution control (see list below) conducted at the facility?

Yes     No                      If yes, complete Items 2 through 9.

2. Does your facility have separate discharges from more than one pretreatment system?

Yes     No                      If yes, how many? \_\_\_\_\_

3. Type of pretreatment – check all applicable processes used at your facility and provide details where applicable.

**a. Physical Treatment**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Air stripping           | <input checked="" type="checkbox"/> Flow equalization     | <input type="checkbox"/> Screening                   |
| <input type="checkbox"/> Centrifuge              | <input type="checkbox"/> Gravity filtration               | <input type="checkbox"/> Sedimentation/clarification |
| <input type="checkbox"/> Comminutor              | <input checked="" type="checkbox"/> Grease/oil separation | <input type="checkbox"/> Sludge dryer                |
| <input type="checkbox"/> Dissolved air flotation | <input checked="" type="checkbox"/> Grease trap           | <input type="checkbox"/> Ultrafiltration             |
| <input type="checkbox"/> Distillation            | <input type="checkbox"/> Grit removal                     | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Evaporation             | <input checked="" type="checkbox"/> Pressure filtration   |  |
| <input type="checkbox"/> Flocculation            | <input type="checkbox"/> Reverse osmosis                  |  |

**b. Chemical Treatment**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Activated carbon adsorption | <input checked="" type="checkbox"/> Neutralization / pH adjustment | <input type="checkbox"/> Reduction          |
| <input type="checkbox"/> Electrolytic recovery       | <input type="checkbox"/> Oxidation                                 | <input type="checkbox"/> Solvent extraction |
| <input type="checkbox"/> Ion exchange                | <input type="checkbox"/> Precipitation                             | <input type="checkbox"/> Other: _____       |

**c. Biological Treatment**

- |                                      |   |                                       |
|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Stabilization pond | <input type="checkbox"/> Other: _____ |
|--------------------------------------|---|---------------------------------------|

**d. Air Pollution Control**

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cyclone    | <input type="checkbox"/> Scrubber     |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Other: _____ |

**e. Details**

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4. a. Do you have an Illinois Environmental Protection Agency (IEPA) Water Pollution Control Permit for the wastewater pretreatment system at your facility?     Yes - Attach copy     No

b. If no, has an Application for Permit or Construction Approval been filed with the IEPA for the wastewater pretreatment system at your facility?     Yes     No



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5. a. Do you have an IEPA certified operator at your facility?  Yes  No

b. If yes, list names of IEPA certified industrial wastewater pretreatment operators for your facility. Attach copies of Class K certifications.

Name Jackie Doe Name \_\_\_\_\_  
 Name \_\_\_\_\_ Name \_\_\_\_\_

6. a. Are any liquid wastes or sludge from this facility delivered to another entity/person for transport, reclamation, and/or disposal?  Yes  No If yes, complete Item 6b.

b. These wastes may best be described as follows:  
 (Attach manifests or bills of lading for the most recent 180 days.)

	Estimated Quantity Generated per Month	Storage Containers*	Storage Method	Disposal Method
<input type="checkbox"/> Acids and alkalis	_____	_____	<input type="checkbox"/> on-site <input type="checkbox"/> off-site	<input type="checkbox"/> on-site <input type="checkbox"/> off-site
<input checked="" type="checkbox"/> Oil and/or grease	<u>500 gal</u>	<u>500-gal tank</u>	<input checked="" type="checkbox"/> on-site <input type="checkbox"/> off-site	<input type="checkbox"/> on-site <input checked="" type="checkbox"/> off-site
<input checked="" type="checkbox"/> Paints	<u>100 gal</u>	<u>55-gal drum</u>	<input checked="" type="checkbox"/> on-site <input type="checkbox"/> off-site	<input type="checkbox"/> on-site <input checked="" type="checkbox"/> off-site
<input type="checkbox"/> Pretreatment sludges	_____	_____	<input type="checkbox"/> on-site <input type="checkbox"/> off-site	<input type="checkbox"/> on-site <input type="checkbox"/> off-site
<input type="checkbox"/> Plating wastes	_____	_____	<input type="checkbox"/> on-site <input type="checkbox"/> off-site	<input type="checkbox"/> on-site <input type="checkbox"/> off-site
<input type="checkbox"/> Solvents/thinners	_____	_____	<input type="checkbox"/> on-site <input type="checkbox"/> off-site	<input type="checkbox"/> on-site <input type="checkbox"/> off-site
<input type="checkbox"/> Organic compounds	_____	_____	<input type="checkbox"/> on-site <input type="checkbox"/> off-site	<input type="checkbox"/> on-site <input type="checkbox"/> off-site
<input type="checkbox"/> Pesticides	_____	_____	<input type="checkbox"/> on-site <input type="checkbox"/> off-site	<input type="checkbox"/> on-site <input type="checkbox"/> off-site
<input type="checkbox"/> Inks/dyes	_____	_____	<input type="checkbox"/> on-site <input type="checkbox"/> off-site	<input type="checkbox"/> on-site <input type="checkbox"/> off-site
<input type="checkbox"/> Other: _____	_____	_____	<input type="checkbox"/> on-site <input type="checkbox"/> off-site	<input type="checkbox"/> on-site <input type="checkbox"/> off-site

\* Examples: 275-gallon tote, 55-gallon steel drums, dumpster, dry bags, sludge pit, etc.

c. Indicate whether your facility is the following:

i. A licensed treatment, storage or disposal facility pursuant to the Resource Conservation and Recovery Act  Yes  No

ii. A designated remediation site pursuant to the Comprehensive Environmental Response, Compensation and Liability Act, commonly known as Superfund Act.  Yes  No

**7. Indicate whether your facility has the following:**

- a. A Spill Prevention, Control and Countermeasure (SPCC) Plan  Yes  No
- b. A Slug Control Plan  Yes  No
- c. Any underground storage tanks/facilities  Yes  No
- d. Does (or will) this facility use or store any toxic organics listed under the total toxic organic (TTO) standard of the categorical pretreatment standards published by the USEPA?  Yes  No

If you answered yes to any of the above questions, attach a copy of the applicable plan or documentation.

**8. Is this DAR for:**

- a. A new facility subject to categorical pretreatment discharge standards?  Yes  No
- b. An existing facility now subject to new categorical pretreatment discharge standards?  Yes  No
- c. An existing facility seeking to revise the discharge limits contained in its current Discharge Authorization (DA)?  Yes  No

If you answered yes to any of the above questions, submit a [Final Compliance Report \(RD-114\)](#) to the Metropolitan Water Reclamation District of Greater Chicago (District) within 45 days of the date of the issuance of your DA. The RD-114 contains its own sampling and reporting requirements which must be completed separately.



**SECTION E – CERTIFIED FACILITY DIAGRAMS**

A Professional Engineer registered in the state of Illinois must certify all below requested diagrams of your facility (see definition of the term “Facility” in *Instructions*).

**1. Building and Property Layout of Facility**

Provide a clean & legible diagram, drawn to scale with directional orientation, showing the following details for the facility:

- Property boundaries
- Adjacent roadways and streets
- All structures and buildings, including above and below ground storage tanks
- Storm sewer lines, showing direction of flow and connection to local sewer
- Sanitary sewer lines, showing direction of flow and connection to local sewer, including blind ties and bypasses, if any
- Unit processes of industrial operations
- Pretreatment system unit processes
- Intake water meters and submeters, indicating which process each meter feeds
- Discharge flow meters, indicating processes contributing to each meter
- Floor drains and storm drains, including direction of flow
- Designated end-of-process and final discharge sampling locations

**2. Process Flow Diagram (provide separately)**

For each unit process, provide a clean and legible diagram, showing the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data, indicate this on the diagram. Number each unit process having wastewater discharges to the local sanitary sewerage system. Use these same reference numbers when showing all unit processes in the Building and Property Layout diagram in Item 1 of this Section, and when completing Section C, Item 9 of this application.

**3. Pretreatment System Flow Diagram (provide separately)**

Provide a clean and legible schematic flow diagram, showing all pretreatment devices and unit processes indicated under Section D, Item 3 of this application. Number each unit process. Use these same reference numbers when showing all unit processes in the Building and Property Layout diagram in Item 1 of this Section.

**4. Additional Documents**

If available, all layouts/diagrams provided under this Section should be accompanied by electronic copies in .pdf or .dwg file format.

**SECTION F – CERTIFICATION STATEMENTS**

**1. Provide responses to the following questions.**

- a. Has the local sanitary sewer system that serves your facility been modified to accommodate flows from your operations:
  - i. prior to start-up of your industrial operations?  Yes  No
  - ii. after start-up of your industrial operations?  Yes  No
  - iii. prior to start-up of your pretreatment system(s)?  Yes  No
  - iv. after start-up of your pretreatment system(s)?  Yes  No
- b. Do(es) the sewer plan(s) you submitted in response to Section E, Item 1 above plainly and clearly identify all sewers into which wastewaters from your industrial process(es) and/or pretreatment system(s) enter(s) prior to discharge to the local sanitary sewer system?  Yes  No
- c. Do you have any blind ties into the local sanitary sewer system through which wastewater from your facility's industrial process(es) or pretreatment system(s) is discharged?  Yes  No
- d. Are there any bypasses in your sewer system that will permit the discharge of wastewaters to the local sanitary sewer system without flowing through your facility's metering system or through the sampling chamber/manhole identified in this DAR as the official sampling station?  Yes  No

**2. Are Sewage and Waste Control Ordinance (SWCO)/federal pretreatment standards being met?**

Yes  No

If pretreatment standards are not being met, attach a completed [Compliance Schedule \(RD-112\)](#). The RD-112 must be certified by an authorized agent of your company, notarized, and must contain major milestone dates for implementation of remediation measures. In addition, the RD-112 must contain a final compliance date acceptable to the District, by which the company will attain full compliance with the District's SWCO.

**3. List and number all federal, state and local environmental control permits held by the facility:**

None

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**4. Felony Convictions/Past Environmental Performance**

Complete this Item if your company, including any company officers or supervisory personnel, has ever been convicted of a felony or has ever been named as a defendant or respondent in any civil matter, including any administrative proceeding, for allegedly violating any environmental law of the United States of America, the state of Illinois, the county of Cook, and/or any local public entity, including the District. For each such instance, provide the case name and number, date of initial filing, the name of the presiding court or administrative body, and the current status of the proceedings or final disposition if the matter has been resolved.

None  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Authorized Representative's Certification**

I, the undersigned, certify under penalty of law that I am the authorized representative of the entity submitting this DAR to the District for approval and, in such capacity, am able to, and do, attest to the truth and accuracy of the responses to Items 1-4 in this Section. I further certify that this DAR and all of its attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information contained in these documents. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information contained in this DAR is true, accurate and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information in this document, including the imposition of fines and/or imprisonment and the suspension or revocation of the facility's DA.

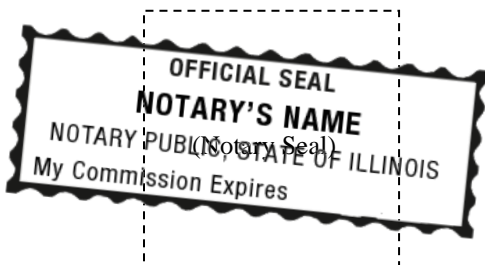
Jane Smith  
Name

President  
Title

Jane Smith  
Signature

MM/DD/20YY Date (XXX) XXX - XXXX Telephone

Subscribed and sworn to before me this \_\_\_\_\_ N<sup>th</sup> day of \_\_\_\_\_ Month



\_\_\_\_\_  
N. Public

Notary Public

My commission expires \_\_\_\_\_ MM/DD/20YY

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**6. Professional Engineer's Certifications**

I certify under penalty of law that I am a Professional Engineer currently licensed to practice engineering in the state of Illinois and to the following:

**A. Wastewater Pretreatment System**

The pretreatment facilities, as described in this document for the facility described herein, have been implemented or will be implemented and are adequate to handle the discharge volume in terms of both hydraulic capacity and ability to meet the pollutant concentration limits, discharge prohibitions and performance criteria of all applicable laws and regulations of the United States of America, the state of Illinois, the county of Cook, the Metropolitan Water Reclamation District of Greater Chicago, and any local public entity with jurisdiction.

In the case where there are no pretreatment facilities provided, the discharge from the facility will meet the pollutant concentration limits, discharge prohibitions and performance criteria of all applicable laws and regulations of the United States of America, the State of Illinois, the County of Cook, the Metropolitan Water Reclamation District of Greater Chicago, and any local public entity with jurisdiction.

**B. Information Contained in this DAR**

I have reviewed this document and all attachments. The sampling and analysis conducted are representative of normal work cycles and expected pollutant discharge to the sewer system. Based on my inquiry of the person or persons who prepared this document, or those persons directly responsible for gathering the information contained in this document, the information contained in this document is, to the best of my knowledge and belief, accurate and complete. I am aware that there are significant penalties for submitting false information in this document, including the imposition of fines and/or imprisonment and the suspension or revocation of the facility's DA.

**P. Engineer**

\_\_\_\_\_  
 Name of Professional Engineer

\_\_\_\_\_  
 Engineer

\_\_\_\_\_  
 Title

\_\_\_\_\_  
**P. Engineer**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 MM/DD/20YY

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 62-XXXXXX

\_\_\_\_\_  
 Professional Engineer's Registration Number

\_\_\_\_\_  
 Engineering Company LLC

\_\_\_\_\_  
 Professional Engineer's Employer

\_\_\_\_\_  
 321 Street Avenue

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Chicago, IL 606XX

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 (XXX) XXX - XXXX

\_\_\_\_\_  
 Telephone

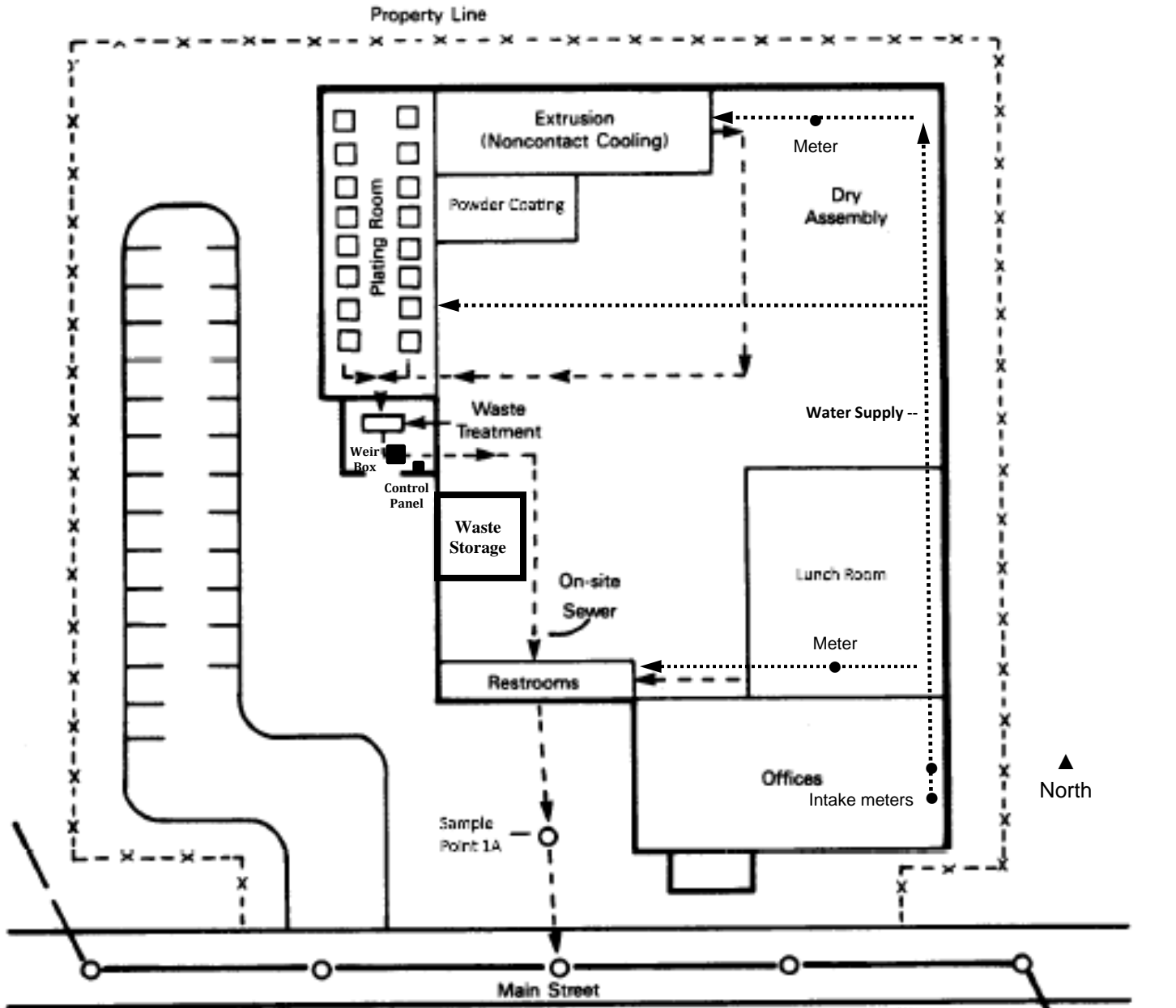
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 11/30/20XX

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 Expiration Date



# **Example Attachments**

# Building and Property Layout of Facility





# Process & Pretreatment System Flow Diagrams

