

SCHEDULE G

TREATMENT OR PRETREATMENT FACILITIES

WMO Permit Number: _____

NAME OF PROJECT: _____

1. LOCATION OF PROJECT (*Street address or with respect to two major streets*):

2. PROPOSED TREATMENT PROCESSES:

A. Type of wastes to be treated:

- Fats, Oils, or Greases pH Solids, Sludge Heavy Metals Cyanide
 Temperature Domestic Other (*Specify*) _____

B. Describe proposed method(s) of waste treatment: _____

Operation is: Continuous Batch → Number of batches/day: _____ Number of shifts/day: _____

Submit a floor plan of the building showing location of treatment facilities, schematic flow diagram, waste water flows/treated and untreated and piping layout through all treatment units showing size, volumes, sampling points, and other pertinent design information.

3. WASTE CHARACTERISTICS: Submit WMO Schedule F - Characteristics of Waste Discharges.

4. WASTE FLOWS:

Design loading: Average _____ gpd; Maximum _____ gpd; Minimum _____ gpd.

If treatment works are existing, loading (last 12 months): Average _____ gpd; Maximum _____ gpd.

Describe existing waste treatment if any: _____

Equipment used in determining above flows _____

Discharge flow is: Existing Will begin on _____

Discharge flow is to: MWRD Interceptor Local Sewer

Sanitary Storm Combined Waterway Identify: _____

Discharge pipe size: _____ inches.

FOR OFFICE USE:

Receiving DISTRICT Treatment Plant and/or Lift Station _____

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5. MANUFACTURING PROCESS:

- A. Narrative description of process: _____

- B. Principal raw materials: _____

- C. Principal products: _____

- D. Submit schematic flow diagram of manufacturing process.

6. DRAINAGE FACILITIES: Submit a complete contour drainage plan showing all storm sewers and drainage structures within the property. Also show all sanitary sewerage within the property.

7. WASTE STREAMS NOT DISCHARGED TO SEWERS:

Specify waste streams which are not discharged to sewers: Sludge Waste Oils Cooling Water
 Pickle Liquors Other: _____

Describe methods of disposal or treatment of the above stream(s). (Additional Permits for disposal of these streams may be required; inquiries as to the need for Permits should be made to the Illinois Environmental Protection Agency and the Metropolitan Water Reclamation District of Greater Chicago.)

8. FLOODING Are the treatment works within floodplain? No Yes → Complete the following:

Maximum flood elevation of record (NAVD88 datum) is: _____ ft.

Elevation of lowest opening (NAVD88 datum) is: _____ ft.

The following provisions have been made to eliminate the flooding hazard: _____

9. EMERGENCY OPERATION: Describe provisions for operation during power failures, Flooding, peak loads, equipment failure, maintenance shutdowns and other emergencies. (Attach additional sheets if necessary).

10. OTHER PERMITS: List permits previously issued for this facility:

Agency	Permit No.	Date Issued
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____