

Protecting Our Water Environment



Metropolitan Water Reclamation District of Greater Chicago

***MONITORING AND RESEARCH
DEPARTMENT***

REPORT NO. 24-27

HANOVER PARK WATER RECLAMATION PLANT

FISCHER FARM MONITORING REPORT

FOR SECOND QUARTER 2024

SPECIAL CONDITION 4

July 2024

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Metropolitan Water Reclamation District of Greater Chicago

CECIL LUE-HING RESEARCH AND DEVELOPMENT COMPLEX
6001 WEST PERSHING ROAD CICERO, ILLINOIS 60804-4112

Edward W. Podczewski, P.E.

Director of Monitoring and Research

July 30, 2024

Ms. Catherine Siders
Illinois Environmental Protection Agency
Bureau of Water
DWPC Compliance Section #19
1021 North Grand Avenue East
P.O. Box 19276
Springfield, Illinois 62794-9274

Dear Ms. Siders:

Subject: Hanover Park Water Reclamation Plant – Illinois Environmental Protection Agency Permit No. 2022-SC-66896, Special Condition 4 Monitoring Report for April, May, and June 2024—Discharge Monitoring Report (DMR)

This Discharge Monitoring Report (DMR) is to report analyses of biosolids applied to the Hanover Park Water Reclamation Plant (WRP) Fischer Farm site for April, May, and June 2024, as required by Illinois Environmental Protection Agency (IEPA) Operating Permit No. 2022-SC-66896, Special Condition 4. We are currently unable to submit this report to the NetDMR system as directed in Special Condition 4, as an updated permit number that is required for the NetDMR submission system is still not available.

The analytical data for lagoon supernatant applied to the Hanover Park WRP Fischer Farm site during April 2024 are presented in the attached DMR.

Very truly yours,



Albert Cox, Ph.D.

Environmental Monitoring and Research Manager
Monitoring and Research Department

AC:lf
Mr. T. Bennett, IEPA
Mr. B. Fleming, IEPA
Mr. K. Middleton, USEPA, Region 5
Mr. J. Chavich
Mr. B. Kaunelis
Mr. P. Desai
Dr. H. Zhang

Metropolitan Water Reclamation District of Greater Chicago
100 East Erie Street Chicago, Illinois 60611-2803 (312) 751-5600

**HANOVER PARK WATER RECLAMATION PLANT
FISCHER FARM MONITORING REPORT
FOR SECOND QUARTER 2024
SPECIAL CONDITION 4**

By

**Benjamin Morgan
Environmental Soil Scientist**

**Albert Cox
Environmental Monitoring and Research Manager**

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including strategies for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "*Permittee Name/Mailing Address* (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "*Monitoring Period*" covered by form where indicated.
4. Enter each "*Parameter*" as specified in monitoring requirements of permit.
5. Enter "*Sample Measurement*" data for each parameter under "*Quantity*" and "*Quality*" in units specified in permit. "*Average*" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "*Monitoring Period*"; "*Maximum*" and "*Minimum*" are normally extreme high and low measurements obtained during "*Monitoring Period*." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "*Average*," and enter maximum 7-day average of sample measurements obtained during monitoring period under "*Maximum*.")
6. Enter "*Permit Requirement*" for each parameter under "*Quantity*" and "*Quality*" as specified in permit.
7. Under "*No Ex*" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0."
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g., Enter "*Cont*," for continuous monitoring, "*1/7*" for one day per week, "*1/30*" for one day per month, "*1/90*" for one day per quarter, etc.)
9. Enter "*Sample Type*" both as "*Sample Measurement*" (actual sample type used during monitoring period) and as "*Permit Requirement*," (e.g., Enter "*Grab*" for individual sample, "*24HC*" for 24-hour composite, "*N/A*" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "*no discharge*" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Officer of Authorized Agent*," "*Telephone Number*," and "*Date*" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

DISCHARGE MONITORING REPORT (DMR)

Metropolitan Water Reclamation District
of Greater Chicago

2022-SC-66896 Special Condition 4
PERMIT NUMBER

DISCHARGE NUMBER

ADDRESS 100 East Erie Street
Chicago, Illinois 60611


FACILITY Hanover Park Water Reclamation Plant
Fischer Farm Site

LOCATION 1220 Sycamore Avenue
Hanover Park, Illinois 60133

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
2024	04	01	2024	06	30	

NOTE: Read instructions before

PARAMETER	SAMPLE PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
pH	SAMPLE				8.0	8.0	8.0		0	1	1WkC ¹
	PERMIT REQUIREMENT				N/A	N/A	N/A			1 / 90	NS ²
% Total solids (by weight)	SAMPLE				0.17	0.17	0.17	%	0	1	1WkC
	PERMIT REQUIREMENT				N/A	N/A	N/A			1 / 90	NS
% Volatile solids (% of total solids)	SAMPLE				54.8	54.8	54.8	%	0	1	1WkC
	PERMIT REQUIREMENT				N/A	N/A	N/A			1 / 90	NS
Volatile acids	SAMPLE				<5	<5	<5	mg/L	0	1	1WkC
	PERMIT REQUIREMENT				N/A	N/A	N/A			1 / 90	NS
Total Kjeldahl nitrogen	SAMPLE				813	813	813	mg/L	0	1	1WkC
	PERMIT REQUIREMENT				N/A	N/A	N/A			1 / 90	NS
Ammonia nitrogen	SAMPLE				795	795	795	mg/L	0	1	1WkC
	PERMIT REQUIREMENT				N/A	N/A	N/A			1 / 90	NS
Total phosphorus	SAMPLE				70	70	70	mg/L	0	1	1WkC
	PERMIT REQUIREMENT				N/A	N/A	N/A			1 / 90	NS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Albert Cox TYPED OR PRINTED	I certify under penalty of law that this document and all 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 submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE		
			708	588-4068	2024	07	26
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) ¹One-week composite: composite of lagoon supernatant applied from 04/22 through 04/25/2024.

²Sample type not specified. The permit requirement is to "analyze the sludge applied from the storage lagoons or digesters on a quarterly basis."

DISCHARGE MONITORING REPORT (DMR)

NAME Metropolitan Water Reclamation District
of Greater Chicago

2022-SC-66896 Special Condition 4
PERMIT NUMBER

DISCHARGE NUMBER

ADDRESS 100 East Erie Street
Chicago, Illinois 60611


FACILITY Hanover Park Water Reclamation Plant
Fischer Farm Site

LOCATION 1220 Sycamore Avenue
Hanover Park, Illinois 60133

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
FROM 2024	04	01	TO	2024	06	30

NOTE: Read instructions before

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cadmium	SAMPLE				<0.002	<0.002	<0.002	mg/L	0	1	1WkC ¹
	PERMIT REQUIREMENT				N/A	N/A	N/A			1 / 90	NS ²
Chromium	SAMPLE				<0.004	<0.004	<0.004	mg/L	0	1	1WkC
	PERMIT REQUIREMENT				N/A	N/A	N/A			1 / 90	NS
Copper	SAMPLE				0.132	0.132	0.132	mg/L	0	1	1WkC
	PERMIT REQUIREMENT				N/A	N/A	N/A			1 / 90	NS
Manganese	SAMPLE				0.157	0.157	0.157	mg/L	0	1	1WkC
	PERMIT REQUIREMENT				N/A	N/A	N/A			1 / 90	NS
Nickel	SAMPLE				0.029	0.029	0.029	mg/L	0	1	1WkC
	PERMIT REQUIREMENT				N/A	N/A	N/A			1 / 90	NS
Lead	SAMPLE				0.002	0.002	0.002	mg/L	0	1	1WkC
	PERMIT REQUIREMENT				N/A	N/A	N/A			1 / 90	NS
Zinc	SAMPLE				0.221	0.221	0.221	mg/L	0	1	1WkC
	PERMIT REQUIREMENT				N/A	N/A	N/A			1 / 90	NS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Albert Cox TYPED OR PRINTED	I certify under penalty of law that this document and all 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 submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE		
			708	588-4068	2024	07	26
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	MO	DAY

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