Protecting Our Water Environment

Metropolitan Water Reclamation District of Greater Chicago

INDUSTRIAL WASTE DIVISION
111 EAST ERIE STREET CHICAGO, ILLINOIS 60611-2893 p: 312.751.3044 p: 312.751.3000

Edward W. Podczerwinski, P.E.
Director of Monitoring and Research

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June 1, 2021

Dear Industrial User:

Subject: Discharge Authorization Request Form Update

The Metropolitan Water Reclamation District of Greater Chicago (District) has completed its update of the Discharge Authorization Request (DAR) form, also known as the RD-118.

Effective June 1, 2021, the 1997 DAR form will only be used for current Significant Industrial Users (SIUs) who are requesting a revision of their current and approved Discharge Authorization (DA). New requests for Discharge Authorizations or changes to an SIU's regulated category or ownership will require the completion and submittal of the 2021 DAR form.

If you have any questions regarding this matter, please contact the Pretreatment and Cost Recovery Section at (312) 751-3044 or at mwrd-ucts@mwrd.org.

Very truly yours,

Jennifer Wasik

Jennifer Wasik
Assistant Director of Monitoring and Research

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO
Industrial Waste Division / Enforcement Section (312)751-3044

INSTRUCTIONS FOR COMPLETING DISCHARGE AUTHORIZATION REQUEST FORM RD-118

SECTION A. General Information

Item 1: Give the complete name and physical address of the facility producing the discharge. Give the telephone number and facsimile number at the facility. List the person directly responsible for the operation of the facility that the District may contact during normal business hours. List the Federal Tax I.D. Number (used on Internal Revenue Service tax accounts).

Item 2: If the facility has a parent company or business office at a location other than the facility producing the discharge, but which is responsible for the daily business activities of the facility, give the legal name, and the complete mailing address of the Industrial User's business office. This may not be the same address used to designate the location of the facility. Give the name of the contact person responsible for environmental affairs for the entity, their title and telephone number. List the Federal Tax I.D. number (used on Internal Revenue Service tax accounts).

Item 3: List officers or principal owners. If the company is a partnership, the names of all partners must be furnished. If the owners or officers named are not involved with the day-to-day operation of the facility, the name of the person who manages the facility must also be furnished, as well as the person authorized to legally bind the Industrial User in any and all negotiations and agreements. If the company is owned by a large number of people, list only those with an interest of 20 percent or greater.

SECTION B. Business Activity

Item 1: To properly describe the scope of operations taking place at your facility, check all the categories which apply. If "Other" is checked, give description.

Item 2: Describe all operations at the facility. This includes processes which may or may not use water. A complete description is required. A generic description of processes which are "trade secrets" is acceptable. List all products produced and services performed at the facility. A list of all raw materials and chemicals used must be furnished. Give the technical and common name for the chemicals and raw materials used. It is not necessary to list names of proprietary compounds; however, a description of the components of the compound is required (e.g., "Nitric acid cleaning solution").

Item 3: The proper code(s) for your facility may be determined from the Standard Industrial Classification Manual, Executive Office of the President, Office of Management and Budget, 1987, which may be found in the reference section of your public library.

Item 4: Furnish the average number of employees at your facility on a yearly basis. If vast differences occur due to seasonal work, list the average number during peak production and the average number during off-peak production.

SECTION C. Water Supply

Item 1: Attach copies of water bills and/or documentation for all water sources to show total water consumption at the Reporting Facility for one year. If "Other" is checked, give description.

Item 2: Furnish the total number of intake water meters and their serial numbers, including fire protection meters. The locations of these meters must be shown on the building layout.

Item 3: Furnish all water service account numbers. This includes fire protection accounts.

Item 4: Include all uses of water at your facility. If more room is needed, attach a separate sheet. Calculation of water use shall be based on the average annual number of production (or working) days, not calendar days.

Item 5: For purposes of the Discharge Authorization, it will be assumed that all measured incoming water is discharged to the sanitary sewer. If, however, a significant portion of your incoming water is not discharged to the sewer system, complete this section. Flow rates must be measured or based on acceptable engineering estimates. (If the District considers the submitted engineering estimates to be inadequate, flow measurement may be required.) The purpose of this section is to provide a balance between the intake water reported in Section C, Item 4 and the wastewater discharge reported in Section D, Item 4.

SECTION D. Wastewater Discharge and Sewer Information

Item 1: Self-explanatory.

Item 2: **(a and b)** Provide the hours per day and time of day when discharge from your facility occurs on a normal operating schedule. Facilities which have great seasonal fluctuations should provide information for both low season and peak season. Note that discharge may not coincide with operations. Wastewater discharge may still occur when operations are shut down (e.g., pretreatment system).

(c) The peak hourly flow rate from the facility should be measured where practical. Engineering estimates will be accepted if measurement is not possible.

Item 3: Applies only if wastewater discharges to the sewer system occur at your facility on a batch and/or infrequent basis. 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 cooling towers, or discharges which do not directly enter the sewer system, but are sent to treatment, recycle, etc.

Item 4: List information for each separate sewer line carrying wastewater from the facility. Flow volumes must correspond with values listed in Items 5, 6, and 7 of this Section. These values will be used to establish your permitted discharge rates.

Item 5: In order to provide a firm understanding of processes and related flows, submit a schematic of each process that generates wastewater, whether the wastewater is discharged or not. Include a schematic diagram of each process which generates no wastewater (dry). Schematics should be simple block diagrams showing the various steps of the production process, points where water is used, and points where wastewater is generated. The average daily volume and maximum daily volume of each wastestream must be indicated on the schematic. Generic descriptions of process steps are acceptable. It is not necessary to provide detailed proprietary information. A sample schematic is attached.

Item 6: Complete this Item only if you do not conduct any activities regulated under Categorical Pretreatment Standards.

Item 7: Complete this Item only if you conduct activities regulated under Categorical Pretreatment Standards. List both average and maximum daily wastewater discharge rates. Dilutional flows are defined as domestic wastewater, noncontact cooling water, or boiler blowdown. All other discharges, including equipment washdown, are considered regulated or unregulated process flows.

Item 8: Self-explanatory.

Item 9: Self-explanatory.

Item 10: **(a and b)** The pretreatment standards are process-related. That is, a facility must comply with the standard at the end of each regulated process. However, it is recognized that many facilities combine their wastewater process lines, cooling water and sanitary wastes prior to treatment or discharge to the municipal sewers. Hence, a facility can sample at a combined point, but will need to adjust the categorical

limit it must meet (i.e., calculate adjusted limits) by employing the Combined Wastestream Formula which is contained in Section 403.6(e) of the General Pretreatment Regulations (Federal Register January 28, 1981). If this is the case with your facility, you must employ the formula, state the calculated limit and provide supporting data used in your calculations. Flow meters used in the calculations must be listed. If no suitable flow measurement devices exist to permit calculation of the Combined Wastestream Formula, you must attach a proposal for the installation of such devices, in accordance with Article IV, Section 6 of the District's Sewage and Wastewater Control Ordinance (Ordinance).

(c and d) For applicable Categorical Pretreatment Standards which establish mass limits, the facility must report results of analytical sampling in both concentrations and mass loading. For applicable Categorical Pretreatment Standards which establish production-based limits, the facility must convert the production-based limits to mass limits, and must report results of analytical sampling in both concentrations and mass loading. Mass loading calculations must be submitted which include the methodology used to determine the daily wastewater discharge flow volume at each regulated sampling point. The flow measurement devices used in this calculation must be listed in this item. If no suitable flow measurement devices exist, you must attach a proposal for the installation of such devices in accordance with Article IV, Section 6 of the Ordinance.

(e) Each Industrial User must sample, analyze and report on all regulated pollutants specific to each process (refer to the appropriate subcategory in the Categorical Pretreatment Regulations for regulated pollutants). In addition, sampling must be conducted for <u>all</u> the pollutants listed under Appendix B of the District's Ordinance at all final discharge points. Indicate type of samples (e.g., manual composite, flow-proportioned composite), name of person obtaining the samples and the time, date and place the samples were taken. Indicate whether samples were taken at the end of the regulated process or from a combined wastestream. The Industrial User must ascertain whether it can meet the 30 day average, calculated average, daily maximum or calculated maximum limit. The type of discharge (e.g., batch, continuous, etc.) is a factor that should guide the Industrial User regarding the number of samples to be taken to ascertain compliance. Where feasible, samples should be flow-proportioned composites. The samples must be representative and taken during full production.

Minimum sampling requirements are:

Process flows less than 200,000 gpd – three composite samples within two week period.

Process flows more than 200,000 gpd – six composite samples within two week period.

NOTE: "Composite Sample" means a representative mixture of a minimum of four grab sample aliquots obtained over a period of time.

The District requires you to include a certification statement from the laboratory performing the analyses. The statement must contain, in addition to the results of the analyses, the name and address of the laboratory, the dates the analyses were performed, the names of the persons performing the analyses and the analytical techniques/methods used and method detection limits.
Sampling and analysis must be performed in accordance with the techniques prescribed in 40 CFR Part 136 and amendments thereto.

SECTION E. Wastewater Pretreatment

Item 1: Do not include water-supply treatment systems.

Items 2 through 4: Self-explanatory

Item 5: This diagram must be certified by a professional engineer registered in the State of Illinois in addition to the certification provided in Section F, Item 4. The diagram must include all unit processes and equipment noted in Item 3 of this Section.

Item 6: Article III, Section 9 of the Ordinance requires every facility with a pretreatment system to have a certified pretreatment operator in direct

and active field supervision of the system. Information concerning operator certification may be obtained from:

Illinois Environmental Protection Agency
Operator Certification Program
Compliance Assurance Section
Bureau of Water
P.O. Box 19276
Springfield, IL 62794-9720

Copies of the certifications are required as proof that the operators are certified for the pretreatment system in place at the facility.

Item 7 through 9: Self-explanatory

Item 10: The Industrial User is required to submit a sketch of the entire facility depicting process areas, wastewater pretreatment systems, internal sewer lines, sampling points, and connections to the municipal sanitary sewerage system. Drains or sewer connections which are visible but have been permanently sealed must be shown on the drawing and indicated as such. The drawing should be simple but complete.
For Industrial Users subject to regulation under 40 CFR 433 (Metal Finishing) the following details are required: For all process lines, show individual tanks and indicate which tanks use water and which tanks discharge wastewater. Generic descriptions of tank contents and function is acceptable, such as "Nickel plating" or "Alkaline dip." Show the route of all sewer lines in process areas.
This diagram must be certified by a professional engineer registered in the State of Illinois in addition to the certification provided in Section F, Item 4.

SECTION F. Certification Statements

Item 1(c): If any blind ties exist, they must be noted in Section D, Item 4.

Item 2: The Compliance Schedule must be prepared by either a corporate officer, a partner, a fiduciary, or other duly authorized agent of the Industrial User.

Item 3: List any environmental control permits held by the facility, such as IEPA air emissions, Resource Conservation and Recovery Act, National Pollutant Discharge Elimination System, and Nuclear Regulatory Commission permits.

Item 4: List the name of the person who prepared this form and who may be contacted to provide clarification or additional information.

Items 5 and 6: These forms must be certified by a professional engineer registered in the State of Illinois.

Item 7: The Authorized Representative Statement must be signed by a corporate officer or official who is authorized to sign the certification on behalf of the corporate officers.

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 as an incomplete submittal.
Keep a copy for your records.
Mail the original of this form and two copies, including all attachments, to the District at the address indicated below:

Metropolitan Water Reclamation District
of Greater Chicago
Research and Development Department
Post Office Box 10654
Chicago, Illinois 60610

Failure to file an accurate and complete Discharge Authorization Request, together with all required supporting documents, will subject the Industrial User to possible enforcement actions and penalties as provided by the District's Ordinances.
For inquires, call the Industrial Waste Division, Enforcement Section, at (312)751-3044 between 8:45 a.m. and 4:30 p.m., Monday through Friday.

DISCHARGE AUTHORIZATION REQUEST (DAR)

SECTION A - GENERAL INFORMATION

1. **Reporting Facility -- Location**

Name_____

Address_____

City, State, Zip Code _____

Facility Contact_____ Title_____

Telephone_____ FAX Number_____ FID Number _____

2. **Business Office -- Mailing Address (if different from above)**

Name_____

Address_____

City, State, Zip Code _____

Business Contact_____ Title_____

Telephone_____ FAX Number_____ FID Number _____

3. **Identify the name(s) of all officers or principal owners of the entity seeking a Discharge Authorization. Use additional sheets, if necessary.**

Name_____ Title_____ Telephone _____

Name_____ Title_____ Telephone _____

Name_____ Title_____ Telephone _____

Name_____ Title_____ Telephone _____

Name_____ Title_____ Telephone _____

Authorized Representative_____ Title_____ Telephone _____

Date Submitted

SECTION B - BUSINESS ACTIVITY

1. **If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).**

   a. Categorically Regulated Processes --- a facility with processes inclusive in the business areas listed below may be covered by categorical pretreatment standards promulgated by the United States Environmental Protection Agency (USEPA). These facilities are termed "categorical industrial users".

1. ☐	Adhesives	18. ☐	Ore Mining
2. ☐	Aluminum Forming	19. ☐	Organic Chemicals
3. ☐	Auto and Other Laundries	20. ☐	Paint and Ink
4. ☐	Battery Manufacturing	21. ☐	Pesticides
5. ☐	Coal Mining	22. ☐	Petroleum Refining
6. ☐	Coil Coating	23. ☐	Pharmaceuticals
7. ☐	Copper Forming	24. ☐	Photographic Supplies
8. ☐	Electrical and Electronic Components	25. ☐	Plastic and Synthetic Materials
9. ☐	Electroplating / Metal Finishing	26. ☐	Plastics Molding and Forming
10. ☐	Explosives Manufacturing	27. ☐	Porcelain Enameling
11. ☐	Foundries (Metal Molding and Casting)	28. ☐	Printing and Publishing
12. ☐	Gum and Wood Chemicals	29. ☐	Pulp and Paper Mills
13. ☐	Inorganic Chemicals	30. ☐	Rubber
14. ☐	Iron and Steel	31. ☐	Soaps and Detergents
15. ☐	Leather Tanning and Finishing	32. ☐	Steam Electric Power Plants
16. ☐	Mechanical Products	33. ☐	Textile Mills
17. ☐	Nonferrous Metals Forming/Manufacturing	34. ☐	Timber Products

   b. Proposed Categorically Regulated Processes --- a facility with processes inclusive in the business areas listed below may be covered by categorical pretreatment standards proposed by the USEPA, but for which a final rule has not yet been made.

☐ Centralized Waste Treatment	☐ Landfill and Incinerator
☐ Industrial Laundry	☐ Transportation Equipment Cleaning (including tank truck washing)

   c. Other Business Activity

☐ Dairy Products	☐ Slaughtering / Meat packing / Rendering
☐ Beverage Bottling	☐ Food / Edible Products Processing
☐ Chemical Formulators and Packagers	☐ Airport De-icing
☐ Feed Lots	☐ Other_____

Date Submitted

2. **Give a description of all operations at this facility, including primary and secondary products or services, raw materials and all chemicals used (attach additional sheets if necessary).**

3. **Indicate all applicable Standard Industrial Classification (SIC) codes for all processes. If more than one applies, list in descending order of importance.**

a. _____ c. _____ e. _____ g. _____

b. _____ d. _____ f. _____ h. _____

4. **Average Annual Number of Employees**_____

SECTION C - WATER SUPPLY

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

- ☐ Private Well
- ☐ Surface Water
- ☐ Municipal Water Utility (Specify Supplying Agency)_____
- ☐ Other (Specify) _____

2. a. **Number of Intake Water Meter(s)**_____

   b. **Serial Number(s) of Intake Water Meter(s)** _____,_____

   _____,_____,_____

3. **Municipal Water Service Account Numbers**

Date Submitted

4. **List average water usage on premises.** New facilities may provide estimates. Check all that apply. Indicate what "Other" is if box is checked. Furnish copies of water bills and/or documentation for one year that show total water consumption.

		Average Usage, Gallons Per Day (GPD) Based on Production Days		
a. ☐	Domestic wastes (Restrooms, employee showers, etc.)	_____	☐ Measured	☐ Estimated
b. ☐	Noncontact cooling water	_____	☐ Measured	☐ Estimated
c. ☐	Boiler blowdown / cooling tower makeup	_____	☐ Measured	☐ Estimated
d. ☐	Contact cooling water	_____	☐ Measured	☐ Estimated
e. ☐	Process	_____	☐ Measured	☐ Estimated
f. ☐	Equipment/facility washdown	_____	☐ Measured	☐ Estimated
g. ☐	Air pollution control unit	_____	☐ Measured	☐ Estimated
h. ☐	Contained in product	_____	☐ Measured	☐ Estimated
i. ☐	Irrigation and lawn watering	_____	☐ Measured	☐ Estimated
j. ☐	Other _____	_____	☐ Measured	☐ Estimated
k.	Total of Water Usage (Sum of a - j)	_____	☐ Measured	☐ Estimated

5. **List water usage not discharged to sanitary sewerage system.** Complete this item only if you are claiming significant process or evaporation losses of water.

		Daily Loss (GPD) Average	Maximum
a. ☐	Contained in product	_____	_____
b. ☐	Irrigation and lawn watering	_____	_____
c. ☐	Evaporation losses	_____	_____
d. ☐	Hauled off site for treatment	_____	_____
e. ☐	Other: _____	_____	_____

Date Submitted

SECTION D - WASTEWATER DISCHARGE AND SEWER INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the sanitary sewerage system?

☐ Yes ☐ No

2. Provide the following information on wastewater flow rate. New facilities may estimate.

a. Hours/Day Discharged (e.g., eight hours/day)

M_____ T _____ W _____ Th _____ F _____ Sat_____ Sun_____

b. Hours of Discharge (e.g., 9 a.m. to 5 p.m.)

M_____ T _____ W _____ Th _____ F _____ Sat_____ Sun_____

c. Peak Hourly flow rate (gpm) _____

3. If batch discharges occur or will occur, please complete the table below (New facilities may estimate). Use additional sheets if necessary.

Description of Batch Discharge	Frequency of Batch Discharge (per day/wk/yr)	Time of Batch Discharge		Average Volume (gallons) per Batch Discharge	Flow Rate (gpm)
		Day of Week	Time of Day		

Date Submitted

4. **List size, descriptive location, flow discharge rate and type of discharge (Batch (B) or Continuous (C) or both) for each facility sewer (including blind ties, if any) which connects to the sanitary sewerage system.**

Sampling Point*	Sewer Size	Descriptive Location of the Sampling Point	Flow (GPD) Average	Flow (GPD) Maximum	Type of Discharge (B,C,B+C)
		Total			

*Use this Sampling Point designation in completing Items 5, 6, 7 and 10 of this Section.

5. **Schematic Flow Diagram** — For each major activity attach a diagram of 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 sanitary sewerage system. Use these reference numbers when showing unit processes in the building layout diagram in Section E, and also in completing Item 6, 7 and 10 of this Section. This drawing must be certified by a Professional Engineer registered in the State of Illinois.

If any of the activities at your facility are subject to Federal categorical pretreatment standards, skip to Question 7.

6. **For Non-Categorical Industrial Users Only:** List average daily wastewater discharge, maximum daily discharge, type of discharge (Batch (B) or Continuous (C) or both), and sampling point, for each plant process. Include the reference number from the process schematic which corresponds to each process. New facilities provide estimates for each discharge.

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

Date Submitted

Answer questions 7 and 8 only if you are subject to Categorical Pretreatment Standards

7. **For Categorical Industrial Users:** List average daily wastewater discharge, maximum daily discharge, type of discharge (Batch (B) or Continuous (C) or both), and sampling point, for each plant process. Include the reference number from the process schematic which corresponds to each process. New facilities provide estimates for each discharge.

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

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

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

8. **For Categorical Industrial Users subject to Total Toxic Organic (TTO) Requirements, provide the following TTO information:**

   a. Does (or will) this facility use any of the toxic organics which are listed under the TTO standard of the categorical pretreatment standards published by the USEPA?

   ☐ Yes ☐ No

   b. If answer to (a) is Yes, attach a copy of the facility's Toxic Organic Management Plan.

9. **Do you have automatic sampling equipment or continuous wastewater flow metering equipment at this facility?**

   Flow Metering ☐ Yes ☐ No

   Sampling Equipment ☐ Yes ☐ No

   If so, please indicate the present or future location of this equipment on the Building Layout (as required under Section E, Item 10 of this Discharge Authorization Request) and describe the equipment below:

Date Submitted

10. Self-monitoring of Wastewater Discharge

a. **Adjustment of Limits.** Are you adjusting the categorical pretreatment limits by employing the Combined Wastestream Formula?

☐ Yes ☐ No

b. If yes, for each sampling station employing the Combined Wastestream Formula, attach a separate sheet showing the calculations and describing the methodology by which the Combined Wastestream Formula factor is derived. List below all water meters, submeters and/or discharge flow meters used in the methodology. These meters must be identified on the facility layout diagram required in Section E, Item 10.

Meter Designation	Description	Manufacturer	Serial Number

c. **Mass Limits.** Does the facility perform any processes which are regulated under a categorical pretreatment standard which has established production-based limits or mass limits?

☐ Yes ☐ No

d. If yes, for each sampling station which receives wastewater from one or more of these processes, attach a separate sheet showing the calculations used to derive the pretreatment limits. Production based limits must be converted to equivalent mass limits. Submit production data used in the calculations. List all water meters, submeters, and / or discharge flow meters and the methodology used to calculate mass loading for purposes of determining compliance with the mass limits. These meters must be identified on the facility layout diagram required in Section E, Item 10.

Meter Designation	Description	Manufacturer	Serial Number

Date Submitted

e. **Results of Analysis**. Complete the tables below for each sampling point at the facility. Attach approved laboratory results. Use additional copies of this page if necessary.

Sampling Station # _____ ☐ Limits adjusted by the Combined Wastestream Formula

Monitoring at this station is performed for:

☐ Appendix B only ☐ Appendix C only ☐ Appendices B & C 40 CFR _____ _____

	POLLUTANT PROFILE UNITS_____											
PARAMETER												
MAXIMUM DAILY LIMIT												
MAXIMUM CONC. OR LOAD												
AVERAGE LIMIT												
AVERAGE CONC. OR LOAD												

Time, Date and Place of Sampling: _____

Sample Type: ☐ Flow-proportioned composite. ☐ Time-based composite.

Name(s) of Person(s) Obtaining Samples: _____

Sampling Station # _____ ☐ Limits adjusted by the Combined Wastestream Formula

Monitoring at this station is performed for:

☐ Appendix B only ☐ Appendix C only ☐ Appendices B & C 40 CFR _____ _____

	POLLUTANT PROFILE UNITS_____											
PARAMETER												
MAXIMUM DAILY LIMIT												
MAXIMUM CONC. OR LOAD												
AVERAGE LIMIT												
AVERAGE CONC. OR LOAD												

Time, Date and Place of Sampling: _____

Sample Type: ☐ Flow-proportioned composite. ☐ Time-based composite.

Name(s) of Person(s) Obtaining Samples: _____

Date Submitted

SECTION E — WASTEWATER PRETREATMENT

1. Is there any form of wastewater pretreatment or air pollution control (see list below) practiced 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.

   a. Physical Treatment

   ☐ Air stripping
   ☐ Centrifuge
   ☐ Comminutor
   ☐ Dissolved air flotation
   ☐ Gravity filtration
   ☐ Grease/oil separation
   ☐ Grease trap
   ☐ Grit removal
   ☐ Flocculation
   ☐ Flow equalization
   ☐ Pressure filtration
   ☐ Reverse osmosis
   ☐ Screening
   ☐ Sedimentation/clarification
   ☐ Sludge dryer
   ☐ Ultrafiltration
   ☐ Other --- Detail below

   b. Chemical Treatment

   ☐ Activated carbon adsorption
   ☐ Distillation
   ☐ Evaporation
   ☐ Electrolytic recovery
   ☐ Ion exchange
   ☐ Neutralization / pH correction
   ☐ Oxidation --- Detail below
   ☐ Precipitation --- Detail below
   ☐ Reduction --- Detail below
   ☐ Solvent extraction
   ☐ Other --- Detail below

   c. Biological Treatment

   ☐ Septic tank
   ☐ Stabilization pond
   ☐ Other --- Detail below

   d. Air Pollution Control

   ☐ Cyclone
   ☐ Scrubber
   ☐ Filtration
   ☐ Electrostatic precipitation
   ☐ Other --- Detail below

_____

_____

_____

_____

Date Submitted

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 --- Complete Item b.

b. **Has an Application for Permit or Construction Approval been filed with the IEPA for the wastewater pretreatment system at your facility?**

☐ Yes ☐ No

5. **Pretreatment System Flow Diagram** —— On a separate page, provide a schematic flow diagram showing all pretreatment devices and unit processes indicated under Section E, Item 3. Number each unit process. This diagram must be certified by a Professional Engineer registered in the State of Illinois.

6. **List names of IEPA certified operators of the pretreatment system and class level of license. Attach copies of certifications.**

Name_____ Class_____

Name_____ Class_____

Name_____ Class_____

Name_____ Class_____

7. **Past Environmental Performance**

Complete this item if the company, or any officers or supervisory personnel of the company, have ever been convicted of a felony or found in violation in civil litigation or an administrative proceeding under any environmental acts passed by Congress or the legislature of the State of Illinois and enacted into law. Provide a brief description of the particulars, the case number, the time frame, and the court in which the case was filed.

_____

_____

_____

_____

_____

_____

_____

_____

Date Submitted

8. a. **Are any liquid wastes or sludge from this facility delivered to another person for transport, reclamation, and / or disposal?**

☐ Yes ☐ No If yes, complete Item 8b.

b. **These wastes may best be described as follows:**

	Estimated Quantity Generated Per Month	Units (gallons, pounds, cubic yards)	Storage/Disposal Method*	Storage Containers**
☐ Acids and alkalies				
☐ Heavy metal sludges				
☐ Oil and/or grease				
☐ Paints				
☐ Pretreatment sludges				
☐ Plating wastes				
☐ Solvents/thinners				
☐ Organic compounds				
☐ Pesticides				
☐ Inks/dyes				
☐ Other, specify				
☐ _____				

* Use the codes 1 or 2 and 3 or 4, indicating one code for storage and one code for disposal.
- 1 = On-site storage
- 2 = Off-site storage
- 3 = On-site disposal
- 4 = Off-site disposal

** Use the codes A, B, C, D, E or F.
- A = Bulk Tanker
- B = Drums
- C = Dumpsters
- D = Bags
- E = Rail Car
- F = Other (explain)

Date Submitted

9. **a. Indicate whether your facility has the following:**

☐ A Spill Prevention, Control and Countermeasure (SPCC) Plan

☐ Any underground storage facilities

b. Indicate whether your facility is the following:

☐ A licensed treatment, storage or disposal facility pursuant to the Resource Conservation and Recovery Act

☐ A designated remediation site pursuant to the Comprehensive Environmental Response, Compensation and Liability Act, commonly known as Superfund Act

10. **Building Layout Diagram** --- Provide a diagram, drawn to scale with directional orientation, showing each building at the facility. Show the location of the following:

- Property boundaries
- Unit processes of industrial operations, designated by numbers used on schematic flow diagram in Section D, Item 5
- Pretreatment system unit processes, designated by numbers used on schematic flow diagram in Section E, Item 5 above
- 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
- Storm sewer lines, showing direction of flow and connection to local sewer
- Sanitary sewer lines, showing direction of flow and connection to local sewer
- Designated end-of-process and final discharge sampling locations

<u>This diagram must be certified by a Professional Engineer registered in the state of Illinois.</u>

Date Submitted

SECTION F — CERTIFICATION STATEMENTS

1. Provide response to the following questions. Use additional sheets if necessary.

a. Has the sewer system which serves your facility been modified to accommodate flows from your operations

i. Prior to start-up of your industrial operations?

☐ Yes ☐ No

ii. Prior to start-up of your pretreatment system(s)?

☐ Yes ☐ No

iii. After start-up of your industrial operations?

☐ Yes ☐ No

iv. After start-up of your pretreatment system(s)?

☐ Yes ☐ No

b. Do(es) the sewer plan(s) you submitted with this DAR plainly and clearly identify all sewers into which wastewaters from your industrial process(es) or pretreatment system(s) enter(s) prior to discharge to the public sewer system?

☐ Yes ☐ No

c. Do you have any blind ties into the sewer system through which wastewater from your industrial process(es) or pretreatment system(s) is discharged?

☐ Yes ☐ No

d. Are there any bypasses in your sewer system which will permit the discharge of wastewaters to the public sewer without wholly or partially flowing through the sampling chamber / manhole you have identified in this DAR as the official sampling station?

☐ Yes ☐ No

2. Pretreatment standards ☐ **are being met** ☐ **are not being met**

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 Ordinance.

3. List any environmental control permits held by the facility: _____

_____

_____

_____

_____

4. Prepared by: _____

NAME (TYPE OR PRINT)

_____ _____

TITLE COMPANY

_____ _____

DATE TELEPHONE

Date Submitted

5. Professional Engineer's Certification

I certify under penalty of law that I have reviewed this document and all attachments. I further certify that 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 submitted 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, including the possibility of fine and imprisonment for known violations.

Name of Professional Engineer

Title

Signature

Date | Telephone

Professional Engineer's Registration Number | Date of Registration (seal)

Professional Engineer's Employer

Address

City, State, Zip

6. Professional Engineer's Certification of Wastewater Pretreatment System

I certify that I am a Professional Engineer currently licensed to practice engineering in the state of Illinois, and that the pretreatment facilities, as described in this document for the facility described herein, have been 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 or performance criteria of all applicable federal and local regulations.

Name of Professional Engineer

Title

Signature

Date | Telephone

Professional Engineer's Registration Number | Date of Registration (seal)

Professional Engineer's Employer

Address

City, State, Zip

I cannot certify the above statement for the following reason:

- ☐ Insufficient data were provided to assess the adequacy of the pretreatment system
- ☐ The pretreatment system is inadequate
- ☐ The facility does not have a pretreatment system

Signature

Signature

Signature

Date Submitted

7. Authorized Facility Representative Statement

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 known violations.

Name

Title

Signature

Date Telephone

Subscribed and sworn to before me this _____ day of _____

Notary Public

(Notary Seal)

My Commission Expires _____

Date Submitted

GADGET MFG. CORP. FLOW DIAGRAM