

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO
Industrial Waste Division - Pretreatment and Cost Recovery Section
User Charge Certified Sampling Analysis Reporting Statement (RD-920)

General Instructions

The Metropolitan Water Reclamation District of Greater Chicago (District) User Charge Ordinance (<https://mwrdd.org/doing-business/pretreatment-and-cost-recovery>) describes procedures and conditions for accurately monitoring wastewater discharge volumes and determining representative concentrations of biochemical oxygen demand (BOD) and suspended solids (SS). This monitoring/sampling data, which is required for reporting purposes, must be reported on the **User Charge Certified Sampling Analysis Reporting Statement (RD-920)**. **If you have any questions, please contact us at mwrdd-ucts@mwrdd.org or call (312) 751-3000 between: 8:45 a.m. and 4:30 p.m., Monday through Friday.**

Users must submit with this statement, specific and detailed laboratory analysis reports, sampling logs, logs of flowmeter totalizer readings, calibration certification, etc., signed by their consulting engineers and/or authorized laboratory supervisors.

Preparation

Line 1. Facility Name

Enter the legal name of the reporting facility or the title used on Federal Internal Revenue Service tax accounts.

Line 2. Address

Enter the legal address of the facility covered by this report, including city, state, and zip code.

Line 3. User Account No.

This number is the reporting facility's identifying account number used by the District.

Line 4. Outlet Number

Enter the number of the outlet, as designated by the District, to which the sampling data corresponds. In cases of multiple outlets, report each outlet on a separate sheet.

Line 5. Primary Measuring Device

Enter the size and type of primary measurement device (such as a weir or flume) present in the outlet for the purpose of discharge measurement.

Line 6. Flow Methodology

Check appropriate box.

Line 7. Sampling Data

7a. Sample Date and Day of Week

Enter the date and day of the week for each composite sample report.

7b. Sample Times and Duration

Enter the beginning time, ending time, and the duration, in hours, over which each composite listed in 7a was taken.

7c. Metered Intake/Discharge

Enter the total volume of intake water for the facility in gallons, based on water meter readings, for each period listed in 7b. If the facility does not have metered intake water, leave blank.

Enter the discharge volume, in gallons, measured at the outlet for each period listed in 7b. If discharge is not measured at the outlet, leave blank.

7d. Date Received

Enter the date that each composite sample listed in 7a was received by the analytical laboratory.

7e. Date Analyzed

Enter the actual dates on which the analyses were begun and completed (beg/end) for 5-day BOD and SS for each composite sample listed in 7a.

7f. BOD mg/L and lbs.

Enter the number of dilutions used for each BOD determination and the analytical results for BOD expressed in milligrams per liter for each composite sample listed in 7a. For each daily entry calculate and enter the pounds of BOD by using the following equation:

$$\frac{\text{Flow (gals.)} \times 8.34 \times \text{BOD (mg/L)}}{1,000,000}$$

7g. SS mg/L and lbs.

Enter the analytical results for SS expressed in milligrams per liter for each composite sample listed in 7a. For each daily entry calculate and enter the pounds of SS by using the following equation:

$$\frac{\text{Flow (gals.)} \times 8.34 \times \text{SS (mg/L)}}{1,000,000}$$

Line 8. FWA determination

Check appropriate box.

Line 9. BOD Seed Source

Enter the BOD seed source.

Line 10. QA/QC Exceptions

Describe exceptions to QA/QC protocols for sample analysis as described in **Standard Methods for the Examination of Water and Wastewater**.

Line 11. Name of Analyst

Name of person or persons performing analyses.

Line 12. Name of Analyst's Supervisor

Names of immediate supervisors of persons listed on Line 11.

Documentation

One copy of the following documentation **must** be attached to this statement (Also see pg. 2):

- Field sample collection log sheets for each composite sample reported on the RD-920.
- Log of daily readings for all incoming water meters and all other privately owned water meters and direct discharge flow meters if the User has an approved reporting methodology.
- Chain of custody record for each sample reported on the RD-920.
- Facility site sketch that indicates the location of each sampled outlet and labels each outlet as designated by the District.
- Laboratory data sheets listing individual analytical results and names of persons performing analyses.
- Results of all BOD dilutions. Copies of the BOD bench logs of BOD tests for each sample and the results of the test on each dilution analyzed for all samples. Data on excluded dilutions.

Certification

Signature of Officer/Owner

The form must be signed and dated by a corporate officer, a partner, a fiduciary, or other duly authorized agent of the User.

Laboratory/Consultant Company

If an outside consultant or laboratory was involved in the generation of data contained in this statement, this form must also be signed by an officer, partner, fiduciary, or other duly authorized agent of such firm.

A completed RD-920 shall be submitted to:
Metropolitan Water Reclamation District of Greater Chicago
Industrial Waste Division – Pretreatment & Cost Recovery Section
111 East Erie Street Chicago, Illinois
60611-2802

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO
Industrial Waste Division / Pretreatment and Cost Recovery Section
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RD-920 DOCUMENTATION DETAILS

Field sample collection log sheets for each composite sample reported on RD-920 must include:

- Name of person(s) conducting the sampling, start date and time and finish date and time of composite sample, automatic sampler aliquot frequency, automatic sampler aliquot volume, number of aliquots taken, total composite time, total composite volume, sample volume submitted for analysis, composite temperature, and composite description.
- Log of daily readings for all incoming water meters, privately owned water meters, and direct discharge flowmeters, if the User has any approved User Charge reporting methodologies.
- Log must identify ALL meters by serial number and any meter code designation (I1, O1, E1, Q1, etc.), if a User has any approved UC reporting methodologies.
- Log must show calculations of daily water volumes based on main incoming water meters, privately owned water meters, and direct discharge flowmeters for any approved User Charge reporting methodologies.

ISOLATED DATA

If a User considers any self-monitoring data inappropriate for inclusion in calculating its User Charges, the User must submit such data with its RD-920 Report, together with a written report detailing the basis for the User's assessment that such data were not representative for purposes of inclusion when calculating its User Charges. The District will review all data and the User's detailed report to determine whether reported data are representative.

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO
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1. Facility Name: _____ 3. Facility Account No.: _____

2. Address: _____

4. Outlet No./Sampling Point: _____ 5. Primary Measurement Device: _____ 6. Flow Methodology: Yes No

7a. Date Weekday	7b. Sample Times	Duration	7c. Metered Intake/Discharge Gallons Gallons		7d. Date Received in Lab	7e. Date Analyzed		7f. BOD Result			7g. SS Result	
						BOD	SS	Dilution	mg/L	lbs.	mg/L	lbs.
	From					BEG						
	To					END						
	From					BEG						
	To					END						
	From					BEG						
	To					END						
	From					BEG						
	To					END						
	From					BEG						
	To					END						
	From					BEG						
	To					END						

8. Metered Intake Used for FWA Metered Discharge Used for FWA 9. BOD Seed Source: _____

10. QA/QC Exceptions: _____

11. Name of Analyst: _____ 12. Name of Analyst's Supervisor: _____

Certification: The undersigned has examined this statement and its supporting documentation, and he/she certifies that the methods used in the sampling analyses reported therein were conducted in accordance with **USEPA Approved Methods**, and that the information contained therein to the best of his/her knowledge is true, correct, and complete.

Signature of Officer/Owner: _____ Date: _____ Telephone: _____

Officer's Name and Title (Please Print): _____ Officer's Email: _____

Signature of Consultant/Lab Personnel: _____ Telephone: _____

Consultant's Name and Title (Please Print): _____ Consultant's Email: _____