



**Metropolitan Water Reclamation
District of Greater Chicago**

USER CHARGE ANNUAL CERTIFIED STATEMENT RD-925 REFRESHER

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MONITORING AND RESEARCH DEPARTMENT
METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO



2017 Updates

- A form is now required to request confidentiality for RD-925s.
- Question 4c “Does this facility have an APPROVED Flow Methodology?” has been added to the main worksheet.
- Merged Data will be e-mailed to Users by January 15, 2018.
- The 2017 forms and worksheets are available on www.MWRD.org
- RD-925 must be postmarked by February 20, 2018.



Confidentiality Form

- Form can be found at mwrdd.org under Enforcement Section Forms.
- Must be filled out and attached with every document submittal for which confidentiality is requested.
- Confidentiality will only be granted if document contains proprietary commercial and financial information as defined by the FOIA.

REQUEST FOR CONFIDENTIALITY OF DOCUMENT SUBMITTED IN COMPLIANCE WITH USER CHARGE ORDINANCE OR SEWAGE AND WASTE CONTROL ORDINANCE

The undersigned, is a principal or authorized agent of the company, and requests that the attached document be held confidential as to those portions of the document that contain proprietary commercial and financial information as defined under 5 ILCS 140/7(1)(g).

The undersigned understands that all information submitted may not be claimed as confidential. Rather, only that information directly associated with claimed proprietary processes and certain financial information may be kept confidential and claimed exempt in the event the Metropolitan Water Reclamation District of Greater Chicago receives a request for information about the User under the Freedom of Information Act, 5 ILCS 140/1, et seq.

Please note that if the District has concerns that the information that is claimed to be confidential may not fit the exemption under FOIA, the District may reject the request for confidentiality or seek the opinion of the Public Access Counselor of the Office of the Illinois Attorney General. The District will then notify the User of how its claim will be handled.

User No.:

Company Name:

Address:

City, State, Zip:

Document: RD-112 RD-118 FCQ RD-920
 RD-114 FVEC RD-925
 RD-115 SPCC Plan RD-925
 RD-116 TOMP
 Other

Document Date:

Reason for Confidentiality:

Under penalties as provided by law, the undersigned certifies that the statements made by and on behalf of the company set forth in this instrument are true and correct.

Name of Agent (Print):

Title:

Phone:

E-mail:

Signature _____ Date



2017 User Charge Rates

2017 User Charge Rates

Volume	\$259.61/MG
5-Day BOD	\$229.13/klbs
Suspended Solids	\$142.47/klbs
OM&R Factor	0.339

MPR Charges

SIU Annual Flow Volume (gal)	Charge
<1,296,760	\$935
1,296,760 to 3,478,200	\$1,895
3,478,200 to 6,036,040	\$3,805
6,036,040 to 10,464,520	\$5,700
10,464,520 to 18,613,980	\$7,625
18,613,980 to 28,329,770	\$9,520
28,329,770 to 56,498,000	\$11,295
>56,498,000	\$13,320

Activity

Inspection	\$375
Each Sample Point specified in DA	\$510



RD-925 Coversheet

- The RD-925 coversheet can be filled out with the aid of the Excel worksheets.
- If the Excel worksheets are not used, calculations must be provided with the RD-925.

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

User Charge Annual Certified Statement RD-925
For the 2017 Reporting Year

Reporting Facility Information User Account No. _____

1. Name _____
Address _____
City, State, Zip Code _____
Telephone _____

Significant-Industrial User (SIU): Yes No
If Yes, enter the number of Outlets in your Discharge Authorization (DA): _____

User Charge Classification:
 Large Commercial-Industrial User (LCIU) Tax-Exempt User (TXE)

2. Nature of Business: _____

3. a. No. of Employees: _____ b. No. of Workdays: _____ c. Operating on Weekends? Yes No

4. a. Number of Final Outlets (User Charge): _____ b. Number of Incoming Water Meters: _____
c. Does this facility have an APPROVED Flow Methodology? Yes No

5. Dates of User Charge Sampling: _____

Annual Quantities		Total
6. Volume (gallons):	_____	_____ gal
7. 5-Day Biochemical Oxygen Demand (BOD):	_____ mg/L	_____ lbs
8. Suspended Solids (SS):	_____ mg/L	_____ lbs

User Charge Computation

9. Total Annual Volume Charge: _____ Multiply Line 6 by \$0.00025961 \$ _____

10. Total Annual 5-Day BOD Charge: _____ Multiply Line 7 by \$0.22913 \$ _____

11. Total Annual SS Charge: _____ Multiply Line 8 by \$0.14247 \$ _____

12. Total Wastewater Loading Charge: _____ Sum Lines 9, 10, and 11 \$ _____

13. Administrative Cost Recovery (ACR) Charges: _____ Line 7 from the MPR Charge Worksheet \$ _____

14. Total Gross User Charge: _____ Sum of Lines 12 and 13 \$ _____

15. Total Second Installment Property Taxes Paid to Metro Water Reclamation District: _____ \$ _____

16. Total Ad Valorem Tax Credit: _____ Multiply Line 15 by 0.339 \$ _____

17. Total Net User Charge: _____ Subtract Line 16 from Line 14 \$ _____

18. Total Payments Made (Year to Date): _____ Total of RD-913 Invoice Payments made for Reporting Year 2017 \$ _____

19. Total User Charge Remaining Due: _____ Subtract Line 18 from Line 17 \$ _____

Prepared By: _____
Company/Title: _____
E-mail Address: _____ Telephone No.: _____

Certification: The undersigned, being first duly sworn on oath, deposes and says that he/she has examined this statement and its supporting documentation and to the best of his/her knowledge and belief, same are true, correct, and complete.

Signature of Officer/Owner: _____
PRINT Name & Title: _____
E-mail Address: _____ Telephone No.: _____

Witnessed By: _____
On: _____ (mm/dd/yyyy) Notary Public Seal

2017 User Charge Rates	
Volume:	\$259.61 per million gallons
5-Day BOD:	\$229.13 per thousand pounds
Suspended Solids:	\$142.47 per thousand pounds
OM&R Factor:	0.339

For District Use Only	
Year:	2017
Post Date:	_____

The completed RD-925 Form must be postmarked by February 20, 2018 and mailed to:
Metropolitan Water Reclamation District of Greater Chicago, P.O. Box 10687, Chicago, IL 60610-0687



RD-925 Coversheet Lines 1-5

- The correct User account number, facility name and address must be entered.
- Select 'Yes' if your facility is an SIU and enter the number of Outlets in your DA to ensure your MPR charges are accurately calculated.
- Select your User Charge Classification as LCIU or TXE.

RD-925
For the 2017 Reporting Year

User Charge Annual Certified Statement

Reporting Facility Information

1. Name	ABC Company
Address	1234 W. Main Street
City, State, Zip Code	Chicago, IL 60611
Telephone	(555)555-5555

User Account No.

Significant-Industrial User (SIU): Yes No

If Yes, enter the number of Outlets in your Discharge Authorization (DA)

User Charge Classification:

Large Commercial-Industrial User (LCIU) Tax-Exempt User (TXE)

2. Nature of Business: _____

3. a. No. of Employees: b. No. of Workdays: c. Operating on Weekends? Yes No

4. a. Number of Final Outlets (User Charge): b. Number of Incoming Water Meters:

c. Does this facility have an APPROVED Flow Methodology? Yes No

5. Dates of User Charge Sampling:



RD-925 Coversheet Lines 6-8

Annual Quantities

6. Volume (gallons):		Total 10,000,000 gal
7. 5-Day Biochemical Oxygen Demand (BOD)	→ <input type="text" value="119"/> mg/L	9,925 lbs
8. Suspended Solids (SS)	→ <input type="text" value="168"/> mg/L	14,011 lbs

- Annual Quantities (Lines 6, 7, and 8) can be prepared using the Annual Wastewater Volume and Wastewater Loadings Worksheets.
- If you have a single outlet, you can directly enter BOD and SS values in the concentration boxes on Lines 7 and 8.



RD-925 Coversheet Lines 9-19

- Lines 9-12 will auto-populate based on Lines 6-8.
- Line 13 is linked to the MPR worksheet.
- Lines 15 and 16 are linked to the Ad Valorem Tax Credit Worksheet.
- Line 17 is your Total Net User Charge for 2017.

User Charge Computation

9. Total Annual Volume Charge:	Multiply Line 6 by \$0.00025961	\$ 2,596.10
10. Total Annual 5-Day BOD Charge:	Multiply Line 7 by \$0.22913	\$ 2,274.12
11. Total Annual SS Charge:	Multiply Line 8 by \$0.14247	\$ 1,996.15
12. Total Wastewater Loading Charge:	Sum Lines 9, 10, and 11	\$ 6,866.36
13. Administrative Cost Recovery (ACR) Charges:	Line 7 from the MPR Charge Worksheet	\$ 6,585.00
14. Total Gross User Charge:	Sum of Lines 12 and 13	\$ 13,451.36
15. Total Second Installment Property Taxes Paid to Metro Water Reclamation District:		\$ 2,000.00
16. Total Ad Valorem Tax Credit:	Multiply Line 15 by 0.339	\$ 678.00
17. Total Net User Charge:	Subtract Line 16 from Line 14	\$ 12,773.36
18. Total Payments Made (Year to Date):	Total of RD-913 Invoice Payments made for Reporting Year 2017	\$ 10,000.00
19. Total User Charge Remaining Due:	Subtract Line 18 from Line 17	\$ 2,773.36



RD-925 Coversheet Certification

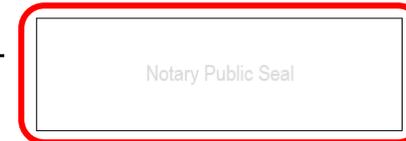
- The preparer must legibly write their name and contact information in case MWRD has any questions.
- An Officer or Owner of the company must review and certify the RD-925 filing.
- The RD-925 must be certified by an active Notary Public.

Prepared By: _____
 Company/Title: _____
 E-mail Address: _____ Telephone No.: _____

Certification: The undersigned, being first duly sworn on oath, deposes and says that he/she has examined this statement and its supporting documentation and to the best of his/her knowledge and belief, same are true, correct, and complete.

Signature of Officer/Owner: _____
 PRINT Name & Title: _____
 E-mail Address: _____ Telephone No.: _____

Witnessed By: _____
 On: _____ (mm/dd/yy)



2017 User Charge Rates	
Volume:	\$259.61 per million gallons
5-Day BOD:	\$229.13 per thousand pounds
Suspended Solids:	\$142.47 per thousand pounds
OM&R Factor:	0.339

For District Use Only	
Year:	2017
Post Date:	_____

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 Metropolitan Water Reclamation District of Greater Chicago, P.O. Box 10687, Chicago, IL 60610-0687



Flow Methodologies by Outlet

Annual Wastewater Volume Worksheet

Flow Methodology(ies) by Outlet

		Meter Code		Meter Code								
Outlet No.	1A	=	I1	+	I2	-	E1					
Outlet No.	2A	=	I3	-	E2	+	B1	-	W1			
Outlet No.		=										
Outlet No.		=										
Outlet No.		=										
Outlet No.		=										
Outlet No.		=										
Outlet No.		=										

- If User reports only on Total Volume from Metered Incoming, this section does not need to be filled out.
- Estimated volumes require prior MWRD approval.



Calculation of Annual Volume By Meter

Calculation of Annual Volume by Meter

Meter Code	Serial No. or Account No.	Days Active	Multiplier	Unit	First Reading	First Read Date	Last Reading	Last Read Date	Meter Annual Volume
I1	12345	365	1	gal	1	01/01/17	10,000,000	12/31/17	= 10,027,472
I2	67890	365	10	cu.ft.	10	01/01/17	5,000	12/31/17	= 374,277
E1	1234	365	100	gal	50	01/01/17	2,000	12/31/17	= 195,536
E2	56789	365	1,000	gal	0	01/01/17	100	12/31/17	= 100,275
									=

- Gather water bills or meter readings.
- Identify the Meter Code and Serial No. or Account No. for each meter.
- Indicate the days the meter was active in 2017 (most likely 365 days).
- Select the multiplier (1, 10, 100, etc.).
- Select unit of measurement (gal, ft³).
- Enter meter readings and dates of readings.



Calculation of Annual Volume

Calculation of Total Annual Volume by Outlet

Annual Volume	
Outlet No. 1A	= 10,000,000 gal
Outlet No. 2A	= 50,000 gal
Outlet No.	= gal
Outlet No.	= gal
Outlet No.	= gal

Annual Volume	
Outlet No.	= gal
Outlet No.	= gal
Outlet No.	= gal
Total Volume	= 10,050,000 gal

Note: A red box highlights the formula bar above the second table containing the formula =AQ22+AQ23-AQ24.

- Use the MWRD approved methodologies entered at the top of the worksheet to calculate the annual volume for each Outlet.
- The Total Volume from all the Outlets will auto-populate.
- Wastewater flow distribution or other calculation methodologies can only be applied if the facility has a written MWRD approval.



Annual Wastewater Loadings Calculation Worksheet

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

Annual Wastewater Loadings Worksheet **For the 2017 Reporting Year**

Sampling Results or Reporting Option(s) Check here if using merged data:

	5-Day BOD	Suspended Solids	Reporting Option/Sampling Results
Outlet No.	_____ mg/L	_____ mg/L	<input type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i
Outlet No.	_____ mg/L	_____ mg/L	<input type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i
Outlet No.	_____ mg/L	_____ mg/L	<input type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i
Outlet No.	_____ mg/L	_____ mg/L	<input type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i
Outlet No.	_____ mg/L	_____ mg/L	<input type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i
Outlet No.	_____ mg/L	_____ mg/L	<input type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i
Outlet No.	_____ mg/L	_____ mg/L	<input type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i
Outlet No.	_____ mg/L	_____ mg/L	<input type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i

Calculation of Annual Quantities by Outlet

	Volume (gallons)	5-Day BOD (mg/L)	Suspended Solids (mg/L)	5-Day BOD (lbs)	Suspended Solids (lbs)
Outlet No.	_____	_____	_____	_____	_____
Outlet No.	_____	_____	_____	_____	_____
Outlet No.	_____	_____	_____	_____	_____
Outlet No.	_____	_____	_____	_____	_____
Outlet No.	_____	_____	_____	_____	_____
Outlet No.	_____	_____	_____	_____	_____
Outlet No.	_____	_____	_____	_____	_____

Total Annual Loadings **Total**

6. Volume (gallons): _____ Indicate Total on Line 6 of the User Charge Annual Certified Statement _____ gal

7. 5-Day BOD (lbs): _____ Indicate Total on Line 7 of the User Charge Annual Certified Statement _____ lbs

8. Suspended Solids (lbs): _____ Indicate Total on Line 8 of the User Charge Annual Certified Statement _____ lbs

Comments



Sampling Results or Reporting Options

Annual Wastewater Loadings Worksheet

Sampling Results or Reporting Option(s)

Check here if using merged data:

Outlet No.	5-Day BOD	Suspended Solids	Reporting Option/Sampling Results
1A	250 mg/L	50 mg/L	<input checked="" type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i
2A	119 mg/L	168 mg/L	<input type="checkbox"/> Sampling <input checked="" type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i
	mg/L	mg/L	<input type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i
	mg/L	mg/L	<input type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i
	mg/L	mg/L	<input type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i
	mg/L	mg/L	<input type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i
	mg/L	mg/L	<input type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i
	mg/L	mg/L	<input type="checkbox"/> Sampling <input type="checkbox"/> 7g <input type="checkbox"/> 7h <input type="checkbox"/> 7i

- Identify the concentrations for each Outlet sampled or approved for MWRD reporting options:
 - 7g: Standard Domestic Concentrations
 - 7h: District Sampling Data
 - 7i: Historical Concentrations
- Data provided by MWRD should be used.



Calculation of Annual Quantities By Outlet

Calculation of Annual Quantities by Outlet

		Volume (gallons)	5-Day BOD (mg/L)	Suspended Solids (mg/L)	5-Day BOD (lbs)	Suspended Solids (lbs)
Outlet No.	1A	10,000,000	250	50	20,850	4,170
Outlet No.	2A	50,000	119	168	50	70
Outlet No.						
Outlet No.						
Outlet No.						
Outlet No.						
Outlet No.						
Outlet No.						

- Enter volumes from the Annual Volume Worksheet.
- Enter the approved concentrations or the highest maximum concentrations for each Outlet.
- Comment box can be used to provide any additional notes, such as isolated data.



Total Annual Loadings

Total Annual Loadings		Total
6. Volume (gallons):	Indicate Total on Line 6 of the User Charge Annual Certified Statement	<u>10,050,000 gal</u>
7. 5-Day BOD (lbs):	Indicate Total on Line 7 of the User Charge Annual Certified Statement	<u>20,900 lbs</u>
8. Suspended Solids (lbs):	Indicate Total on Line 8 of the User Charge Annual Certified Statement	<u>4,240 lbs</u>

- Total Annual Loadings are the sum of each loading type from previous sections.
- Totals will auto-populate Lines 6-8 on RD-925 coversheet.
- Annual Volume will link to MPR Worksheet if facility is a SIU.



Ad Valorem Tax Credit Calculation Worksheet

- All property taxes paid to MWRD have a percentage that can be claimed as credit for User Charges.
- The OM&R Factor for 2017 is 0.339.

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

Ad Valorem Tax Credit Worksheet For the 2017 Reporting Year

Second Installment Property Taxes Paid to Metro Water Reclamation District: _____ \$

Total Ad Valorem Tax Credit: _____ Multiply the line above by 0.339 \$

2016 Second Installment Property Taxes Paid to Metro Water Reclamation District

	Column 1 Parcel ID # (PIN)	Column 2 Physical Address of PIN	Column 3 Taxes Paid to MWRD
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____
7.	_____	_____	\$ _____
8.	_____	_____	\$ _____
9.	_____	_____	\$ _____
10.	_____	_____	\$ _____
11.	_____	_____	\$ _____
12.	_____	_____	\$ _____
13.	_____	_____	\$ _____
14.	_____	_____	\$ _____
15.	_____	_____	\$ _____
16.	_____	_____	\$ _____
17.	_____	_____	\$ _____
18.	_____	_____	\$ _____
19.	_____	_____	\$ _____
20.	_____	_____	\$ _____
21.	_____	_____	\$ _____
22.	_____	_____	\$ _____
23.	_____	_____	\$ _____
24.	_____	_____	\$ _____
25.	_____	_____	\$ _____
26.	_____	_____	\$ _____
27.	_____	_____	\$ _____
28.	_____	_____	\$ _____
29.	_____	_____	\$ _____
30.	_____	_____	\$ _____

Comments



2016 Second Installment Property Taxes to MWRD

- Provide 2016 Second Installment Property Tax Bill(s).
- Only identify and use parcels that are part of the facility's property.
- Identify the following information from tax bill:
 1. Parcel ID # (PIN)
 2. Property Location
 3. Taxes Paid to MWRD

2016 Second Installment Property Taxes Paid to Metro Water Reclamation District

	Column 1 Parcel ID # (PIN)	Column 2 Physical Address of PIN	Column 3 Taxes Paid to MWRD
1.	12-34-567-890-1234	1234 W. Main Street, Chicago, IL 60611	\$ 1,000.00
2.	12-34-567-891-2345	1233 W. Main Street, Chicago, IL 60611	\$ 50.00

TOTAL PAYMENT DUE
\$2,348.68
 By 08/03/15 (on time)

1 2014 Second Installment Property Tax Bill
 Property Index Number (PIN) 236 Code 39018 Tax Year 2014 (Payable In 2015) Township WORTH Classification 2-34

IF PAYING LATE, PLEASE PAY: 08/04/15-09/01/15 \$2,383.91; 09/02/15-10/01/15 \$2,419.14; 10/02/15-11/01/15 \$2,454.37; LATE INTEREST IS 1.5% PER MONTH, BY STATE LAW

TAXING DISTRICT BREAKDOWN

Taxing District	2014 Tax	2014 Rate	2014 %	Pension	2013 Tax
MISCELLANEOUS TAXES					
South Cook Mosquito Abatement Harvey	5.58	0.017	0.12%		5.59
Metro Water Reclamation Dist of Chicago	149.15	0.430	3.03%	13.87	145.70
Miscellaneous Taxes Total	154.73	0.447	3.15%		151.29

TAX CALCULATOR

2013 Assessed Value	15,754	2014 Total Tax Before Exemptions	5,921.50
2014 Property Value	152,960	Homeowner's Exemption	-994.35
2014 Assessment Level	X 10%	Senior Citizen Exemption	.00
2014 Assessed Value	15,296	Senior Assessment Freeze Exemption	.00
2014 State Equalization Factor	X 2.7253		
2014 Equalized Assessed Value (EAV)	41,686	2014 Total Tax After Exemptions	4,927.15
2014 Local Tax Rate	X 14.205%	First Installment	2,578.47
2014 Total Tax Before Exemptions	5,921.50	Second Installment +	2,348.68
		Total 2014 Tax (Payable In 2015)	4,927.15

IMPORTANT MESSAGES
 - Thank you for your first installment payment of: \$2,578.47 on 03-03-15

2 PROPERTY LOCATION: EVERGREEN PARK IL

MAILING ADDRESS: EVERGREEN PK IL



Minimum Pretreatment Requirement Charges Worksheet

- MPR charges is what is owed for MWRD's administration of the Pretreatment Program.
- Only applicable to Significant Industrial Users.
- Worksheet will auto-populate if the 'Yes' box is checked on the coversheet and the number of Outlets in your DA is entered.

Minimum Pretreatment Requirement Charges Worksheet					For the 2017 Reporting Year				
Minimum Pretreatment Requirement (MPR) Charges are applicable only to Significant Industrial Users (SIU) and represent the charges for annual account administration, review of mandatory reports, annual inspection and sampling of SIUs under the District's Pretreatment Program, and shall be recovered according to the following schedule:									
Tier	1	2	3	4	5	6	7	8	
Flow Range (Gallons)	Less Than 1,296,760	1,296,760 to 3,478,200	3,478,200 to 6,036,040	6,036,040 to 10,464,520	10,464,520 to 18,613,980	18,613,980 to 28,329,770	28,329,770 to 56,498,000	Greater Than 56,498,000	
Report Review Charge	\$935	\$1,895	\$3,805	\$5,700	\$7,625	\$9,520	\$11,295	\$13,320	
Inspection Charge	\$375								
Sampling Charge per Outlet Specified in the Discharge Authorization	\$510								
MINIMUM PRETREATMENT REQUIREMENT CHARGES									
1. Volume:	Line 6 from the User Charge Annual Certified Statement						10,000,000	gal	
2. Report Review Charge:	Use the Volume indicated on Line 1 to determine the charge						\$	5,700	
3. Inspection Charge:	\$ 375.00								
4. Total Number of Sampling Outlets Specified in the Discharge Authorization:	2								
5. Sampling Charge per Outlet:	\$ 510.00								
6. Sampling Charge:	Multiply Line 4 by Line 5						\$	1,020	
7. Total MPR Charges: Add Lines 2, 3, and 6; Indicate Total on Line 13 of the User Charge Annual Certified Statement	\$ 7,095.00								
MINIMUM PRETREATMENT REQUIREMENT (MPR) WORKSHEET INSTRUCTIONS									
The purpose of the MPR Worksheet is to calculate the charges owed for MWRD's administration of the Pretreatment Program. If the reporting facility is categorized as a Significant Industrial User (SIU) at any time during the reporting year, they are required to calculate their MPR Charges and report such charges on the User Charge Annual Certified Statement (RD-925). This form will facilitate the calculation of the charges owed.									
* If you are NOT an SIU, enter zero (0) on Line 7 of this worksheet and on Line 13 of the RD-925.									
* SIUs must calculate and enter the value from Line 7 on Line 13 of the RD-925 and submit this worksheet with									
* Do not include blind-tie (Z) stations from the Discharge Authorization when calculating MPR charges. These outlets are not sampled and therefore are not included in the calculation of the sampling charges.									



Comments Box

- Every worksheet contains a Comments box.
- When filing the form, use this area to explain any deviations from approved methodologies, isolation of data, etc.
- If what is explained in the box was not approved prior to filing this form, it may not be granted with your filing.

Comments

Comments

Comments



925-V Payment Voucher

- The voucher is part of the 2017 RD-925 workbook & automatically populates with information inputted on other pages.
- The Total User Charge Remaining Due (Line 19 of the Form) must be paid in full by February 20, 2018, or penalties will be assessed.
- If no payment is due, this form does not need to be submitted.
- Mail voucher and payment separate from the RD-925.



**METROPOLITAN WATER RECLAMATION DISTRICT
OF GREATER CHICAGO**

925-V
FOR THE YEAR
2017

What is Form 925-V and Do You Have To Use It?
It is a payment voucher you send with your check or money order for any balance due, as indicated on the "Total User Charge Remaining Due" line of your 2017 RD-925, User Charge Annual Certified Statement or Tax-Exempt User Charge Certified T7 Statement for Automatic Annual Billing.

How to Fill In Form 925-V

- Enter User ID/# (found on the top of the RD-925).
- Enter the amount you are paying by check or money order.
- Enter the Reporting Facility name, address and phone number.

How to Prepare Your Payment

- Make your check or money order payable to "Metropolitan Water Reclamation District" or "MWRD".
- Do not send cash.
- Please indicate your User ID and 2017-925V on the check.

How to Send In Your 2017 User Charge Payment and Form 925-V

- Cut Form 925-V along the dotted line.
- Do not staple or otherwise attach your payment to voucher 925-V. Leave them loose in the envelope.
- Mail payment and voucher 925-V by **Tuesday, February 20, 2018** to the following address:

Metropolitan Water Reclamation District
Lockbox 98429
Chicago, IL 60693

REMINDER: DO NOT SEND your RD-925, User Charge Annual Certified Statement (and supporting documents) to the Lockbox address listed above. RD-925 forms submitted to the Lockbox will not be considered filed and may incur penalty charges. The above Lockbox address is to be used for payments only.

----- Please detach this portion and return with your payment. -----

925-V <small>Metropolitan Water Reclamation District of Greater Chicago</small>	Payment Voucher	2017 User Charge
Reporting Facility	User Account No.	Payment Amount -
Name	FOR DISTRICT USE ONLY P/A: _____ D/D: _____ P/D: _____ Ch: _____ Ba: _____	
Address		
City, State, Zip Code		
Telephone		
Payable to: Metropolitan Water Reclamation District Lockbox 98429 Chicago, IL 60693		
		Due Date: February 20, 2018



Contact Info

Mail the Original RD-925 and Supporting Documents to:
Metropolitan Water Reclamation District of Greater Chicago
PO Box 10687, Chicago, IL 60610-0687

Mail the Payment along with the 925-V Payment Voucher to:
Metropolitan Water Reclamation District of Greater Chicago
Lock Box No. 98429, Chicago, IL 60693

Industrial Waste Division
General Number: (312)751-3000 Ext: (312)751-XXXX

Letter Group	Environmental Specialist	Ext.	Letter Group	Environmental Specialist	Ext
#-Ans	Max Cole	5936	J-Mag	Carol Migalski	5924
Ant-Bn	Devin Fitzgerald	3048	Mah-Nat	Preet Mittal	3004
Bo-Cn	Mathew DeGutes	3005	Nau-Prn	Barb Scapardine	5938
Co-Eld	TBD	TBD	Pro-Sb	Val Young	3026
Ele-F	Lolita Thompson	3009	Sc-Unil	Lora Buco	5912
G-I	Brian Pikelnny	3017	Unim-Z	Ilyse Mackoff	3030



Questions?

- User Charge Annual Certified Statement (RD-925) →
- Annual Wastewater Volume Calculation Worksheet →
- Annual Wastewater Loadings Calculation Worksheet →
- Ad Valorem Property Tax Credit Worksheet →
- Minimum Pretreatment Requirement Charges Worksheet →



THANK YOU

Please fill out the survey.

<https://www.surveymonkey.com/r/XG3GJMZ>

Industrial Waste Division
Pretreatment & Cost Recovery Section
METROPOLITAN WATER RECLAMATION DISTRICT
(312)751-3000
MWRD-UCTS@MWRD.ORG
WWW.MWRD.ORG