

**Protecting Our Water Environment**

**Metropolitan Water Reclamation District of Greater Chicago**

Industrial Waste Division  
PO Box 10689 Chicago, Illinois 60610-0689

f: 312.751.5960 312.751.3000

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Director of Monitoring and Research

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**NOTIFICATION OF  
USER'S MONITORING / SAMPLING DATES**

User Account No. \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

Proposed Sampling Dates\*: \_\_\_\_\_

User Contact Name (Please Print): \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Consultant Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant Company Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Please send this form to the Pretreatment and Cost Recovery Section:

Fax (312) 751-5960 or Mail P.O. Box 10689 or Email mwrd-ucts@mwrd.org  
Chicago, IL 60610

\*In accordance with Section 4i of the User Charge Ordinance, all Users shall notify the District in writing, no less than 14 days prior to commencement of their User conducted sampling programs. All Users are required to submit the results of the laboratory analyses, supporting laboratory backup documentation and other pertinent information to the District at the Post Office box listed above within 45 days of the completion of the sampling program

Please note that you will **NOT** receive confirmation of the receipt of this Notification Form.