

# **ROCK RIVER WATER RECLAMATION DISTRICT**

3501 Kishwaukee Street, PO Box 7480, Rockford IL 61126-7480

## **WASTEWATER DISCHARGE PERMIT APPLICATION**

**Pursuant to the provisions of all applicable ordinances of the Rock River Water Reclamation District, significant industrial users discharging into the District must apply for a Wastewater Discharge Permit if any of the following conditions are met:**

- 1. The User has a discharge process flow of 25,000 gallons or more per average workday, or**
- 2. The User has a discharge flow greater than 5% of the flow in the District's wastewater treatment system, or**
- 3. The User's wastewater contains toxic pollutants as defined pursuant to Section 307 of the Act or State Statutes and Rules, or**
- 4. District, IEPA, or USEPA finds the User's wastewater has a significant impact, either singly or in combination with other contributing industries, on the wastewater treatment system, the quality of sludge, the system's effluent quality, or air emissions generated by the system.**
- 5. The User is a member of the National Categorical Pretreatment Standards promulgated by the USEPA in accordance with Section 307(b) and (c) of the Act, and 40 CFR Part 403.6 which applies to industrial users. For purposes of this section, "process wastewater" excludes sanitary, non-contact cooling and boiler blow down wastewater.**

**SECTION I**  
**GENERAL INFORMATION**

A. Enter the company's official or legal name. Do not use a colloquial name.

COMPANY NAME \_\_\_\_\_

B. Indicate the company's North American Industrial Classification System (NAICS) number(s) for all processes:

\_\_\_\_\_

C. Indicate the organization of the business as to whether it is a sole proprietorship, partnership or corporation:

1. If sole proprietorship, give name of owner and assumed name, if different than answer to IA above.

\_\_\_\_\_

2. If partnership, give names of general partners and assumed name, if different than answer to IA above.

\_\_\_\_\_

3. If corporation, give state in which incorporated and the name and address of registered agent.

\_\_\_\_\_

\_\_\_\_\_

D. Provide the mailing address where correspondence from the District may be sent:

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

D. Provide the physical location of the facility which is applying for a discharge permit:

Street \_\_\_\_\_ City \_\_\_\_\_

E. Provide the following contact information of the person completing this application:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

F. Provide the following contact information of the person who is thoroughly familiar with the facts reported on this application. This person will also receive all future correspondence from the District, including violation notices, sampling data, etc.:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**SECTION II  
WASTEWATER FLOW RATES**

- A. Provide both the maximum daily and the annual daily average flow **to sanitary sewer** in gallons per day. To determine your average daily volume and maximum daily volume of wastewater flow, you may have to read water meters, sewer meters, or make estimates of volumes that are not directly measurable.

<b>Maximum Daily Flow to the Sanitary Sewer</b> (Gals/Day)	<b>Annual Daily Average Flow to the Sanitary Sewer</b> (Gals/Day)

- B. Provide the average daily water use from each process, operation, or activity present at the facility. Provide the water source, as well as the discharge point for each of these processes, operations, and/or activities.

**NOTE:** Cooling water is either contact or non-contact. Contact cooling water is water that, during the process, comes into contact with process materials, thereby becoming contaminated. Non-contact cooling water does not come into contact with process materials. Sanitary water includes only water used in restrooms/showers. If sanitary flow is not metered, provide an estimated based on 17 gallons per day for each employee.

Water Used For	Supply From		Discharged To		
	Gals/Day	Source (1)	RRWRD Gals/Day	Other Gals/Day	Discharge To (2)
Sanitary					
Process					
Cooling					
Lawn Sprinkling					
Boiler					
Scrubber Water (Air Pollution Control)					
Other (3)					
<b>Total Gal/Day</b>					

- (1) SOURCE  
Enter the appropriate code letter indicating the source:
- Rockford Water Department
  - Loves Park Water Department
  - North Park Water Department
  - Private Well
  - Recycled or Reclaimed water
  - Other
- (2) DISCHARGED TO  
Enter the appropriate code letter indicating the discharge point
- Surface Waters
  - Storm Sewer
  - Product
  - Evaporation
  - Hauled by Wastewater Hauler
- (3) Other: (Please describe)
- 
-



**B. Nature and Concentration of Pollutants in Wastewater Discharge**

1. Permit renewal, data already on file at the District Yes\_\_\_\_ (If yes, skip to Section IV) No\_\_\_\_
2. New permit issue, provide number of analysis, maximum daily and annual average concentrations of all pollutants present or believed to be present. If no data is available, provide estimates.

POLLUTANT	BELIEVED PRESENT		NUMBER OF ANALYSES (PAST YEAR)(1)	MAXIMUM DAILY VALUE (PAST YEAR)(1)	AVERAGE OF ANALYSES (PAST YEAR)	UNITS CONC.
	YES	NO				
BOD <sub>5</sub>						
COD						
Chloride						
Fluoride						
Ammonia						
FOG (Fats, Oils & Grease)						
TSS (Total Suspended Solids)						
Sulfide (S)						
Sulfite (SO <sub>3</sub> )						
Antimony						
Arsenic						
Barium						
Beryllium						
Cadmium						
Chromium (T)						
Chromium <sup>+6</sup>						
Copper						
Cyanide						
Lead						
Manganese						
Mercury						
Nickel						
Selenium						
Silver						
Thallium						
Zinc						
Iron						
Molybdenum						

Analytical methods shall conform to 40 CFR Part 136.

**SECTION IV**  
**PROCESS ACTIVITIES**

Complete this section by placing a check in front of the processes that occur at the facility. The process activities that are labeled with a 40 CFR number indicate that the discharge is subject to the National Categorical Pretreatment Standards (NCPS) in addition to District Code of Ordinances. For new applicants, a Baseline Monitoring Report (BMR) shall be required for process activities regulated by the NCPS.

**Metal Finishing - 40 CFR, 433**

- |  |   |
|--|---|
| <input type="checkbox"/> Electroplating *                      | <input type="checkbox"/> Other Abrasive Jet Machining   |
| <input type="checkbox"/> Electroless Plating *                 | <input type="checkbox"/> Electrical Discharge Machining |
| <input type="checkbox"/> Anodizing *                           | <input type="checkbox"/> Electrochemical Machining      |
| <input type="checkbox"/> Conversion Coating *                  | <input type="checkbox"/> Electron Beam Machining        |
| <input type="checkbox"/> Etching & Chemical Milling *          | <input type="checkbox"/> Laser Beam Machining           |
| <input type="checkbox"/> Printed Circuit Board Manufacturing * | <input type="checkbox"/> Cleaning                       |
| <input type="checkbox"/> Machining                             | <input type="checkbox"/> Plasma Arc Machining           |
| <input type="checkbox"/> Grinding                              | <input type="checkbox"/> Ultrasonic Machining           |
| <input type="checkbox"/> Polishing                             | <input type="checkbox"/> Sintering                      |
| <input type="checkbox"/> Tumbling (Barrel Finishing)           | <input type="checkbox"/> Laminating                     |
| <input type="checkbox"/> Mechanical Plating                    | <input type="checkbox"/> Hot Dip Coating                |
| <input type="checkbox"/> Burnishing                            | <input type="checkbox"/> Sputtering                     |
| <input type="checkbox"/> Impact Deformation                    | <input type="checkbox"/> Vapor Plating                  |
| <input type="checkbox"/> Pressure Deformation                  | <input type="checkbox"/> Thermal Infusion               |
| <input type="checkbox"/> Shearing                              | <input type="checkbox"/> Salt Bath Descaling            |
| <input type="checkbox"/> Heat Treating                         | <input type="checkbox"/> Solvent Degreasing             |
| <input type="checkbox"/> Thermal Cutting                       | <input type="checkbox"/> Paint Stripping                |
| <input type="checkbox"/> Welding                               | <input type="checkbox"/> Painting                       |
| <input type="checkbox"/> Brazing                               | <input type="checkbox"/> Electrostatic Painting         |
| <input type="checkbox"/> Soldering                             | <input type="checkbox"/> Electropainting                |
| <input type="checkbox"/> Flame Spraying                        | <input type="checkbox"/> Vacuum Metalizing              |
| <input type="checkbox"/> Sand Blasting                         | <input type="checkbox"/> Assembly                       |
| <input type="checkbox"/> Testing                               | <input type="checkbox"/> Calibration                    |

**\* If the facility conducts one or more of these “core” processes, it is subject to the Metal Finishing Point Source Category. If none of these processes are conducted, then the facility is not subject to the Metal Finishing Point Source Category.**

**SECTION IV  
PROCESS ACTIVITIES (cont'd)**

**TEXTILE MILLS - 40 CFR, 410**

- Wool Scouring
- Low Water Use Processing
- Wood Finishing
- Woven Fabric Finishing
- Knit Fabric Finishing
- Stock and Yarn Finishing
- Carpet Finishing
- Non-Woven Manufacturing

**ELECTROPLATING - 40 CFR, 413**

- Common Metals Plating
- Printed Circuit Board Mfgs.
- Precious Metals Plating

**ORGANIC CHEMICALS, PLASTICS,  
AND SYNTHETIC FIBERS - 40 CFR, 414**

- General
- Rayon Fibers
- Other Fibers
- Thermoplastics Resins
- Thermosteeling Resins
- Commodity Organic Chemicals

**INORGANIC CHEMICALS MFG - 40 CFR, 415**

- Alkalines & Chlorine Mfg.
- Inorganic Pigments
- Industrial Gases

**IRON & STEEL MANUFACTURING - 40 CFR, 420**

- Cokemaking
- Sintering
- Ironmaking
- Steelmaking
- Vacuum Degassing
- Continuous Casting
- Hot Forming
- Scale Removal
- Acid Pickling
- Cold Forming
- Alkaline Cleaning
- Hot Coating

**NON-FERROUS METALS MFG - 40 CFR, 421**

- Primary Aluminum
- Primary Columbium
- Primary Copper
- Primary Lead
- Secondary Silver
- Primary Zinc
- Secondary Aluminum
- Primary Tantalum
- Secondary Copper
- Secondary Lead
- Primary Tungsten
- Primary Cadmium

**LEATHER TANNING AND FINISHING - 40 CFR, 425**

- Hair Pulp/Chrome Tan/Retan-Wet Finish
- Hair Save/Non-Chrome Tan/Retan-Wet Finish
- No Beamhouse
- Shearing
- Hair Save/Chrome Tan/Retan-Wet Finish
- Retan-Wet Finish
- Through-the-Blue

**PULP & PAPERBOARD MILLS  
& CONVERTED PRODUCTS - 40 CFR, 431**

- Integrated Mills
- Non-Integrated Mills
- Secondary Fiber Mills

**PHARMACEUTICAL MANUFACTURE - 40 CFR, 439**

- Fermentation Products
- Chemical Synthesis Products
- Formulation Products
- Biological & Natural Extraction Products
- Pharmaceutical Research

**PAINT & INK FORMATION - 40 CFR, 446**

- Water-Wash and/or Caustic Wash
- Solvent-Wash  
(Solvent base Solvent wash)

**PESTICIDES CHEMICALS - 40 CFR, 455**

- Organic Pesticides
- Mettalo - Organic Pesticides
- Pesticides Chemicals Formulating & Pkg.
- Test Methods for Non-conventional  
Pesticide Pollutants

**PLASTIC MOLDING & FORMING - 40 CFR, 463**

- Contact Cooling & Heating
- Cleaning Water
- Finishing Water

**METAL MOLDING & CASTING - 40 CFR, 464**

- Aluminum Casting
- Copper Casting
- Ferrous Casting
- Zinc Casting

**CAN MAKING - 40 CFR, 465** \_\_\_\_\_

**COIL COATING - 40 CFR, 465**

- Coil Coating on Steel
- Coil Coating on Aluminum
- Coil Coating on Zinc Coated  
Steel (Galvanized)

**PORCELAIN ENAMELING - 40 CFR, 466**

- Porcelain Enameling on Steel
- Porcelain Enameling on Cast Iron
- Porcelain Enameling on Aluminum
- Porcelain Enameling on Copper

**ELECTRIC & ELECTRONIC COMPONENTS - 40 CFR, 469**

- Cathode Ray Tube
- Luminescent Materials

**NON-FERROUS METALS FORMING & METAL POWDERS  
40 CFR, 471**

- Subpart A - Lead Tin Bismuth Forming
- Subpart B - Magnesium Forming
- Subpart C - Nickel-Cobalt Forming
- Subpart D - Precious Metals Forming
- Subpart E - Refractory Metals Forming
- Subpart F - Titanium Forming
- Subpart G - Uranium Forming
- Subpart H - Zinc Forming
- Subpart I - Zirconium-Hafnium Forming
- Subpart J - Metal Powders

**AUTO & OTHER LAUNDRIES**

- Power Laundries
- Diaper Service
- Dry Cleaning Plants, Except Rug Cleaning
- Industrial Laundries
- Linen Supply
- Coin-Operated Laundries & Dry Cleaning
- Carpet & Upholstery Cleaning
- Car Wash Establishments

**DAIRY PRODUCTS**

- Creamery Butter
- Condensed & Evaporated Milk
- Fluid Milk
- Cheese, Natural & Processed
- Ice Cream & Frozen Desserts

**EXPLOSIVES MANUFACTURE**

- Manufacture of Explosives
- Lap of Explosives
- Formulation & Packaging of  
Blasting Agents, Dynamite  
and Pyrotechnics
- Manufacture and Lap of Igniting  
Compounds

**FOUNDRIES**

- Iron & Steel Foundries
- Zinc Castings
- Magnesium Casting
- Tin Castings
- Nickel Castings
- Aluminum Castings
- Copper Castings
- Lead Castings
- Titanium Casting

**HOSPITALS**

- General Medical &  
Surgical Hospitals
- Psychiatric Hospitals
- Specialty Hospitals

**OTHER - 40 CFR** \_\_\_\_\_

**OTHER - NON-CATEGORICAL**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**SECTION V**  
**WASTEWATER DISCHARGE INFORMATION**

A. Give a Brief narrative description of the primary manufacturing or service activity at the facility and the applicable Standard Industrial Code(s) (SIC No.):

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B. Give a narrative description of the location of the sampling manhole used to monitor the facility's wastewater discharge for compliance with the local limits and/or National Categorical Pretreatment Standards:

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C. Number of employees:  
Average annual number of employees \_\_\_\_\_

D. Provide the following wastewater flow-rate information. (New facilities may estimate)

a. Indicate the number of hours/day discharged (Example: 8 [hours/day]):

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ T \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

b. Indicate the hours of discharge per day. (Example: 9 am - 5 pm):

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ T \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

c. Peak hourly flow rate (GPH): \_\_\_\_\_

d. Maximum daily flow rate (GPD): \_\_\_\_\_

e. Annual daily average (GPD): \_\_\_\_\_

E. If batch discharge occurs or will occur, indicate: [New facilities may estimate]

a. Number of batch discharges \_\_\_\_\_ per day

b. Average discharge per batch \_\_\_\_\_ (GPD)

c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)

d. Flow rate \_\_\_\_\_ gallons/minute

e. Percent of total discharge \_\_\_\_\_ %



F. The following flow information pertains **only to the processes that discharge to sanitary sewer.**

Provide a break down of the flow from your facility. All categorical regulated process wastewater flow should be indicated in the “Categorical Process” section. Local Limit regulated process flow volume(s) are to be indicated in the “Local Limit Regulated Process” section. All non-regulated flows are to be included in the “Unregulated Process” section.

For each discharge listed, indicate the average and maximum flow, the type of discharge (batch, continuous, or both), and the area in which the process wastewater discharges from. New facilities should provide estimates for each discharge.

CATEGORICAL PROCESS	AVERAGE FLOW (GPD)	MAXIMUM FLOW (GPD)	TYPE OF DISCHARGE (batch, continuous, none)	LIST AREA IN WHICH PROCESS WATER DISCHARGES FROM
LOCAL LIMIT REGULATED PROCESS	AVERAGE FLOW (GPD)	MAXIMUM FLOW (GPD)	TYPE OF DISCHARGE (batch, continuous, none)	LIST AREA IN WHICH PROCESS WATER DISCHARGES FROM
AIR SCRUBBER WATER				
UNREGULATED PROCESS	AVERAGE FLOW (GPD)	MAXIMUM FLOW (GPD)	TYPE OF DISCHARGE (batch, continuous, none)	LIST AREA IN WHICH PROCESS WATER DISCHARGES FROM
Sanitary				
Boiler Blow Down				
Cooling Water				
Other:				

G. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

- Yes
- No

If yes, describe briefly these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed)

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H. Are any water recovery systems in use or planned?

- Yes
- No

If yes, describe briefly the water recovery systems used or planned:

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I. A Discharge Flow Diagram shall be provided with this application. This diagram should include the volume of water supplied, as well as the volume of water used in each area. For example, if you have 10,000 gpd of incoming water to the building, how much supplies each facet of the business such as restrooms, process, boiler, etc. An example of a Discharge Flow Diagram is attached as Figure 1.

Describe briefly, the flow allocation, water reuse, process flows, domestic flows, and discharge points.

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**SECTION VI**  
**WASTEWATER TREATMENT**

For those facilities that have any treatment of their wastewater prior to discharge, complete this Section. Treatment includes, but is not limited to, grease traps, oil skimmers, filtration, ion exchange, metal precipitation, pH adjustment, etc.

A. Are any forms of wastewater treatment (see C below) practiced at this facility?

- Yes
- No

B. Are any forms of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?

- Yes
- No

C. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate)

- |   |   |
|---|---|
| <input type="checkbox"/> Air flotation                  | <input type="checkbox"/> Grit Removal                   |
| <input type="checkbox"/> Centrifuge                     | <input type="checkbox"/> Ion Exchange                   |
| <input type="checkbox"/> Chemical Precipitation         | <input type="checkbox"/> Neutralization, pH correction  |
| <input type="checkbox"/> Chlorination                   | <input type="checkbox"/> Ozonation                      |
| <input type="checkbox"/> Chrome Reduction, type         | <input type="checkbox"/> Reverse Osmosis                |
| <input type="checkbox"/> Cyanide Destruction, type      | <input type="checkbox"/> Screen                         |
| <input type="checkbox"/> Cyclone                        | <input type="checkbox"/> Sedimentation                  |
| <input type="checkbox"/> Filtration                     | <input type="checkbox"/> Solvent Separation             |
| <input type="checkbox"/> Flow Equalization              | <input type="checkbox"/> Ultrafiltration                |
| <input type="checkbox"/> Grease or Oil Separation, type | <input type="checkbox"/> Other Chemical Treatment, type |
| <input type="checkbox"/> Grease Trap                    | <input type="checkbox"/> Other Physical Treatment, type |
| <input type="checkbox"/> Grinding filter                | <input type="checkbox"/> Other, type                    |

D. Description

Describe the pollutant loadings, flow rates and design capacity, of each treatment facility checked above. (Attach additional sheets if necessary)

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E. **Attach a wastewater treatment schematic for each existing treatment system.** Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions. (See Figure 2 for an example wastewater treatment schematic.)

N/A

F. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.  N/A

G. Do you have a treatment operator?  Yes  No  N/A  
 Is the treatment operator IEPA certified?  Yes  No  N/A

H. Do you have a manual on the correct operation of your treatment equipment?

Yes  No  N/A

I. Do you have a written maintenance schedule for your treatment equipment?

Yes  No  N/A

**SECTION VII**  
**FACILITIES OPERATIONAL CHARACTERISTICS**

A. Complete this section to describe the operating schedule of your facility.

1. Shift Information

a. Indicate with a check mark the work days you operate.

[    ]    [    ]    [    ]    [    ]    [    ]    [    ]    [    ]  
Mon.    Tues.    Wed.    Thur.    Fri.    Sat.    Sun.

b. Indicate below the number of shifts per day; i.e.: 1, 2, etc.

[    ]    [    ]    [    ]    [    ]    [    ]    [    ]    [    ]  
Mon.    Tues.    Wed.    Thur.    Fri.    Sat.    Sun.

2. Indicate whether the facility discharge is:

[   ]    Continuous through the year, or  
[   ]    Seasonal (Circle the months of the year below during which the business activity occurs:)

Jan    Feb    March    April    May    June    July    Aug    Sept    Oct    Nov    Dec

COMMENTS: \_\_\_\_\_

3. Does operation shut down for vacation, maintenance, or other reasons?

[   ]    Yes, indicate reasons and period when shutdown occurs:

\_\_\_\_\_

[   ]    No

B. Spill Prevention

Complete this section to describe current spill prevention capabilities for your facility. As part of an accidental spill prevention plan and for industrial users subject to the National Categorical Pretreatment Standards (NCPS), an Organic Solvent Management Plan (OSMP) may be required.

1. Do you have chemical storage containers, bins, drums, bags, totes, etc. or ponds at your facility? (Excluding lab quantities)

[   ]    Yes, Describe: \_\_\_\_\_  
[   ]    No

2. If you have chemical storage containers or bins in manufacturing area, would a spill discharge to any of the following?

[   ]    On-site disposal system  
[   ]    Public sanitary sewer system (e.g., through a floor drain)  
[   ]    Storm drain  
[   ]    To ground  
[   ]    Other, specify: \_\_\_\_\_  
[   ]    Not applicable, no possible discharge to any of the above routes

3. Do you have a Slug Control Plan to prevent spills of chemicals or slug discharges from entering the RRWRD's collection systems?

Yes **(A copy is required with each application; District will not accept plans already on file from previous permit application submissions.)**

No

N/A, not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

4. For Categorical Users Subject to Total Toxic Organic (TTO) and Non-Categorical industrial users subject to Toxic Organic Pollutant (TOP) requirements:

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA or the TOP definition found in District Code of Ordinances, Title 2?

Yes  No  N/A

b. Has a Baseline Monitoring Report (BMR) been submitted which contains TTO information? **(For facilities subject to a National Categorical Pretreatment Standard (NCPS) that are submitting a first time permit application, a BMR is required.)**

Yes  No  N/A

c. Has a Toxic Organic Management Plan (TOMP) a/k/a Organic Solvent Management Plan (OSMP) been developed?

Yes  No  N/A

C. Facility Discharge Information

1. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering  Yes  No  N/A

Sampling Frequency  Yes  No  N/A

Planned: Flow Metering  Yes  No  N/A

Sampling Frequency  Yes  No  N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

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2. Plant Diagram

Building Layout - draw to scale the location of each building on the premises. An example is attached as Figure 3. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. Draw below or attach a drawing a separate page(s):

**SECTION VIII**

Waste Disposal

A. For wastes not discharged to the sanitary sewer, indicate the type of waste generated, amount generated, and the way in which the waste is disposed as to whether the disposal occurs on-site or off-site on an annual basis. List all other environmental permits and generator ID numbers held by this facility:

1. Indicate the type of waste(s) generated and not disposed of in the sanitary sewer system, including the quantity (per year), and the method of disposal (on-site or off-site):

WASTE GENERATED	QUANTITY (PER YEAR)	DISPOSAL METHOD	
		On-Site	Off-Site

2. Indicate type of waste(s) sent to an off-site facility; identify the respective facility to where the waste is sent.

WASTE	FACILITY

3. Indicate name(s) and address(es) of all waste haulers that transports any of the above listed wastes:

NAME	PERMIT #	ADDRESS

4. Indicate all environmental control permits held by the facility in which a discharge occurs. This includes, but is not limited to NPDES and Air permit. Not special wastes. Attach additional sheets if necessary.

PERMITTING AGENCY & AGENCY BRANCH IF APPLICABLE (USEPA OR IEPA)	PERMIT TYPE	IDENTIFYING #

**SECTION IX  
COMPLIANCE CERTIFICATION**

Indicate whether all applicable Federal, State, or local pretreatment standards and requirements are being met on a consistent basis. If the pretreatment standards are not being met on a consistent basis, pretreatment may be required. If pretreatment installation is required to meet all applicable standards and requirements, a compliance schedule shall be submitted with this application.

Is the facility in consistent compliance:

Yes  No  Not yet discharging

**SECTION X  
CERTIFICATION**

The following Certification shall be provided by a responsible signatory; defined as follows:

1. If the Industrial User submitting the application is a corporation, for the purpose of this section, a responsible corporate officer means:
  - A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making function for the corporation, or
  - The manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operations of the facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

Certification 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 knowing violations.

RESPONSIBLE CORPORATE OFFICER

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**(OR)**



2. If the Industrial User submitting the application is a partnership, or sole proprietorship, for the purpose of this section, a general partner or proprietor shall sign the certification statement below:

Certification 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 knowing violations.

GENERAL PARTNER OR PROPRIETOR

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Print Name

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Title

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Signature

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Date

***(OR)***

3. By a duly authorized representative of the individual designated in paragraphs 1 or 2 of this Section if:
- The authorization is made in writing by the individual described in paragraphs 1 and 2;
  - The Authorization specifies either an individual or a position having responsibility for the overall operations of the facility from which the industrial discharge originates, such as the position of plant manager, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
  - The written authorization is submitted to the District.

Certification 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 knowing violations.

DULY AUTHORIZED REPRESENTATIVE

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Print Name

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Title

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Signature

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Date