

# ROCK RIVER WATER RECLAMATION DISTRICT

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

## ZERO WASTEWATER DISCHARGE PERMIT APPLICATION

Pursuant to the provisions of all applicable ordinances of the Rock River Water Reclamation District, **categorical significant industrial users** connected to the District must apply for a Zero Wastewater Discharge Permit if:

1. The User generates wastewater from a manufacturing process that is subject to any National Categorical Pretreatment Standard (NCPS) and;
2. The User has elected to haul the process wastewater off-site for disposal and will not discharge these process wastewaters to the sanitary sewer.
3. A Categorical Significant Industrial User is any facility that has a process wastewater that is subject to the National Categorical Pretreatment Standards promulgated by the USEPA in accordance with Section 307(b) and (c) of the Act, and 40 CFR, Section 403.5 which applies to industrial users. For purposes of this application, "process wastewater" excludes sanitary, non-contact cooling and/or boiler blow-down wastewater.

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

A. COMPANY NAME: \_\_\_\_\_

North American Industrial Classification System (NAICS) #: \_\_\_\_\_

B. Organization of Business (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.  
\_\_\_\_\_  
\_\_\_\_\_

C. Business Address:

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

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

D. Location of facility discharging wastewater:

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

E. Person Completing This Application:

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

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

F. Designated facility contact:

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

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

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

G. Give a brief description of the processes conducted at the facility (attach additional sheets, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION II  
WASTEWATER FLOW RATES**

**WATER USE AND DISPOSAL**

A. Show the average quantity of water received and wastewater discharged daily. New facilities may use estimates. If estimates are used this **must** be indicated.

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

Notes: (1) Enter the appropriate code letter indicating the source:

- a. Rockford Water Department
- b. Loves Park Water Department
- c. North Park Water Department
- d. Private Well
- e. Recycled or Reclaimed water
- f. Cherry Valley Water Department
- g. Other

(2) If not discharging to RRWRD sewer, enter the appropriate code letter indicating the other discharge point:

- a. Surface Waters
- b. Storm Sewer
- c. Product
- d. Evaporation
- e. Hauled for off-site treatment and disposal
- f. recover/reuse

(3) Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



POLLUTANT	BELIEVED PRESENT		NUMBER OF ANALYSES (PAST YEAR)	MAXIMUM DAILY VALUE (PAST YEAR)	AVERAGE OF ANALYSES (PAST YEAR)	UNITS
	YES	NO				
Nitrobenzene						
N-Nitrosodi-N-Propylamine						
Phenanthrene						
Acenaphthylene						
Benzo(a)Pyrene						
Benzo(ghi)Perylene						
Bis(2-Chloroethoxy)Methane						
Bis(2-Chloroisopropyl)Ether						
4-Bromophenyl Phenyl Ether						
2-Chloronaphthalene						
Chrysene						
2,6-Dinitrotoluene						
Hexachlorobenzene						
Hexachlorocyclopentadien						
Indeno(1,2,3-cd)Pyrene						
Naphthalene						
N-Nitrosodimethylamine						
N-Nitrosodiphenylamine						
Pyrene						
4,6-Dinitro-O-Cresol						
2 chlorophenol						
Chlorodibromomethane						
2-Chloroethylvinyl Ether						
Dichlorobromomethane						
1,2-Dichloroethane						
1,1,2,2-Tetrachloroethane						
Bromoform						
1,1,2-Trichloroethane						

Are any of the following Toxic/Reactive Organic Pollutants (TROPs) present or suspected of being present in the wastewater discharged to the sanitary sewer? If yes, indicate which ones by completing the appropriate box(s).

List the time frame for which the data was collected (i.e.; calendar year [2006] or specific time frame. Example: 4/1/06-3/31/07:

FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_

POLLUTANT	BELIEVED PRESENT		NUMBER OF ANALYSES (PAST YEAR)	MAXIMUM DAILY VALUE (PAST YEAR)	AVERAGE OF ANALYSES (PAST YEAR)	UNITS
	YES	NO				
Benzene						
Bromomethane (1)						
Carbon tetrachloride						
Chlorobenzene						
Chloroethane						
Chloroform						
Chloromethane						
1,2-Dichlorobenzene						
1,4-Dichlorobenzene						
1,1-Dichloroethane						
1,2-dichloroethene						
1,2-Dichloropropane						
1,3-Dichloroprpane						
Ethyl benzene						
1,2-Dichloroethane						
Hexachloroethane						
Methylene chloride						
Napthalene						
Nitrobenzene						
Tetrachloroethylene						
Toluene						
1,2,4-Trichlorobenzene						
1,1,1-Trichloroethane						
Trichloroethylene						
Trichlorofluoromethane						
Vinyl chloride (1)						
1,1-Dichloroethene						
1,1-Dichloroethene						

(1) Concentrations below the GCMS detection limit must be confirmed by GC.

(2) Analyzed using GC.

Are any of the following pollutants present or suspected of being present in the wastewater discharged to the sanitary sewer? If yes, indicate which ones by completing the appropriate box(s).

List the time frame for which the data was collected (i.e.; calendar year [2006] or specific time frame. Example: 4/1/06-3/31/07:

FROM DATE: \_\_\_\_\_ TO DATE: \_\_\_\_\_

POLLUTANT	BELIEVED PRESENT		NUMBER OF ANALYSES (PAST YEAR)	MAXIMUM DAILY VALUE (PAST YEAR)	AVERAGE OF ANALYSES (PAST YEAR)	UNITS
	YES	NO				
pH						
BOD <sub>5</sub>						
COD						
Chloride						
Fluoride						
Ammonia						
Total FOG (Fats, Oils & Grease)						
Non-Polar FOG (Fats, Oils & Grease)						
Polar 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						

**SECTION IV  
PROCESS ACTIVITIES**

Indicate by placing a check in front of those process activities which occur at the facility for which this permit application is submitted.

**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"/> Cleaning                    | <input type="checkbox"/> Plasma Arc Machining           |
| <input type="checkbox"/> Machining                   | <input type="checkbox"/> Ultrasonic Machining           |
| <input type="checkbox"/> Grinding                    | <input type="checkbox"/> Sintering                      |
| <input type="checkbox"/> Polishing                   | <input type="checkbox"/> Laminating                     |
| <input type="checkbox"/> Tumbling (Barrel Finishing) | <input type="checkbox"/> Hot Dip Coating                |
| <input type="checkbox"/> Mechanical Plating          | <input type="checkbox"/> Sputtering                     |
| <input type="checkbox"/> Burnishing                  | <input type="checkbox"/> Vapor Plating                  |
| <input type="checkbox"/> Impact Deformation          | <input type="checkbox"/> Thermal Infusion               |
| <input type="checkbox"/> Pressure Deformation        | <input type="checkbox"/> Salt Bath Descaling            |
| <input type="checkbox"/> Shearing                    | <input type="checkbox"/> Solvent Degreasing             |
| <input type="checkbox"/> Heat Treating               | <input type="checkbox"/> Paint Stripping                |
| <input type="checkbox"/> Thermal Cutting             | <input type="checkbox"/> Painting                       |
| <input type="checkbox"/> Welding                     | <input type="checkbox"/> Electrostatic Painting         |
| <input type="checkbox"/> Brazing                     | <input type="checkbox"/> Electropainting                |
| <input type="checkbox"/> Soldering                   | <input type="checkbox"/> Vacuum Metalizing              |
| <input type="checkbox"/> Flame Spraying              | <input type="checkbox"/> Assembly                       |
| <input type="checkbox"/> Sand Blasting               | <input type="checkbox"/> Calibration                    |
| <input type="checkbox"/> Testing                     |   |



**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

**AUTO & OTHER LAUNDRIES**

- Power Laundries
- Diaper Service
- Dry Cleaning Plants, Except Rug Cleaning
- Industrial Laundries
- Linen Supply
- Coin-Operated Laundries & Dry Cleaning
- Carpet and 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**

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**OTHER - NON-CATEGORICAL**

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**SECTION V**  
**PROCESS ACTIVITY DESCRIPTION**

A. Provide a brief narrative discussing the process activity that generates the wastewater that is subject to the National Categorical Pretreatment Standards (NCPS)

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B. Frequency of NCPS regulated wastewater hauled off-site for disposal:

\_\_\_\_\_ /week;      \_\_\_\_\_ /month;      \_\_\_\_\_ /Year

C. Volume of NCPS regulated wastewater hauled off-site for disposal:

\_\_\_\_\_ gal/week;      \_\_\_\_\_ gal/month;      \_\_\_\_\_ gal/Year

D. Provide the following TTO, TROP/TOPPOC information.

a. Does (or will) this facility use any of the toxic organics that are listed under the Total Toxic Organic (TTO) definition of the applicable categorical pretreatment standards published by EPA or the Toxic Reactive Organic Pollutants (TROP)/Toxic Organic Priority Pollutants of Concern (TOPPOC) definition found in District Code of Ordinances, Title 2?

Yes                       N/A                       No

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

Yes (Please attach a copy)     N/A                       No

c. When was the Toxic Organic Management Plan (TOMP) developed? \_\_\_\_\_

N/A

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

A. Is any form of wastewater treatment besides hauling for off-site disposal (see C below) practiced at this facility?

- Yes  
 No

B. Is any form 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)

- Air flotation  
 Centrifuge  
 Chemical Precipitation  
 Chlorination  
 Chrome Reduction, type \_\_\_\_\_  
 Cyanide Destruction, type \_\_\_\_\_  
 Cyclone  
 Filtration  
 Flow Equalization  
 Grease or Oil Separation, type \_\_\_\_\_  
 Grease Trap  
 Grinding filter  
 Grit Removal  
 Ion Exchange  
 Neutralization, pH Correction  
 Ozonation  
 Reverse Osmosis  
 Screen  
 Sedimentation  
 Solvent Separation  
 Ultrafiltration  
 Other Chemical Treatment, type \_\_\_\_\_  
 Other Physical Treatment, type \_\_\_\_\_  
 Other, type \_\_\_\_\_

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

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

- Yes  N/A  
 No

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

Yes     N/A  
 No

G. Attach a copy of the current IEPA Water Pollution Permit issued for the wastewater treatment equipment discussed in this Section.

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

A. Operating Schedule

1. Shift Information

Work Days                              
                  Mon.    Tues.    Wed.    Thurs.    Fri.    Sat.    Sun.

# Shifts                                  
                  Mon.    Tues.    Wed.    Thurs.    Fri.    Sat.    Sun.

2. Number of employees: \_\_\_\_\_

3. Indicate whether the facility discharge is:

Continuous through the year, or  
 Seasonal - Circle the months of the year during which the business activity occurs:

J      F      M      A      M      J      J      A      S      O      N      D

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

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

Yes, indicate reasons and period when shutdown occurs:

No

B. Spill Prevention

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 (please enclose a copy with the application)

No

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

C. Plant Diagram/Process Flow Diagram

1. Building Layout - Draw to scale the location of each building on the premises. 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.

2. Process Flow Diagram - Diagram all processes which result in the generation of process wastewater and its ultimate disposal. Indicate which wastestreams are unregulated, i.e. sanitary, regulated by Local Limits and regulated by Categorical Standards.

**SECTION VIII**  
**WASTE DISPOSAL**

A. List all waste liquids or sludge generated and not disposed of in the sanitary sewer system? This includes all Categorical process wastestreams for which this Zero Wastewater Discharge Permit applies.

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

B. For the wastes that are sent to an off-site waste treatment/disposal facility, identify the waste and the facility.

WASTE	FACILITY	USEPA ID #	ADDRESS

C. If an outside firm transports any of the above listed wastes, state the name(s) and address(s) of all waste haulers:

NAME	USEPA ID #	ADDRESS

D. ENVIRONMENTAL PERMITS

- List all environmental control permits held by the facility in which the discharge occurs. This includes, but is not limited to, NPDES and Air permits. Attach additional sheets, if necessary.

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

**SECTION IX  
COMPLIANCE CERTIFICATION**

Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

Yes  No  Not yet discharging

If no is checked, a compliance schedule needs to be included with this application.

**SECTION X**  
**CERTIFICATION**

Authorized Representative Statement

I certify under penalty of law that this document and all attachments were prepared under by 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.

QUALIFIED PROFESSIONAL

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Print Name

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Title

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Signature

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Date

PRINCIPAL EXECUTIVE OFFICER

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Print Name

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Title

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Signature

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Date