



Environmental Quality Department Pretreatment Program

109 W. Bangs St. Wauconda, Illinois 60084
(847) 487-3575 Fax (847) 526-8967

PRETREATMENT REGISTRATION

All businesses/commercial site occupants must register with the Environmental Quality Department prior to occupancy of commercial/industrial property, as required by Village Ordinance.

The purpose of the registration is to keep a current and accurate inventory of all businesses within the Village of Wauconda and to ensure that Federal, State and Local regulations are being met. The Environmental Protection Agency requires current and accurate descriptions of all occupied commercial/industrial sites within the Village of Wauconda. In addition, the Village is required to inspect these sites for chemicals used and/or stored on site, to properly regulate the users of the wastewater treatment plant.

There is a one-time, \$50.00 (fifty dollar) registration fee assessed with the Pretreatment Registration *(Ord. 2004-O-04). *Registration and fee required within 30 days. Failure to remit registration and fee may result in Notice of Violation and/or fines up to \$750.00.

Please enclose a check or money order, along with completed registration to:

Village of Wauconda
Attn: Pretreatment Program
101 N. Main St.
Wauconda, IL 60084

Business Name: _____

Business Address: _____

Mailing Address: _____

Contact person for wastewater: _____ Phone #: _____

Business Owner: _____ Phone #: _____

Property Owner: _____ Phone #: _____

Property Manager/Landlord: _____ Phone #: _____

Property Manager/Landlord Address: _____

Year business established at current location _____ NAICS number(s) if known: _____

Describe the type of business: _____

Principal product produced (if applicable): _____

Number of Employees: _____ Number of shifts: _____

Hours of Operation: _____ Days of Operation: _____

Does this facility discharge any cooling water to the sanitary sewer system? Yes No

Contact cooling water? Yes No Non-Contact cooling water? Yes No

Does this facility discharge any wastewater to the sanitary sewer system, which has come into contact with any raw material, intermediate product, finished product, by-product, or waste product? Yes No

Does this facility operate a pretreatment process or device used for treating wastewater prior to discharge to the sanitary sewer? Yes No

Does this facility have a grease trap? Yes No If yes, how many and location(s): _____

Does this facility operate any process which is subject to any Federal Categorical Pretreatment Regulations as outlined in 40 CFR Chapter I, Subchapter N, Parts 405-471? Yes No

Does this facility have any environmental permits (e.g. IEPA permits)? Yes No

Does this facility have any liquid or dry materials hauled off-site for disposal? Yes No

Does this facility annually submit a Toxic Chemical Release Form (form R) to the IEPA in accordance with SARA Title III, Section 313? If yes, submit the most recent copy of Form R. Yes No

Does this facility use or store any materials in 5(five) gallon containers or larger? Yes No

Estimate the total number of gallons of wastewater that are discharged to the sanitary sewer on a daily basis. This may include non-contact/contact cooling water, boiler feed water, process wastes, and sanitary wastes. (Typical sanitary waste volume is 20 gallons per day, per person.)

_____ Estimated gallons per day

Name of person completing this report: _____

Title: _____

“ Under penalties as provided by law pursuant to 1-109 of the Code of Civil Procedure and 40 CFR 403.12(n), the undersigned certifies that the statements set forth in this application are true and correct, except as to matters therein stated to be on information and belief, and except as to such matters, the undersigned certifies as aforesaid that he verily believes the same to be true.”

Signature of authorized representative: _____

Title: _____

Date: _____

***Your business is very important to the Village of Wauconda. The following additional information is being requested by the Economic Development Department as part of their business retention and expansion efforts:**

Contact Name: _____ Contact Email: _____

Annual Sales? _____ Do your current facilities meet your needs? _____

Would you like a business retention review with the Economic Development Department to discuss current issues or needs? _____



For Office Use Only

Reviewed By: _____ Date: _____ Fee paid: _____

Further Action Necessary: _____