



**Environmental Quality Department
Application for Wastewater Discharge
Permit**

109 W. Bangs St., Wauconda, IL 60084
Phone 847-487-3575 Fax 847-526-8967

SECTION A - GENERAL INFORMATION

A-1. Business Name: _____

Provide the official or legal name of the business

A-2. Owner Name: _____

Provide the name of the person, firm, or organization that legally owns the facility

A-3. Operator Name: _____

If the business operator is not the owner, provide the address of both and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the business

A-4. Facility Address

Provide the physical location of the facility to be permitted

Street: _____

City: _____ State: _____ Zip: _____

A-5. Business Mailing Address

Provide the address where day-to-day correspondence will be mailed

Street: _____

City: _____ State: _____ Zip: _____

A-6. Designated Signatory Authority

Attach similar information for each representative authorized to sign official documents for the facility

Name: _____ Phone: _____

Title: _____

A-7. Designated Facility Contact

For regular day-to-day business

Name: _____ Phone: _____

Title: _____

SECTION B - BUSINESS ACTIVITY

B-1. Industrial Classification

Indicate all processes that apply to your facility. Circle all that apply.

- Aluminum forming
- Asbestos manufacturing
- Battery manufacturing
- Builder's paper and board milling
- Carbon black manufacturing
- Cement manufacturing
- Coal mining
- Coil coating / can manufacturing
- Copper forming
- Dairy products processing
- Electroplating
- Electrical and electronic components
- Explosives manufacturing
- Feedlots
- Ferroalloy manufacturing
- Fertilizer manufacturing
- Fruits and vegetables processing
- Glass manufacturing
- Grain mills manufacturing
- Gum and wood chemicals
- Hospitals
- Industrial laundry
- Ink formulating
- Inorganic chemicals
- Iron and steel manufacturing
- Leather tanning and finishing
- Meat products
- Metal finishing

- Metal molding and casting
- Metal products and machinery
- Mineral mining and processing
- Nonferrous metals forming
- Nonferrous metals manufacturing
- Oil and gas extraction
- Ore mining and dressing
- Organic chemicals, plastics & synthetic fibers
- Paint formulation
- Paving & roofing materials
- Pesticide chemicals
- Petroleum refining
- Pharmaceutical manufacturing
- Phosphate manufacturing
- Photographic
- Plastics molding & forming
- Porcelain enameling
- Pulp, paper, & paperboard
- Rubber manufacturing
- Seafood processing
- Soap & detergent manufacturing
- Steam electric power generating
- Textile mills
- Sugar processing
- Timber products processing
- Transportation equipment cleaning
- Waste treatment

B-2. Industrial Activity:

Provide a brief description of the production or service activities performed at the facility

B-3. North American Industry Classification System (NAICS)

Include the number and description of all codes that apply to your facility. List in descending order of importance.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

B-4. Production Volume

List the products manufactured by your facility. Give both the common and brand name and the proper or scientific name. Enter the amounts produced and the units of production. Attach additional sheets if necessary.

| Product | Previous Calendar Year | | Present Calendar Year | |
|---------|------------------------|---------|-----------------------|---------|
| | Average | Maximum | Average | Maximum |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION C - WATER SUPPLY

C-1. Water Sources

Circle all that apply

Private well Surface water Wauconda Water Department

Storage tank (volume & type) _____

Other source (explain) _____

C-2. Water Bill Information

Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

C-3. Water Service Account Number: _____

C-4. Water Usage

Provide average usage in gallons per day and indicate whether the volume is measured [M] or estimated [E]

| | Type of Use | Average Volume Used | Units (gals, cu.ft., etc.) | M | E |
|----|-----------------------|---------------------|-------------------------------|---|---|
| a. | Contact cooling | | | | |
| b. | Non-contact cooling | | | | |
| c. | Boiler feed | | | | |
| d. | Process | | | | |
| e. | Sanitary | | | | |
| f. | Air pollution control | | | | |
| g. | Contained in product | | | | |
| h. | Washdown | | | | |
| i. | Irrigation | | | | |
| j. | Other | | | | |

SECTION D - SEWER INFORMATION

D-1. (a) Existing Business

Is the facility presently connected to the public sewer system? YES NO

(b) New Business

Will your facility be occupying an existing building? YES NO

Have you applied for a building permit? YES NO

Will this facility be connected to the public sewer system? YES NO

D-2. Sewer Connections

List size, location, and average flow in gallons per day of each connection. Attach additional sheets if necessary.

| | Size (in.) | Flow (GPD) | Location |
|----|---------------|---------------|----------|
| #1 | | | |
| #2 | | | |
| #3 | | | |

SECTION E - WASTEWATER DISCHARGE INFORMATION

E-1. Wastewater Type

Does this facility discharge waste other than domestic (restroom) into the public sewer system? YES NO

*If YES (non-domestic wastes), complete the remainder of the application.
If NO (domestic wastes only), go to SECTION I of this application.*

E-2. Wastewater Flow

Indicate the hours, times and volumes that non-domestic wastes are discharged.

| Day of Week | Duration of Discharge | Discharge Flow Rates | | | Hours of Discharge |
|-------------|-----------------------|----------------------|---------------|---------------|--------------------|
| | | Peak Hourly | Maximum Daily | Daily Average | |
| Mon. | | | | | To |
| Tues. | | | | | To |
| Wed. | | | | | To |
| Thurs. | | | | | To |
| Fri. | | | | | To |
| Sat. | | | | | To |
| Sun. | | | | | To |

E-3. Batch Processes

Complete and attach this information for each batch process. If no batch discharge occurs, go to E-4

| | | | | |
|----|------------------|--|------------------|--|
| #1 | Type of process: | | Volume (gal): | |
| | Frequency: | | Duration: | |
| | Flow rate (gpm): | | % of total flow: | |
| #2 | Type of process: | | Volume (gal): | |
| | Frequency: | | Duration: | |
| | Flow rate (gpm): | | % of total flow: | |
| #3 | Type of process: | | Volume (gal): | |
| | Frequency: | | Duration: | |
| | Flow rate (gpm): | | % of total flow: | |

E-4. Schematic Flow Diagram

Submit a schematic flow diagram for each major activity in which wastewater is generated. Include in each drawing the flow of all materials, products, water, and wastewater from the beginning of the activity to its completion showing all unit processes. Include daily average and maximum flow volumes and indicate if this actual or estimated information. Indicate processes that use water and which generate wastestreams. Number each process and use these numbers to identify the process in the building layout drawing in SECTION H.

This drawing must be certified by a State Registered Professional Engineer.

If YES, please attach a copy with this document.

E-8. Flow Metering & Sampling Instrumentation

Circle whether you have or plan to have the following equipment at this facility

| | | |
|-------------------------------|----------|----------|
| Monitoring manhole: | Existing | Proposed |
| Automatic sampling equipment: | Existing | Proposed |
| Flow metering: | Existing | Proposed |

Provide the location and description of any existing equipment:

E-9. Process Changes and Expansions

Describe below any process changes or expansions planned within the next three years that may change the characteristics or volume of wastewater discharge.

E-10. Reclamation Systems

Indicate if any water or materials recovery processes are utilized. YES NO

If YES, describe below and submit a flow diagram for each process. Include a description of the process, substances recovered, and spent solution characteristics.

SECTION F - CHARACTERISTICS OF DISCHARGE

If renewing a discharge permit, do not complete this section. If applying for a new permit, enter any values from previous wastestream analyses, enter typical values from similar facility, or indicate any parameter that is expected to be present.

| Pollutant | Detection Limit | Units | Maximum Value | Units | Average Value | Units | Number of Analyses |
|-----------------------------|-----------------|-------|---------------|-------|---------------|-------|--------------------|
| Acenaphthene | | | | | | | |
| Acrolein | | | | | | | |
| Acrylonitrile | | | | | | | |
| Benzene | | | | | | | |
| Carbon tetrachloride | | | | | | | |
| Chlorobenzene | | | | | | | |
| 1,2,4-Trichlorobenzene | | | | | | | |
| Hexachlorobenzene | | | | | | | |
| 1,2-Dichloroethane | | | | | | | |
| 1,1,1-Trichloroethane | | | | | | | |
| Hexachloroethane | | | | | | | |
| 1,1-Dichloroethane | | | | | | | |
| 1,1,2-Trichloroethane | | | | | | | |
| 1,1,2,2-Tetrachloroethane | | | | | | | |
| Chloroethane | | | | | | | |
| Bis (2-chloroethyl) ether | | | | | | | |
| 17 Bis (chloromethyl) ether | | | | | | | |
| 2-Chloroethyl vinyl ether | | | | | | | |
| 2-Chloronaphthalene | | | | | | | |
| 2,4,6-Trichlorophenol | | | | | | | |
| Parachlorometa cresol | | | | | | | |
| Chloroform | | | | | | | |
| 2-Chlorophenol | | | | | | | |
| 1,2-Dichlorobenzene | | | | | | | |
| 1,3-Dichlorobenzene | | | | | | | |
| 1,4-Dichlorobenzene | | | | | | | |
| 3,3-Dichlorobenzidine | | | | | | | |
| 1,1-Dichloroethylene | | | | | | | |
| 1,2-Trans-dichloroethylene | | | | | | | |
| 2,4-Dichlorophenol | | | | | | | |
| 1,2-Dichloropropane | | | | | | | |
| 1,2-Dichloropropylene | | | | | | | |
| 1,3-Dichloropropylene | | | | | | | |
| 2,4-Dimethylphenol | | | | | | | |
| 2,4-Dinitrotoluene | | | | | | | |
| 2,6-Dinitrotoluene | | | | | | | |
| 1,2-Diphenylhydrazine | | | | | | | |

| Pollutant | Detection Limit | Units | Maximum Value | Units | Average Value | Units | Number of Analyses |
|------------------------------|-----------------|-------|---------------|-------|---------------|-------|--------------------|
| Ethylbenzene | | | | | | | |
| Fluoranthene | | | | | | | |
| 4-Chlorophenyl phenyl ether | | | | | | | |
| 4-Bromophenyl phenyl ether | | | | | | | |
| Bis(2-chloroisopropyl) ether | | | | | | | |
| Bis(2-chloroethoxy) methane | | | | | | | |
| Methylene chloride | | | | | | | |
| Methyl chloride | | | | | | | |
| Methyl bromide | | | | | | | |
| Bromoform | | | | | | | |
| Dichlorobromomethane | | | | | | | |
| Chlorodibromomethane | | | | | | | |
| Hexachlorobutadiene | | | | | | | |
| Hexachlorocyclopentadiene | | | | | | | |
| Isophorone | | | | | | | |
| Naphthalene | | | | | | | |
| Nitrobenzene | | | | | | | |
| Nitrophenol | | | | | | | |
| 2-Nitrophenol | | | | | | | |
| 4-Nitrophenol | | | | | | | |
| 2,4-Dinitrophenol | | | | | | | |
| 4,6-Dintro-o-cresol | | | | | | | |
| N-nitrosodimethylamine | | | | | | | |
| N-nitrosodiphenylamine | | | | | | | |
| N-nitrosodi-n-propylamine | | | | | | | |
| Pentachlorophenol | | | | | | | |
| Phenol | | | | | | | |
| Bis(2-ethylhexyl) phthalate | | | | | | | |
| Butyl benzyl phthalate | | | | | | | |
| Di-n-butyl phthalate | | | | | | | |
| Di-n-octyl phthalate | | | | | | | |
| Diethyl phthalate | | | | | | | |
| Dimethyl phthalate | | | | | | | |
| Benzo(a)anthracene | | | | | | | |
| Benzo(a)pyrene | | | | | | | |
| 3,4-benzofluoroanthene | | | | | | | |
| Benzo(k)fluoroanthene | | | | | | | |
| Chrysene | | | | | | | |
| Acenaphthylene | | | | | | | |
| Anthracene | | | | | | | |
| Benzo(ghi)perylene | | | | | | | |

| Pollutant | Detection Limit | Units | Maximum Value | Units | Average Value | Units | Number of Analyses |
|------------------------|-----------------|-------|---------------|-------|---------------|-------|--------------------|
| Fluorene | | | | | | | |
| Phenanthrene | | | | | | | |
| Dibenzo(a,h)anthracene | | | | | | | |
| Ideno(1,2,3-cd)pyrene | | | | | | | |
| Pyrene | | | | | | | |
| Tetrachloroethylene | | | | | | | |
| Vinyl chloride | | | | | | | |
| Aldrin | | | | | | | |
| Dieldrin | | | | | | | |
| Chlordane | | | | | | | |
| 4,4'-DDT | | | | | | | |
| 4,4'-DDE | | | | | | | |
| 4,4'-DDD | | | | | | | |
| Alpha-endosulfan | | | | | | | |
| Beta-endosulfan | | | | | | | |
| Endosulfan-sulphate | | | | | | | |
| Endrin | | | | | | | |
| Endrin aldehyde | | | | | | | |
| Heptachlor | | | | | | | |
| Heptachlor epoxide | | | | | | | |
| Alpha-BHC | | | | | | | |
| Beta-BHC | | | | | | | |
| Gamma-BHC | | | | | | | |
| Delta-BHC | | | | | | | |
| PCB-1242 | | | | | | | |
| PCB-1254 | | | | | | | |
| PCB-1221 | | | | | | | |
| PCB-1232 | | | | | | | |
| PCB-1248 | | | | | | | |
| PCB-1260 | | | | | | | |
| PCB-1016 | | | | | | | |
| Toxaphene | | | | | | | |
| TCDD (Dioxin) | | | | | | | |
| Asbestos | | | | | | | |
| Acidity | | | | | | | |
| Alkalinity | | | | | | | |
| Bacteria | | | | | | | |
| BOD5 | | | | | | | |
| COD | | | | | | | |
| Chloride | | | | | | | |
| Chlorine | | | | | | | |

| Pollutant | Detection Limit | Units | Maximum Value | Units | Average Value | Units | Number of Analyses |
|-----------------------|-----------------|-------|---------------|-------|---------------|-------|--------------------|
| Fluorine | | | | | | | |
| Hardness | | | | | | | |
| Magnesium | | | | | | | |
| NH3-N | | | | | | | |
| Oil and Grease | | | | | | | |
| TSS | | | | | | | |
| TOC | | | | | | | |
| Kjeldahl N | | | | | | | |
| Nitrate N | | | | | | | |
| Nitrite N | | | | | | | |
| Organic N | | | | | | | |
| Orthophosphate P | | | | | | | |
| Phosphorus | | | | | | | |
| Sodium | | | | | | | |
| Specific Conductivity | | | | | | | |
| Sulphate (SO4) | | | | | | | |
| Sulfide (S) | | | | | | | |
| Sulphite (SO3) | | | | | | | |
| Antimony | | | | | | | |
| Arsenic | | | | | | | |
| Barium | | | | | | | |
| Beryllium | | | | | | | |
| Cadmium | | | | | | | |
| Chromium | | | | | | | |
| Copper | | | | | | | |
| Cyanide | | | | | | | |
| Lead | | | | | | | |
| Mercury | | | | | | | |
| Molybdenum | | | | | | | |
| Nickel | | | | | | | |
| Selenium | | | | | | | |
| Silver | | | | | | | |
| Thallium | | | | | | | |
| Zinc | | | | | | | |

SECTION G – TREATMENT

G-1. In-house Treatment

Does this facility utilize any wastewater treatment equipment or process? YES NO

Will any facility wastewater be treated prior to discharge to the public system? YES NO

If you answered YES to either question above, complete all of Section G; otherwise go to Section H.

G-2. Process Types

Indicate the type of waste treatment utilized at this facility. Circle all that apply.

- | | |
|------------------------|-----------------------------|
| Air Flotation | Ozonation |
| Centrifuge | Reverse Osmosis |
| Chemical Precipitation | Screen |
| Chlorination | Sedimentation |
| Cyclone | Septic Tank |
| Filtration | Solvent Separation |
| Flow Equalization | Spill Protection |
| Grease/Oil | Separation Sump |
| Grease Trap | Biological Treatment |
| Grinding Filter | Rainwater diversion/storage |
| Grit Removal | Other Chemical Treatment |
| Ion Exchange | Other Physical Treatment |
| Neutralization | Other Treatment |

G-3. Treatment Description and System Diagram

Attach a description of each process checked in G-2. Include pollutant loadings, flow rates, design capacity, physical size, and operating procedures. Also, attach a process flow diagram for each existing waste treatment system described. Include process equipment, additives used, by-products, by-product disposal method, and waste and by-product volumes.

G-4. Changes in Pretreatment System

Are any changes or additions in waste treatment planned within three years? YES NO

If YES, attach a description and estimated completion date.

G-5. Waste Treatment Operator

Does this facility have a waste treatment operator? YES NO

If YES, supply the information below.

Name: _____

Title: _____ Phone: _____

Work Schedule: _____

G-6. System Operation Manual

Is there a manual for the correct operation of the treatment system? YES NO

If YES, attach a copy.

G-7. Pretreatment System Maintenance

Is there a written schedule of maintenance for the treatment equipment? YES NO

If YES, attach a copy.

SECTION H - FACILITY OPERATIONAL CHARACTERISTICS

H-1. Shift Information

If shifts are overlapping or variable, attach an explanation of work schedule.

| Day of Week | Shifts Per Day | Employees Per Shift | | | Shift Begin & End Times | | |
|-------------|----------------|---------------------|-----|-----|-------------------------|-----|-----|
| | | 1st | 2nd | 3rd | 1st | 2nd | 3rd |
| Monday | | | | | | | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| Friday | | | | | | | |
| Saturday | | | | | | | |
| Sunday | | | | | | | |

H-2. Annual Operation

Circle type of annual operation. If seasonal or intermittent, describe times of operation below

Business Activity: Continuous, throughout the year Seasonal or intermittent

Waste Discharge: Continuous, throughout the year Seasonal or intermittent

H-3. Periodic Shutdown

Does operation cease during periods of maintenance, vacation, etc.? YES NO

If YES, describe reasons and periods of shutdown below.

H-4. Raw Materials

Attach a list of the specific types of raw materials and the amounts (mass or volume per day) used or planned for use and/or storage at the facility.

H-5. Chemicals

Attach a list of the specific types of chemicals and the amounts (mass or volume per day) used or planned for use and or storage at the facility. Include a Manufacturer's Safety Data Sheet (MSDS) for each compound listed.

H-6. Building Layout

Attach a scale drawing showing locations of all buildings and structures on the facility premises. Show map orientation and location of water meters, storm sewers, numbered unit processes (see E-4), storage tanks, public sewers, and all facility sewer lines connected to the public sewers. Number each sewer and show existing and proposed sampling locations.

This drawing must be certified by a State Registered Professional Engineer.

SECTION I - SPILL PREVENTION

I-1. Materials Storage

| | | |
|---|-----|----|
| Does the facility utilize any chemical storage tanks, bins, or ponds? | YES | NO |
| Are there any underground storage tanks on the premises? | YES | NO |
| Does all chemical storage have adequate spill containment? | YES | NO |

Attach a description of the location, type, contents, size, containment, refill procedures & times, and frequency & method of cleaning of each tank.

I-2. Floor Drains

| | | |
|---|-----|----|
| Are there any floor drains in production or chemical storage areas? | YES | NO |
|---|-----|----|

If YES, indicate where the floor drains discharge.

| | | | | |
|-----------------|-------------------|----------------|------------------|-------|
| To public sewer | To ground surface | To storm drain | On-site disposal | Other |
|-----------------|-------------------|----------------|------------------|-------|

I-3. Spill Prevention Plan

| | | |
|---|-----|----|
| Does this facility have an accidental spill prevention plan to prevent chemical spills or slug discharges from entering the public disposal system? | YES | NO |
|---|-----|----|

If YES, enclose a copy.

SECTION J - OTHER WASTES

J-1. Non-Sewered Wastes

| | | |
|--|-----|----|
| Are any wastes generated that are not disposed of through the public sewer system? | YES | NO |
|--|-----|----|

If YES, describe the waste generated, the quantity, frequency, and disposal method, otherwise go to Section K.

J-2. Waste Disposal

Indicate below the name and address of any waste haulers and/or waste receiving facilities utilized by your facility. Identify the waste handled by each separate hauler/facility.

J-3. Permits

Has or will this facility be issued any Federal, State, or local environmental permits? YES NO

If YES, list permit type and number:

SECTION K - AUTHORIZED SIGNATURES

K-1. Compliance Certification

Will any additional operational and/or maintenance procedures or equipment be necessary to bring this facility into compliance? YES NO

If YES, explain below and attach a schedule of milestone activities and estimated completion dates.

K-2. Authorized Representative 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 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.

Name: _____ Date: _____

Title: _____ Phone: _____

Signature: _____