



Environmental Quality Department Pretreatment Program

302 Slocum Lake Rd.. Wauconda, Illinois 60084
(847) 526-9610 Fax (847) 526-2571

PRETREATMENT REGISTRATION

All new businesses in town, regardless of type, must register with the Environmental Quality Department before they begin operation. Registration consists of completion of this registration form. An inspection of the business (prior to opening) by the EQ Department may or may not be required, depending upon the nature of the operation. Similarly, a wastewater discharge permit may or may not be required. This registration is required in accordance with the Village's Industrial Pretreatment Program which is required by the Illinois Environmental Protection Agency. Industrial Pretreatment is a core part of the Federal Clean Water Act. The Village's program is modeled after Federal pretreatment regulations.

Please note: Registration is required within 30 days. Failure to remit registration may result in a Notice of Violation and/or fines up to \$750.00.

Please send the completed registration to:

Village of Wauconda
Environmental Quality Department
302 Slocum Lake Rd.
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

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 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.

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: _____

Registration form last revised: September 2011