

# ANNUAL WAUCONDA BUSINESS REGISTRATION



**Industrial Monitoring**  
 302 Slocum Lake Rd.  
 Wauconda, Illinois 60084  
 (847) 526-9610 • Fax (847) 526-2571  
 E-mail: akootstra@wauconda-il.gov

**Building, Planning and Zoning**  
 109 W. Bangs Street  
 Wauconda, IL 60084  
 (847) 526-9609 • Fax (847)526-8967  
 E-mail: BZ@wauconda-il.gov

All businesses in town, regardless of type, must register with the Village before they begin operation and annually thereafter. Registration consists of completion of this registration form. An inspection of the business (prior to opening) 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 annual registration is required by Village ordinance under the Industrial Pretreatment Program which is regulated 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 mail, fax, or email this completed form within seven days to the departments listed above.**

|   |              |                               |                             |
|---|--------------|-------------------------------|-----------------------------|
| Business Name:                              |              | Business Owner:               |                             |
| Business Address:                           |              | Business Phone:               |                             |
| Mailing Address:                            |              | Business Email:               |                             |
| Contact Person:                             | Phone:       | Business Website:             |                             |
| Business Description:                       |              | Year Established in Wauconda: |                             |
| Principal Product Produced (if applicable): |              | NAICS Number(s):              |                             |
| # of Employees:                             | # of Shifts: | Days of Operation:            | General Hours of Operation: |
| Property Owner:                             |              | Phone #:                      |                             |
| Property Manager/Landlord:                  |              | Phone #:                      |                             |

| <b>Please check yes or no to all questions</b>  | Yes     | No |
|---|---------|----|
| Does this facility discharge any cooling water into the sanitary sewer system?<br>Contact cooling water? Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Contact cooling water? Yes <input type="checkbox"/> No <input type="checkbox"/> |         |    |
| 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?  |         |    |
| Does this facility operate a pretreatment process or device used for treating wastewater prior to discharge to the sanitary sewer?  |         |    |
| Does this facility have a grease trap? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many:   |         |    |
| 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?   |         |    |
| Does this facility have any environmental permits (e.g. IEPA permits)?  |         |    |
| Does this facility have any liquid or dry materials hauled off-site for disposal?   |         |    |
| 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   |         |    |
| Does this facility use or store any materials in 5 (five) gallon containers or larger?  |         |    |
| Contact person for wastewater issues:   | Phone:  |    |
| Estimate the total number of gallons of wastewater that are discharged to the sanitary sewer on a daily basis. This includes all water entering the sanitary wastes. (Typical sanitary waste volume is 20 gallons/day, per person.)                   | Gal/day |    |

**Under penalties as provided by law pursuant to 1-109 of the Code of Civil Procedure and 40 C.F.R. 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:** \_\_\_\_\_

For Office Use Only

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Further Action Necessary: \_\_\_\_\_