

Four Rivers Sanitation Authority

Baseline Monitoring Report
(40 CFR Part 403.12(b)(1-7))

Who Should Submit This Application/Report?

Users subject to applicable National Categorical Pretreatment Standards promulgated by the United States Environmental Protection Agency.

When is This Application/Report due?

180 days following the effective date of a National Categorical Pretreatment Standard promulgated by the United States Environmental Protection Agency.

The Completed Application/Report shall be sent to the Four Rivers Sanitation Authority

Since the Four Rivers Sanitation Authority has Control Authority status, copies of this Application/Report do not need to be sent to the agencies listed below. However, if requested by the Approval Authority, the Authority shall provide copies of this application/report to these agencies:

Pretreatment Coordinator Permit Section, Industrial Unit

USEPA-Region 5
NPDES Support Assistance Branch
77 West Jackson Boulevard
(WN-16J)
Chicago, IL 60604-3507

IEPA
Division of Water Pollution Control
1021 North Grand Avenue East
Springfield, IL 62702

Citations following each heading in this Supplemental Permit Application/Baseline Monitoring Report refer to the appropriate section and paragraph in 40 CFR Part 403.12(b)(1-7) of the General Pretreatment Regulations for New and Existing Sources (October 14, 2005 Federal Register) and the amendments to these regulations.

D. **DESCRIPTION OF OPERATIONS** (403.12(b)(3)) Attach additional sheets if necessary.

OPERATION DESCRIPTION	AVERAGE RATE OF PRODUCTION			STANDARD INDUSTRIAL CLASSIFICATION
	BASIS (choose one)	AMOUNT (exact figure or verifiable estimate)	UNITS (see key below)	
	DAY			
	MONTH			
	YEAR			
	DAY			
	MONTH			
	YEAR			
	DAY			
	MONTH			
	YEAR			
	DAY			
	MONTH			
	YEAR			
	DAY			
	MONTH			
	YEAR			
	DAY			
	MONTH			
	YEAR			
	DAY			
	MONTH			
	YEAR			
	DAY			
	MONTH			
	YEAR			
	DAY			
	MONTH			
	YEAR			

UNIT KEY: A. Pounds G. Pieces or units
 B. Tons H. Kilograms
 C. Barrels I. Square Meters
 D. Bushels J. Liters
 E. Square Feet K. Other, Specify _____
 F. Gallons

E. SCHEMATIC PROCESS DIAGRAM (403.12(b)(3))

Provide a schematic process diagram, which indicates points of discharge to the sanitary sewer from each regulated process as found in the applicable point source categorical regulation; National Categorical Pretreatment Standards, as well as non-regulated processes.

F. FLOW MEASUREMENT (403.12(b)(4)(i) & (ii))

Submit information showing the measured average daily and maximum daily flow in gallons per day to the POTW from regulated process streams. Include flows of other streams, as necessary, to allow the use of the Combined Wastestream Formula (CWF) (40 CFR Part 403.6 (e) if it is to be used in calculating an alternate limit. Attach additional sheets if necessary.

WASTE STREAM DESCRIPTION	REGULATED YES/NO	AVERAGE DAILY FLOW (GPD)	MAXIMUM DAILY FLOW (GPD)	BATCH OR CONTINUOUS FLOW

NOTE: The Four Rivers Sanitation Authority may allow for verifiable estimates of these flows where justified by cost or feasibility consideration.

G. POLLUTANT MEASUREMENT (403.12(b)(5)(ii),(iii),(iv),(v))

Submit results of sampling and analysis identifying the nature and concentration of regulated pollutants in the discharge from each regulated process. Samples will be representative of daily operations, obtained through proper composite sampling techniques. Where composite sampling is not feasible, a grab sample is acceptable.

Sampling for the purposes of this report shall be according to the directions below or the control authority may allow the use of historical data so long as the data provides information sufficient to determine the need for industrial pretreatment measures.

A minimum of four (4) grab samples must be used for pH, cyanide, total phenols, oil and grease, and volatile organics. For all other pollutants, 24-hour composite samples must be obtained through flow-proportional composite sampling techniques where feasible. The Control Authority may waive flow-proportional composite sampling for any Industrial User that demonstrates that flow-proportional sampling is infeasible. In such cases, samples may be obtained through time-proportional composite sampling techniques or through a minimum of four (4) grab samples where the User demonstrates that this will provide a representative sample of the effluent being discharged.

Samples shall be taken immediately downstream from pretreatment facilities if such exist or immediately downstream from the regulated process if no pretreatment exists. If other wastewater is mixed with regulated wastewater prior to pretreatment or the point of sampling, use the flows calculated above, the Combined Wastestream Formula (CWF) and the standards identified in Part C of this application to evaluate compliance with the pretreatment standards. Attach additional sheets if necessary.

The User shall take a minimum of one representative sample to compile the data necessary to comply with this section.

H. SAMPLING AND ANALYTICAL METHODS (403.12(b)(5)(vii))

In the space provided below indicate the time, date, and place of sampling and methods of analysis for the results given above. Attach additional sheets if necessary.

I certify that sampling and analysis for this application is representative of normal work cycles and the expected pollutant discharges to the POTW.

Name _____ (Type or Print)

Signature _____

Title _____ Date _____

K. CERTIFICATION (403.12(b)(6))

We have personally examined and are familiar with the information submitted in this application, and we hereby certify under penalty of law that this information was obtained in accordance with applicable requirements. Moreover, based on our inquiry of those individuals immediately responsible for obtaining the information reported herein, we believe that the submitted information is true, accurate and complete. We are aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

We certify that the applicable National Categorical Pretreatment Standards as identified in this application are _____ are not _____ being met on a consistent basis.

Authorized Representative

Qualified Professional

Name (Type or Print) _____

Name (Type or Print) _____

Signature _____

Signature _____

Title _____

Title _____

Date _____

Date _____