

FOUR RIVERS SANITATION AUTHORITY

3501 Kishwaukee Street, PO Box 7480, Rockford IL 61126-7480

ZERO WASTEWATER DISCHARGE PERMIT APPLICATION

Pursuant to the provisions of all applicable ordinances of the Four Rivers Sanitation Authority, **categorical significant industrial users** connected to the Authority must apply for a Zero Wastewater Discharge Permit if:

1. The User generates wastewater from a manufacturing process that is subject to any National Categorical Pretreatment Standard (NCPS) and;
2. The User has elected to haul the process wastewater off-site for disposal and will not discharge these process wastewaters to the sanitary sewer.
3. A Categorical Significant Industrial User is any facility that has a process wastewater that is subject to the National Categorical Pretreatment Standards promulgated by the USEPA in accordance with Section 307(b) and (c) of the Act, and 40 CFR, Section 403.5 which applies to industrial users. For purposes of this application, "process wastewater" excludes sanitary, non-contact cooling and/or boiler blow-down wastewater.

SECTION I
GENERAL INFORMATION

A. COMPANY NAME: _____

North American Industrial Classification System (NAICS) #: _____

B. Organization of Business (sole proprietorship, partnership, or corporation):

1. If sole proprietorship, give name of owner and assumed name, if different than answer to IA above.

2. _____
If partnership, give names of general partners and assumed name, if different than answer to IA above.

3. _____
If corporation, give state in which incorporated and the name and address of registered agent.

C. Business Address:

Street _____ City _____

State _____ Zip Code _____

D. Location of facility discharging wastewater:

Street _____ City _____

E. Person Completing This Application:

Name _____ Title _____

Phone _____ Fax No. _____

F. Designated facility contact:

Name _____ Title _____

Phone: _____ Fax No. _____

E-Mail Address: _____

G. Give a brief description of the processes conducted at the facility (attach additional sheets, if necessary):

**SECTION II
WASTEWATER FLOW RATES**

WATER USE AND DISPOSAL

A. Show the average quantity of water received and wastewater discharged daily. New facilities may use estimates. If estimates are used this **must** be indicated.

Water Used For	Discharged To				
	Supply From		FRSA	Other	
	Gals/Day	Source(1)	Gals/Day	Gals/Day	Discharge to (2)
Sanitary					
Local Limit Process					
Categorical Process					
Cooling					
Lawn Sprinkling					
Boiler					
Scrubber Water (Air Pollution Control)					
Plant & Equipment Washdown					
Other(3)					
Total Gal/Day					

Notes: (1) Enter the appropriate code letter indicating the source:

- a. Rockford Water Department
- b. Loves Park Water Department
- c. North Park Water Department
- d. Private Well
- e. Recycled or Reclaimed water
- f. Cherry Valley Water Department
- g. Other

(2) If not discharging to FRSA sewer, enter the appropriate code letter indicating the other discharge point:

- a. Surface Waters
- b. Storm Sewer
- c. Product
- d. Evaporation
- e. Hauled for off-site treatment and disposal
- f. recover/reuse

(3) Describe: _____

POLLUTANT	BELIEVED PRESENT		NUMBER OF ANALYSES (PAST YEAR)	MAXIMUM DAILY VALUE (PAST YEAR)	AVERAGE OF ANALYSES (PAST YEAR)	UNITS
	YES	NO				
Nitrobenzene						
N-Nitrosodi-N-Propylamine						
Phenanthrene						
Acenaphthylene						
Benzo(a)Pyrene						
Benzo(ghi)Perylene						
Bis(2-Chloroethoxy)Methane						
Bis(2-Chloroisopropyl)Ether						
4-Bromophenyl Phenyl Ether						
2-Chloronaphthalene						
Chrysene						
2,6-Dinitrotoluene						
Hexachlorobenzene						
Hexachlorocyclopentadien						
Indeno(1,2,3-cd)Pyrene						
Naphthalene						
N-Nitrosodimethylamine						
N-Nitrosodiphenylamine						
Pyrene						
4,6-Dinitro-O-Cresol						
2 chlorophenol						
Chlorodibromomethane						
2-Chloroethylvinyl Ether						
Dichlorobromomethane						
1,2-Dichloroethane						
1,1,1,2-Tetrachloroethane						
Bromoform						
1,1,2-Trichloroethane						

Are any of the following Toxic/Reactive Organic Pollutants (TROPs) present or suspected of being present in the wastewater discharged to the sanitary sewer? If yes, indicate which ones by completing the appropriate box(s).

List the time frame for which the data was collected (i.e., calendar year [2006] or specific time frame. Example: 4/1/06-3/31/07:

FROM DATE: _____ TO DATE: _____

POLLUTANT	BELIEVED PRESENT		NUMBER OF ANALYSES (PAST YEAR)	MAXIMUM DAILY VALUE (PAST YEAR)	AVERAGE OF ANALYSES (PAST YEAR)	UNITS
	YES	NO				
Benzene						
Bromomethane (1)						
Carbon tetrachloride						
Chlorobenzene						
Chloroethane						
Chloroform						
Chloromethane						
1,2-Dichlorobenzene						
1,4-Dichlorobenzene						
1,1-Dichloroethane						
1,2-dichloroethene						
1,2-Dichloropropane						
1,3-Dichloropropene						
Ethyl benzene						
1,2-Dichloroethane						
Hexachloroethane						
Methylene chloride						
Napthalene						
Nitrobenzene						
Tetrachloroethylene						
Toluene						
1,2,4-Trichlorobenzene						
1,1,1-Trichloroethane						
Trichloroethylene						
Trichlorofluoromethane						
Vinyl chloride (1)						
1,1-Dichloroethene						
1,1-Dichloroethene						

(1) Concentrations below the GCMS detection limit must be confirmed by GC.

(2) Analyzed using GC.

Are any of the following pollutants present or suspected of being present in the wastewater discharged to the sanitary sewer? If yes, indicate which ones by completing the appropriate box(s).

List the time frame for which the data was collected (i.e., calendar year [2006] or specific time frame. Example: 4/1/06-3/31/07:

FROM DATE: _____ TO DATE: _____

POLLUTANT	BELIEVED PRESENT		NUMBER OF ANALYSES (PAST YEAR)	MAXIMUM DAILY VALUE (PAST YEAR)	AVERAGE OF ANALYSES (PAST YEAR)	UNITS
	YES	NO				
pH						
BOD ₅						
COD						
Chloride						
Fluoride						
Ammonia						
Total FOG (Fats, Oils & Grease)						
Non-Polar FOG (Fats, Oils & Grease)						
Polar FOG (Fats, Oils & Grease)						
TSS (Total Suspended Solids)						
Sulfide (S)						
Sulfite (SO ₃)						
Antimony						
Arsenic						
Barium						
Beryllium						
Cadmium						
Chromium (T)						
Chromium ⁺⁶						
Copper						
Cyanide						
Lead						
Manganese						
Mercury						
Nickel						
Selenium						
Silver						
Thallium						
Zinc						
Iron						
Molybdenum						

SECTION IV
PROCESS ACTIVITIES

Indicate by placing a check in front of those process activities which occur at the facility for which this permit application is submitted.

Metal Finishing - 40 CFR, 433

- | | |
|--|---|
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Other Abrasive Jet Machining |
| <input type="checkbox"/> Electroless Plating | <input type="checkbox"/> Electrical Discharge Machining |
| <input type="checkbox"/> Anodizing | <input type="checkbox"/> Electrochemical Machining |
| <input type="checkbox"/> Conversion Coating | <input type="checkbox"/> Electron Beam Machining |
| <input type="checkbox"/> Etching & Chemical Milling | <input type="checkbox"/> Laser Beam Machining |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Plasma Arc Machining |
| <input type="checkbox"/> Machining | <input type="checkbox"/> Ultrasonic Machining |
| <input type="checkbox"/> Grinding | <input type="checkbox"/> Sintering |
| <input type="checkbox"/> Polishing | <input type="checkbox"/> Laminating |
| <input type="checkbox"/> Tumbling (Barrel Finishing) | <input type="checkbox"/> Hot Dip Coating |
| <input type="checkbox"/> Mechanical Plating | <input type="checkbox"/> Sputtering |
| <input type="checkbox"/> Burnishing | <input type="checkbox"/> Vapor Plating |
| <input type="checkbox"/> Impact Deformation | <input type="checkbox"/> Thermal Infusion |
| <input type="checkbox"/> Pressure Deformation | <input type="checkbox"/> Salt Bath Descaling |
| <input type="checkbox"/> Shearing | <input type="checkbox"/> Solvent Degreasing |
| <input type="checkbox"/> Heat Treating | <input type="checkbox"/> Paint Stripping |
| <input type="checkbox"/> Thermal Cutting | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Welding | <input type="checkbox"/> Electrostatic Painting |
| <input type="checkbox"/> Brazing | <input type="checkbox"/> Electropainting |
| <input type="checkbox"/> Soldering | <input type="checkbox"/> Vacuum Metalizing |
| <input type="checkbox"/> Flame Spraying | <input type="checkbox"/> Assembly |
| <input type="checkbox"/> Sand Blasting | <input type="checkbox"/> Calibration |
| <input type="checkbox"/> Testing | |

**SECTION IV
PROCESS ACTIVITIES (cont'd)**

TEXTILE MILLS - 40 CFR, 410

- Wool Scouring
- Low Water Use Processing
- Wood Finishing
- Woven Fabric Finishing
- Knit Fabric Finishing
- Stock and Yarn Finishing
- Carpet Finishing
- Non-Woven Manufacturing

ELECTROPLATING - 40 CFR, 413

- Common Metals Plating
- Printed Circuit Board Mfgs.
- Precious Metals Plating

**ORGANIC CHEMICALS, PLASTICS,
AND SYNTHETIC FIBERS - 40 CFR, 414**

- General
- Rayon Fibers
- Other Fibers
- Thermoplastics Resins
- Thermosteeling Resins
- Commodity Organic Chemicals

INORGANIC CHEMICALS MFG - 40 CFR, 415

- Alkalines & Chlorine Mfg.
- Inorganic Pigments
- Industrial Gases

IRON & STEEL MANUFACTURING - 40 CFR, 420

- Cokemaking
- Sintering
- Ironmaking
- Steelmaking
- Vacuum Degassing
- Continuous Casting
- Hot Forming
- Scale Removal
- Acid Pickling
- Cold Forming
- Alkaline Cleaning
- Hot Coating

NON-FERROUS METALS MFG - 40 CFR, 421

- Primary Aluminum
- Primary Columbium
- Primary Copper
- Primary Lead
- Secondary Silver
- Primary Zinc
- Secondary Aluminum
- Primary Tantalum
- Secondary Copper
- Secondary Lead
- Primary Tungsten
- Primary Cadmium

LEATHER TANNING AND FINISHING - 40 CFR, 425

- Hair Pulp/chrome Tan/Retan-Wet Finish
- Hair Save/Non-chrome Tan/Retan-Wet Finish
- No Beamhouse
- Shearing
- Hair Save/Chrome Tan/Retan-Wet Finish
- Retan-Wet Finish
- Through-the-Blue

**PULP & PAPERBOARD MILLS
& CONVERTED PRODUCTS - 40 CFR, 431**

- Integrated Mills
- Non-Integrated Mills
- Secondary Fiber Mills

PHARMACEUTICAL MANUFACTURE - 40 CFR, 439

- Fermentation Products
- Chemical Synthesis Products
- Formulation Products
- Biological & Natural Extraction Products
- Pharmaceutical Research

PAINT & INK FORMATION - 40 CFR, 446

- Water-Wash and/or Caustic Wash
- Solvent-Wash
- (Solvent base Solvent wash)

PESTICIDES CHEMICALS - 40 CFR, 455

- Organic Pesticides
- Mettalo - Organic Pesticides
- Pesticides Chemicals Formulating & Pkg.
- Test Methods for Non-conventional Pesticide Pollutants

PLASTIC MOLDING & FORMING - 40 CFR, 463

- Contact Cooling & Heating
- Cleaning Water
- Finishing Water

METAL MOLDING & CASTING - 40 CFR, 464

- Aluminum Casting
- Copper Casting
- Ferrous Casting
- Zinc Casting

CAN MAKING - 40 CFR, 465

COIL COATING - 40 CFR, 465

- Coil Coating on Steel
- Coil Coating on Aluminum
- Coil Coating on Zinc Coated Steel (Galvanized)

PORCELAIN ENAMELING - 40 CFR, 466

- Porcelain Enameling on Steel
- Porcelain Enameling on Cast Iron
- Porcelain Enameling on Aluminum
- Porcelain Enameling on Copper

ELECTRIC & ELECTRONIC COMPONENTS - 40 CFR, 469

- Cathode Ray Tube
- Luminescent Materials

AUTO & OTHER LAUNDRIES

- Power Laundries
- Diaper Service
- Dry Cleaning Plants, Except Rug Cleaning
- Industrial Laundries
- Linen Supply
- Coin-Operated Laundries & Dry Cleaning
- Carpet and Upholstery Cleaning
- Car Wash Establishments

DAIRY PRODUCTS

- Creamery Butter
- Condensed & Evaporated Milk
- Fluid Milk
- Cheese, Natural & Processed
- Ice Cream & Frozen Desserts

EXPLOSIVES MANUFACTURE

- Manufacture of Explosives
- Lap of Explosives
- Formulation & Packaging of Blasting Agents, Dynamite and Pyrotechnics
- Manufacture and Lap of Igniting Compounds

FOUNDRIES

- Iron & Steel Foundries
- Zinc Castings
- Magnesium Casting
- Tin Castings
- Nickel Castings
- Aluminum Castings
- Copper Castings
- Lead Castings
- Titanium Casting

HOSPITALS

- General Medical & Surgical Hospitals
- Psychiatric Hospitals
- Specialty Hospitals

OTHER - 40 CFR

OTHER - NON-CATEGORICAL

SECTION V
PROCESS ACTIVITY DESCRIPTION

A. Provide a brief narrative discussing the process activity that generates the wastewater that is subject to the National Categorical Pretreatment Standards (NCPS)

B. Frequency of NCPS regulated wastewater hauled off-site for disposal:

_____ /week; _____ /month; _____ /Year

C. Volume of NCPS regulated wastewater hauled off-site for disposal:

_____ gal/week; _____ gal/month; _____ gal/Year

D. Provide the following TTO, TROP/TOPPOC information.

a. Does (or will) this facility use any of the toxic organics that are listed under the Total Toxic Organic (TTO) definition of the applicable categorical pretreatment standards published by EPA or the Toxic Reactive Organic Pollutants (TROP)/Toxic Organic Priority Pollutants of Concern (TOPPOC) definition found in Authority Code of Ordinances, Title 2?

Yes N/A No

b. Has a Toxic Organic Management Plan (TOMP) a/k/a an Organic Solvent Management Plan (OSMP) been developed?

Yes (Please attach a copy) N/A No

c. When was the Toxic Organic Management Plan (TOMP) developed?

N/A

SECTION VI
WASTEWATER TREATMENT

A. Is any form of wastewater treatment besides hauling for off-site disposal (see C below) practiced at this facility?

- Yes
 No

B. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?

- Yes
 No

C. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate)

- Air flotation
 Centrifuge
 Chemical Precipitation
 Chlorination
 Chrome Reduction, type _____
 Cyanide Destruction, type _____
 Cyclone
 Filtration
 Flow Equalization
 Grease or Oil Separation, type _____
 Grease Trap
 Grinding filter
 Grit Removal
 Ion Exchange
 Neutralization, pH Correction
 Ozonation
 Reverse Osmosis
 Screen
 Sedimentation
 Solvent Separation
 Ultrafiltration
 Other Chemical Treatment, type _____
 Other Physical Treatment, type _____
 Other, type _____

D. Do you have a treatment operator? Yes No N/A
Is the treatment operator IEPA certified? Yes No N/A

E. Do you have a manual on the correct operation of your treatment equipment?

- Yes N/A
 No

F. Do you have a written maintenance schedule for your treatment equipment?

Yes N/A
 No

G. Attach a copy of the current IEPA Water Pollution Permit issued for the wastewater treatment equipment discussed in this Section.

SECTION VII
FACILITIES OPERATIONAL CHARACTERISTICS

A. Operating Schedule

1. Shift Information

Work Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
# Shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

2. Number of employees: _____

3. Indicate whether the facility discharge is:

Continuous through the year, or
 Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

COMMENTS: _____

4. Does operation shut down for vacation, maintenance, or other reasons?

Yes, indicate reasons and period when shutdown occurs:

No

B. Spill Prevention

1. Do you have chemical storage containers, bins, drums, bags, totes, etc. or ponds at your facility? (Excluding lab quantities)

Yes, Describe: _____
 No

2. If you have chemical storage containers or bins in manufacturing area, would a spill discharge to any of the following?

On-site disposal system
 Public sanitary sewer system (e.g., through a floor drain)
 Storm drain
 To ground
 Other, specify:
 Not applicable, no possible discharge to any of the above routes

3. Do you have a Slug Control Plan to prevent spills of chemicals or slug discharges from entering the FRSA's collection systems?

Yes (please enclose a copy with the application)

No

N/A, not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

C. Plant Diagram/Process Flow Diagram

1. Building Layout - Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations.

2. Process Flow Diagram - Diagram all processes which result in the generation of process wastewater and its ultimate disposal. Indicate which wastestreams are unregulated, i.e. sanitary, regulated by Local Limits and regulated by Categorical Standards.

SECTION VIII
WASTE DISPOSAL

A. List all waste liquids or sludge generated and not disposed of in the sanitary sewer system? This includes all Categorical process wastestreams for which this Zero Wastewater Discharge Permit applies.

WASTE GENERATED	QUANTITY (PER YEAR)	DISPOSAL METHOD	
		On-Site	Off-Site

B. For the wastes that are sent to an off-site waste treatment/disposal facility, identify the waste and the facility.

WASTE	FACILITY	USEPA ID #	ADDRESS

C. If an outside firm transports any of the above listed wastes, state the name(s) and address(s) of all waste haulers:

NAME	USEPA ID #	ADDRESS

D. ENVIRONMENTAL PERMITS

- List all environmental control permits held by the facility in which the discharge occurs. This includes, but is not limited to, NPDES and Air permits. Attach additional sheets, if necessary.

PERMITTING AGENCY & AGENCY BRANCH IF APPLICABLE (USEPA OR IEPA)	PERMIT TYPE	IDENTIFYING #

**SECTION IX
COMPLIANCE CERTIFICATION**

Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

Yes No Not yet discharging

If no is checked, a compliance schedule needs to be included with this application.

SECTION X
CERTIFICATION

Authorized Representative Statement

I certify under penalty of law that this document and all attachments were prepared under by 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 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.

QUALIFIED PROFESSIONAL

Print Name

Title

Signature

Date

PRINCIPAL EXECUTIVE OFFICER

Print Name

Title

Signature

Date