

Four Rivers Sanitation Authority

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

WASTEWATER DISCHARGE PERMIT APPLICATION

Pursuant to the provisions of all applicable ordinances of the Four River Sanitation Authority, significant industrial users discharging into the Authority must apply for a Wastewater Discharge Permit if any of the following conditions are met:

- 1. The User has a discharge process flow of 25,000 gallons or more per average workday, or**
- 2. The User has a discharge flow greater than 5% of the flow in the Authority's wastewater treatment system, or**
- 3. The User's wastewater contains toxic pollutants as defined pursuant to Section 307 of the Act or State Statutes and Rules, or**
- 4. Authority, IEPA, or USEPA finds the User's wastewater has a significant impact, either singly or in combination with other contributing industries, on the wastewater treatment system, the quality of sludge, the system's effluent quality, or air emissions generated by the system.**
- 5. The User is a member of the National Categorical Pretreatment Standards promulgated by the USEPA in accordance with Section 307(b) and (c) of the Act, and 40 CFR Part 403.6 which applies to industrial users. For purposes of this section, "process wastewater" excludes sanitary, non-contact cooling and 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 *: _____

- E-Mail sample data results to the contact at the e-mail address indicated: Yes ____ No ____

SECTION II
WASTEWATER FLOW RATES

A. The following wastewater flow rates *to the sanitary sewer* are to be provided by the Industrial User and must be physically measured unless other verifiable techniques are approved by the Four River Sanitation Authority due to cost or non-feasibility.

Maximum Daily Flow to the Sanitary Sewer (Gals/Day)	Annual Daily Average Flow to the Sanitary Sewer (Gals/Day)

WATER USE AND DISPOSAL

Show the estimated average quantity of water received and wastewater discharged daily.

	Supply From		Discharged To		
			FRSA	Other	
Water Used For	Gals/Day	Source (1)	Gals/Day	Gals/Day	Discharge To (2)
Sanitary					
Process					
Cooling					
Lawn Sprinkling					
Boiler					
Scrubber Water (Air Pollution Control)					
Other (3)					
Total Gal/Day					

(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. Other

(2) Enter the appropriate code letter indicating the discharge point

- a. Surface Waters
- b. Storm Sewer
- c. Product
- d. Evaporation
- e. Hauled by Wastewater Hauler

(3) Other: (Please describe)

SECTION III
RAW MATERIALS AND CHEMICALS

- A. Give technical and common names of raw materials and chemicals that are used in the manufacturing or other industrial processes which are used or stored on-site. MSDS sheets for chemicals identified in this section must be available for FRSA review upon request. (For expanded list, add additional sheets)

TECHNICAL NAME	COMMON NAME	QUANTITY (units)

B. Nature and Concentration of Pollutants in Wastewater Discharge

Attach a copy of an analytical report for non-pesticide organic compounds using Method 624 and 625.

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 above data was collected (Examples: Calendar year 2000, or specific time frame: 4/1/06 through 3/31/07:

FROM DATE: _____ TO DATE: _____

POLLUTANT	BELIEVED PRESENT		NUMBER OF ANALYSES (PAST YEAR)(1)	MAXIMUM DAILY VALUE (PAST YEAR)(1)	AVERAGE OF ANALYSES (PAST YEAR)	UNITS CONC.
	YES	NO				
BOD ₅						
COD						
Chloride						
Fluoride						
Ammonia						
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						

POLLUTANT	BELIEVED PRESENT		NUMBER OF ANALYSES (PAST YEAR)(1)	MAXIMUM DAILY VALUE (PAST YEAR)(1)	AVERAGE OF ANALYSES (PAST YEAR)	UNITS CONC.
	YES	NO				
Thallium						
Zinc						
Iron						
Molybdenum						

Analytical methods shall conform to 40 CFR Part 136.

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"/> Printed Circuit Board Manufacturing * | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Machining | <input type="checkbox"/> Plasma Arc Machining |
| <input type="checkbox"/> Grinding | <input type="checkbox"/> Ultrasonic Machining |
| <input type="checkbox"/> Polishing | <input type="checkbox"/> Sintering |
| <input type="checkbox"/> Tumbling (Barrel Finishing) | <input type="checkbox"/> Laminating |
| <input type="checkbox"/> Mechanical Plating | <input type="checkbox"/> Hot Dip Coating |
| <input type="checkbox"/> Burnishing | <input type="checkbox"/> Sputtering |
| <input type="checkbox"/> Impact Deformation | <input type="checkbox"/> Vapor Plating |
| <input type="checkbox"/> Pressure Deformation | <input type="checkbox"/> Thermal Infusion |
| <input type="checkbox"/> Shearing | <input type="checkbox"/> Salt Bath Descaling |
| <input type="checkbox"/> Heat Treating | <input type="checkbox"/> Solvent Degreasing |
| <input type="checkbox"/> Thermal Cutting | <input type="checkbox"/> Paint Stripping |
| <input type="checkbox"/> Welding | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Brazing | <input type="checkbox"/> Electrostatic Painting |
| <input type="checkbox"/> Soldering | <input type="checkbox"/> Electropainting |
| <input type="checkbox"/> Flame Spraying | <input type="checkbox"/> Vacuum Metalizing |
| <input type="checkbox"/> Sand Blasting | <input type="checkbox"/> Assembly |
| <input type="checkbox"/> Testing | <input type="checkbox"/> Calibration |

*** If the facility conducts one or more of these “core” processes, it is subject to the Metal Finishing Point Source Category. If none of these processes are conducted, then the facility is not subject to the Metal Finishing Point Source Category.**

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

**NON-FERROUS METALS FORMING & METAL POWDERS
40 CFR, 471**

- Subpart A - Lead Tin Bismuth Forming
- Subpart B - Magnesium Forming
- Subpart C - Nickel-Cobalt Forming
- Subpart D - Precious Metals Forming
- Subpart E - Refractory Metals Forming

AUTO & OTHER LAUNDRIES

- Power Laundries
- Diaper Service
- Dry Cleaning Plants, Except Rug Cleaning
- Industrial Laundries

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

- Subpart F - Titanium Forming
- Subpart G - Uranium Forming
- Subpart H - Zinc Forming
- Subpart I - Zirconium-Hafnium Forming
- Subpart J - Metal Powders

- Linen Supply
- Coin-Operated Laundries & Dry Cleaning
- Carpet & Upholstery Cleaning
- Car Wash Establishments

SECTION V
WASTEWATER DISCHARGE INFORMATION

A. Give a Brief narrative description of the primary manufacturing or service activity at the facility and the applicable Standard Industrial Code(s) (SIC No.) _____

B. Give a narrative description of the location of the sampling manhole used to monitor the facility's wastewater discharge for compliance with the local limits and/or National Categorical Pretreatment Standards:

C. Number of employees:

a. Average annual number of employees

D. Provide the following wastewater flow-rate information. (New facilities may estimate)

a. Indicate the number of hours/day discharged (**Example: 8 [hours/day]**):

M _____ T _____ W _____ T _____ F _____ SAT _____ SUN _____

b. Indicate the hours of discharge per day. (**Example: 7 am - 3 pm**):

M _____ T _____ W _____ T _____ F _____ SAT _____ SUN _____

c. Peak hourly flow rate (GPH): _____

d. Maximum daily flow rate (GPD): _____

e. Annual daily average (GPD) _____

E. If batch discharge occurs or will occur, indicate: [New facilities may estimate]

a. Number of batch discharges _____ per day

b. Average discharge per batch _____ (GPD)

c. Time of batch discharges _____ at _____
(days of week) (hours of day)

d. Flow rate _____ gallons/minute

e. Percent of total discharge _____ %

F. List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process **that discharges to sanitary sewer**. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge]

CATEGORICAL PROCESS	AVERAGE FLOW (GPD)	MAXIMUM FLOW (GPD)	TYPE OF DISCHARGE (batch, continuous, none)	LIST AREA IN WHICH PROCESS WATER DISCHARGES FROM
LOCAL LIMIT REGULATED PROCESS	AVERAGE FLOW (GPD)	MAXIMUM FLOW (GPD)	TYPE OF DISCHARGE (batch, continuous, none)	LIST AREA IN WHICH PROCESS WATER DISCHARGES FROM
AIR SCRUBBER WATER				
UNREGULATED PROCESS	AVERAGE FLOW (GPD)	MAXIMUM FLOW (GPD)	TYPE OF DISCHARGE (batch, continuous, none)	LIST AREA IN WHICH PROCESS WATER DISCHARGES FROM
Sanitary				
Boiler Blow Down				
Cooling Water				
Other (List)				

G. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

- Yes
 No (skip question H)

H. Describe briefly these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed)

I. Are any water recovery systems in use or planned?

Yes

No (skip question J)

J. Describe briefly the flow allocation, water reuse, process flows, domestic flow and discharge points. Submit a flow diagram for the facility: (See Wastewater Discharge Permit Application Instructions, Figure 1 for example flow diagram.)

K. Is any waste minimization/recycling conducted at your facility?

Yes

No (skip question L)

L. Describe briefly the process of waste/minimization/recycling conducted

SECTION VI
WASTEWATER TREATMENT

A. Are any forms of wastewater treatment (see C below) practiced at this facility?

Yes

No

B. Are any forms 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)

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

D. Description

Describe the pollutant loadings, flow rates and design capacity, of each treatment facility checked above. (Attach additional sheets if necessary)

E. **Attach a process flow diagram for each existing treatment system.** (See Wastewater Discharge Permit Application Instructions, Figure 2 for Example Process Flow Diagram.) Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

N/A

F. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates. N/A

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

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

Yes No N/A

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

Yes No N/A

SECTION VII
FACILITIES OPERATIONAL CHARACTERISTICS

A. Operating Schedule

1. Shift Information

a. Indicate with a check mark the work days you operate.

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.	Thur.	Fri.	Sat.	Sun.	

b. Indicate below the number of shifts per day; i.e.: 1, 2, etc.

# 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.	Thur.	Fri.	Sat.	Sun.	

2. Indicate whether the facility discharge is:

Continuous through the year, or

Seasonal: Circle the months of the year (below) during which the business activity occurs:

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

COMMENTS:

3. 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.

4. For Categorical Users Subject to Total Toxic Organic (TTO) and Non-Categorical industrial users subject to Toxic Reactive Organic Pollutants (TROP) and Total Organic Priority Pollutants of Concern (TOPPOC) requirements:

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA or the TOPPOC and TROP definition found in Authority Code of Ordinances, Title 2?

- Yes No N/A

b. Has a Baseline Monitoring Report (BMR) been submitted which contains TTO information?

- Yes No N/A

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

- Yes No N/A

C. Facility Discharge Information

1. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering Yes No N/A

Sampling Frequency Yes No N/A

Planned: Flow Metering Yes No N/A

Sampling Frequency Yes No N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

2. Plant Diagram (Site Plan)

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. Draw below or attach a drawing a separate page(s): (See Wastewater Discharge Permit Application Instructions, Figure 3, for example Site Plan.)

**SECTION VIII
WASTE DISPOSAL**

1. Are any waste liquids or sludge generated and not disposed of in the sanitary sewer system?

Yes, please describe below

No

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

2. If any of your wastes are sent to an off-site facility, identify the respective waste and the facility.

WASTE	FACILITY

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

NAME	PERMIT #	ADDRESS

4. List all environmental control permits held by the facility in which a discharge occurs. This includes, but is not limited to NPDES and Air permit. Not special wastes. 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

SECTION X
CERTIFICATION

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 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.

RESPONSIBLE CORPORATE OFFICER

Print Name

Title

Signature

Date

(OR)

GENERAL PARTNER OR PROPRIETOR

Print Name

Title

Signature

Date

(OR)

DULY AUTHORIZED REPRESENTATIVE

Print Name

Title

Signature

Date