City of Glencoe, Wastewater Treatment Plant
SIGNIFICANT INDUSTRIAL WASTEWATER DISCHARGE PERMIT
APPLICATION FORM

SECTION A – GENERAL INFORMATION

1. Facility Name: ____________________________________________________________
   a. Operator Name: _________________________________________________________
   b. Is the operator identified in 1.a. the owner of the facility? Yes [ ] No [ ]
   If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the
   operator’s scope of responsibility for the facility.

2. Facility Address:
   Street: _________________________________________________________________
   City: ___________________________ State: ________ Zip: __________

3. Business Mailing Address:
   Street or P.O. Box: ______________________________________________________
   City: ___________________________ State: ________ Zip: __________

4. Designated signatory authority of the facility:
   [Attach similar information for each authorized representative]
   Name: __________________________________________________________________
   Title: __________________________________________________________________
   Address: __________________________________________________________________
   City: ___________________________ State: ________ Zip: __________
   Phone #: _______________________

5. Designated facility contact:
   Name: __________________________________________________________________
   Title: __________________________________________________________________
   Phone #: _______________________

SECTION B – BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below
   (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of
   business activity (check all that apply).

<table>
<thead>
<tr>
<th>Industrial Categories*</th>
<th>Foundries (Metal Molding and Casting)</th>
<th>Petroleum Refining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aluminum Forming</td>
<td>Glass Manufacturing</td>
<td>Pharmaceutical</td>
</tr>
<tr>
<td>Asbestos Manufacturing</td>
<td>Grain Mills</td>
<td>Plastics and Synthetic Materials Manufacturing</td>
</tr>
<tr>
<td>Battery Manufacturing</td>
<td>Inorganic Chemicals</td>
<td>Plastics Processing Manufacturing</td>
</tr>
<tr>
<td>Cani Making</td>
<td>Iron and Steel</td>
<td>Porcelain Enamel</td>
</tr>
<tr>
<td>Carbon Black</td>
<td>Leather Tanning and Finishing</td>
<td>Pulp, Paper, and Fiberboard Manufacturing</td>
</tr>
<tr>
<td>Coal Mining</td>
<td>Metal Finishing</td>
<td>Rubber</td>
</tr>
<tr>
<td>Copper Forming</td>
<td>Nonferrous Metals Forming</td>
<td>Soap and Detergent Manufacturing</td>
</tr>
<tr>
<td>Electric and Electronic Components Manufacturing</td>
<td>Nonferrous Metals Manufacturing</td>
<td>Steam Electric</td>
</tr>
<tr>
<td>Electroplating</td>
<td>Organic Chemicals Manufacturing</td>
<td>Sugar Processing</td>
</tr>
<tr>
<td>Feedlots</td>
<td>Paint and Ink Formulating</td>
<td>Textile Mills</td>
</tr>
<tr>
<td>Fertilizer Manufacturing</td>
<td>Paving and Roof Manufacturing</td>
<td>Timber Products</td>
</tr>
</tbody>
</table>

* A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency’s (EPA)
categorical pretreatment standards. These facilities are termed “categorical users.”
2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):


3. Indicate applicable Standard Industrial Classification (SIC) for all processes (if more than one applies, list in descending order of importance):
   a. 
   b. 
   c. 
   d. 
   e. 
   f. 

4. PRODUCT VOLUME:

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>PAST CALENDAR YEAR</th>
<th>ESTIMATE THIS CALENDAR YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Brand name)</td>
<td>Amounts per day (Daily Units)</td>
<td>Amounts per day (Daily Units)</td>
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<tr>
<td></td>
<td>Average</td>
<td>Maximum</td>
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</tbody>
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SECTION C – WATER SUPPLY

1. Water Sources: (Check as many as are applicable.)
   [ ] Private Well
   [ ] Surface Water
   [ ] Municipal Water Utility (Specify City):
   [ ] Other (Specify):

2. Name on the water bill:
   Name: ____________________________________________
   Street: __________________________________________
   City: __________________ State: ________ Zip: ________

3. Water service account number: ______________________

4. List average water service usage on premises: [New facilities may estimate]

<table>
<thead>
<tr>
<th>Type</th>
<th>Average Water Usage (GPD)</th>
<th>Indicate Estimated (E) or Measured (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Contact cooling water</td>
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<tr>
<td>b.</td>
<td>Non-contact cooling water</td>
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<tr>
<td>c.</td>
<td>Boiler feed</td>
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<td>d.</td>
<td>Process</td>
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<tr>
<td>e.</td>
<td>Sanitary</td>
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<td>f.</td>
<td>Air pollution control</td>
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<td>g.</td>
<td>Contained in product</td>
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<tr>
<td>h.</td>
<td>Plant and equipment wash down</td>
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</tr>
<tr>
<td>i.</td>
<td>Irrigation and lawn watering</td>
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<tr>
<td>j.</td>
<td>Cow Water</td>
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<tr>
<td>k.</td>
<td>Total of A-J</td>
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SECTION D – SEWER INFORMATION

1. a. For an existing business:
   Is the building presently connected to the public sanitary sewer system?
b. For a new business:
   (i). Will you be occupying an existing vacant building (such as in an industrial park)?
       [ ] Yes  [ ] No
   (ii). Have you applied for a building permit if a new facility will be constructed?
       [ ] Yes  [ ] No
   (iii). Will you be connected to the public sanitary sewer system?
       [ ] Yes  [ ] No

2. List size, descriptive location, and flow of each facility sewer that connects to the City's sewer system. (If more than three, attach additional information on another sheet.)

<table>
<thead>
<tr>
<th>Sewer Size</th>
<th>Descriptive Location of Sewer Connection or Discharge Point</th>
<th>Average Flow (GPD)</th>
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SECTION E - WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City sewer?
   [ ] Yes  If the answer to this question is "yes," complete the remainder of the application.
   [ ] No   If the answer to this question is "no," skip to Section I.

2. Provide the following information on wastewater flow rate: [New facilities may estimate]
   a. Hours/Day Discharged (e.g., 8 hours/day):
      M _______ T _______ W _______ TH _______ F _______ SAT _______ SUN _______
   b. Hours of Discharge (e.g., 9 a.m. to 5 p.m.):
      M _______ T _______ W _______ TH _______ F _______ SAT _______ SUN _______
   c. Peak hourly flow rate (GPD)  
   d. Maximum daily flow rate (GPD)  
   e. Annual daily average (GPD)  

3. 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) at _________ (hours of day)
   d. Flow rate _________ Gallons/minute.
   e. Percent of total discharge _________.
4. Schematic Flow Diagram – For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate waste streams. Include the average daily volume and maximum daily volume of each waste stream [new facilities may estimate]. If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing the unit processes in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer.

Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

5. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge.]

<table>
<thead>
<tr>
<th>No.</th>
<th>Process Description</th>
<th>Average Flow (GPD)</th>
<th>Maximum Flow (GPD)</th>
<th>Type of Discharge (batch, continuous, none)</th>
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ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS.

6. For Categorical Users: Provide the wastewater discharge flow for each for your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge.]

<table>
<thead>
<tr>
<th>No.</th>
<th>Regulated Process</th>
<th>Average Flow (GPD)</th>
<th>Maximum Flow (GPD)</th>
<th>Type of Discharge (batch, continuous, none)</th>
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<tr>
<th>No.</th>
<th>Unregulated Process</th>
<th>Average Flow (GPD)</th>
<th>Maximum Flow (GPD)</th>
<th>Type of Discharge (batch, continuous, none)</th>
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<tr>
<th>No.</th>
<th>Dilutions</th>
<th>Average Flow (GPD)</th>
<th>Maximum Flow (GPD)</th>
<th>Type of Discharge (batch, continuous, none)</th>
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7. For Categorical Users Subject to Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) information.

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 the EPA?

[ ] Yes [ ] No

b. Has a baseline monitoring report (BMR) that contains TTO information been submitted?

[ ] Yes [ ] No

c. Has a toxic organics management plan (TCMP) been developed?

[ ] Yes (Please attach a copy) [ ] No

8. 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 Equipment [ ] Yes [ ] No [ ] N/A

Planned: Flow Metering [ ] Yes [ ] No [ ] N/A

Sampling Equipment [ ] 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:
9. 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 10)

Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

10. Are any materials or water reclamation systems in use or planned?

[ ] Yes  [ ] No (skip question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

SECTION F – CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. DO NOT LEAVE BLANKS. For all other (non-regulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 138; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed waste streams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.

SECTION G – TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility?  [ ] Yes  [ ] No

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

[ ] Yes, describe ____________________________________________  [ ] No

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

[ ] Air flotation     [ ] Ozonation
[ ] Centrifuge       [ ] Reverse osmosis
[ ] Chemical precipitation   [ ] Screen
[ ] Chlorination    [ ] Sedimentation
[ ] Cyclone         [ ] Septic tank
[ ] Filtration      [ ] Solvent separation
[ ] Flow equalization     [ ] Spill protection
[ ] Grease or oil separation, type: ____________________________  [ ] Sump
[ ] Grease trap   [ ] Biological treatment, type: ______________________
[ ] Grinding filter [ ] Rainwater diversion or storage
[ ] Grit removal   [ ] Other chemical treatment, type: ______________________
[ ] Ion exchange [ ] Other physical treatment, type: ______________________
[ ] Neutralization, pH correction [ ] Other, type: ______________________

4. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.
5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

6. 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.

7. Do you have a treatment operator? [ ] Yes [ ] No
   (If Yes,) Name: __________________________ Title: __________________________
   Phone: __________________________
   Full Time: __________ (specify hours) Part Time: __________ (specify hours)

8. Do you have a manual on the correct operation of your treatment equipment? [ ] Yes [ ] No

9. Do you have a written maintenance schedule for your treatment equipment? [ ] Yes [ ] No

SECTION H – FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

   Work Days
   Gravel: [ ] Mon. [ ] Tue. [ ] Wed. [ ] Thurs. [ ] Fri. [ ] Sat. [ ] Sun.
   Shifts per work day:
   1st Empl's per shift: ________ ________ ________ ________ ________ ________ ________
   2nd ________ ________ ________ ________ ________ ________ ________
   3rd ________ ________ ________ ________ ________ ________ ________
   Shift start and
   end times
   1st ________ ________ ________ ________ ________ ________ ________
   2nd ________ ________ ________ ________ ________ ________ ________
   3rd ________ ________ ________ ________ ________ ________ ________

2. Indicate whether the business activity 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: __________________________

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

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

6. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacturer’s Safety Data Sheets (if available) for all chemicals identified.

   Chemical: __________________________ Quantity: __________________________
7. 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. This drawing must be certified by a State Registered Professional Engineer.

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

SECTION I – SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility? [ ] Yes [ ] No
   If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)? [ ] Yes [ ] No If yes, where do they discharge to?

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to discharge to:
   (check all that apply).
   [ ] an onsite disposal system
   [ ] public sanitary sewer system (e.g., through a floor drain)
   [ ] storm drain
   [ ] not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority’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 discharges only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J – NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?
   [ ] Yes, please describe below
   [ ] No, skip the remainder of Section J

<table>
<thead>
<tr>
<th>Waste Generated</th>
<th>Quantity (per year)</th>
<th>Disposal Method</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and facility.

4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:
   a. ________________________________  b. ________________________________

   Permit No. (if applicable):
   Permit No. (if applicable):

5. Have you been issued any Federal, State, or local environmental permits?
   [ ] Yes   [ ] No
   If yes, please list the permit(s): ________________________________
SECTION K - AUTHORIZED SIGNATURES

Compliance Certification:

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?
   [ ] Yes    [ ] No    [ ] Not yet discharging

2. If No:
   a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.
   b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

<table>
<thead>
<tr>
<th>Milestone Activity</th>
<th>Completion Date</th>
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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.

Name(s) __________________________

Signature __________________________

Title __________________________

Date __________________________

Phone __________________________