

**DUPAGE COUNTY
DEPARTMENT OF PUBLIC WORKS**

421 N. COUNTY FARM ROAD
WHEATON, ILLINOIS 60187
630.407.6800



**NONRESIDENTIAL WASTEWATER DISCHARGE PERMIT APPLICATION FORM
AND/OR BASELINE MONITORING REPORT**

(One questionnaire is required for each location)

BASELINE MONITORING REPORT FORM

SECTION A --- GENERAL INFORMATION

1. Facility Name: _____

2. Facility Address:
Street: _____

City: _____ State: _____ Zip: _____

3. Business Mailing Address:
Street or PO 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 #: () _____ Email: _____

5. Designated Facility Contact Person:

Name: _____

Title: _____

Phone #: () _____ **Email:** _____

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 (PLEASE CHECK ALL THAT APPLY).

INDUSTRIAL / NON-RESIDENTIAL CATEGORIES **

CATEGORY	CATEGORY	CATEGORY	CATEGORY
Aluminum Forming	Explosives Manufacturing	Meat Products	Porcelain Enameling
Asbestos Manufacturing	Feedlots	Medical Office	Printing
Automotive Repair (including cars, trucks, diesel, trailer/tankers)	Ferroalloy Manufacturing	Metal Finishing	Pulp, Paper & Paperboard
Automotive Wash (including tankers)	Fertilizer Manufacturing	Metal Molding & Casting	Restaurant / Cafeteria
Battery Manufacturing	Glass Manufacturing	Mineral Mining & Processing	Rubber Manufacturing
Bug Extermination	Grain Mills	Nonferrous Metals Forming & Metal Powders	Soap & Detergent Manufacturing
Canned & Preserved Fruits & Vegetables	Gum & Wood Chemicals Manufacturing	Nonferrous Metals Manufacturing	Steam Electric Power Generating
Canned & Preserved Seafood	Hazardous Waste Combustors	OCPSF	Sugar Processing
Carbon Black Manufacturing	Hospitals	Oil & Gas Extraction	Textile Mills
Cement Manufacturing	Industrial Laundries	Ore Mining & Dressing	Timber Products
Centralized Waste Treatment	Ink Formulating	Paint Formulating	Transportation Equipment Cleaning
Coal Mining	Inorganic Chemicals	Paving & Roofing Materials	Warehouse / Shipping/ Offices
Coil Coating	Iron & Steel Manufacturing	Pesticide Chemicals	Other:
Copper Forming	Laboratory	Petroleum Refining	Other:
Dairy Products	Landfills	Pharmaceutical Manufacturing	Other:
Dentist	Landscaping	Phosphate Manufacturing	
Electrical & Electronic Components	Laundromat/ Dry Cleaners	Photo Processing	
Electroplating	Leather Tanning & Finishing	Photographic	
Engraving	Machine Shop	Plastics Molding & Forming	

**** A facility with processes inclusive in these areas may be covered by the USEPA general pretreatment guidelines regulations (40 CFR PART 136) and the DUPAGE COUNTY sewer use ordinance.**

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) Codes for all processes (If more than one applies, please list in descending order of importance.):

a. _____ b. _____ c. _____
 d. _____ e. _____ f. _____

SECTION C --- WATER SUPPLY

1. Water Sources:(check all that apply)

- PRIVATE WELL
- SURFACE WATER
- MUNICIPAL WATER UTILITY (SPECIFY CITY) _____
- OTHER (SPECIFY) _____

2. Name on water bill: _____
 Street: _____
 City: _____
 State: _____ zip code: _____

3. Water service Account Number: _____

4. List average water service usage on this Premises: (New facilities may estimate)

TYPE	AVERAGE WATER USAGE (GPD)	INDICATE (E) ESTIMATE OR (M) MEASURED
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler feed	_____	_____
d. Process	_____	_____
e. Sanitary	_____	_____
f. Air pollution control	_____	_____
g. Contained in product	_____	_____
h. Plant / equipment wash down	_____	_____
i. Irrigation / lawn watering	_____	_____
j. Other	_____	_____
k. Total of a - j	_____	_____

SECTION D --- SEWER INFORMATION

1. For an existing business:

Is this building presently connected to the Public Sanitary Sewer System?

Yes: Sanitary sewer account number _____

No:

2. List size, location, and flow direction of each facility sewer which connects to DuPage County Sewer System, also indicate if you have a (sampling manhole) on your premises and indicate its location.

3. (FOR COUNTY USE) FLOW DISCHARGES TO, OR WILL DISCHARGE TO:

WOODRIDGE

KNOLLWOOD

NORDIC

SECTION E --- WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater which is different from normal household type waste into the County sewer?

Yes If the answer is "yes", complete the remainder of this application.

No If the answer 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., 9am to 5pm)

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

c. How many employees per the day shift? _____

d. Do you have shift work? yes no (If yes, specify hours and number of employees on each shift).

e. Peak hourly flow rate (GPD) _____

f. Maximum daily flow rate (GPD) _____

g. 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 in gallons per day: _____
- c. Time of batch discharges _____ at _____
(days of week) (hours of day)
- d. Flow rate in gallons per minute: _____
- e. Percent of total discharge which batch represents: _____

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 the maximum daily volume of each waste stream (new facilities may estimate). If the estimates are used for flow data, this must be so indicated. Number each unit process having wastewater discharges to the sanitary sewer system.

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

No.	Process Description	Ave. Flow (GPD)	Max. Flow (GPD)	Discharge Type batch, continuous, none
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS.

6. Provide the wastewater discharge flows for each of your processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge)

No.	Regulated process	Ave. Flow (GPD)	Max. Flow (GPD)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

No.	Unregulated Process	Ave. Flow (GPD)	Max. Flow (GPD)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

No.	Dilutions	Ave. Flow (GPD)	Max. Flow (GPD)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. For Categorical Users Subject to Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) information

- a. Does (or will) this facility use any 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) been submitted to DuPage County, which contains any TTO information?
 Yes No

- c. Has a Toxic Organics Management Plan (TOMP) been developed?
 Yes 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 that may affect the discharge.

Yes No (Skip question 10)

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

11. Are any materials or water reclamation systems used 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 CHEMICALS AND COMPOUNDS

All current industrial users are required to submit data on all pollutants that are regulated by DuPage County Sewer Use Ordinance and the USEPA Pretreatment Guidelines.

Use the tables provided in this section to identify any and all substances that (is or will be) used at this facility. (Please place a check mark next to all that apply.)

1. Please place a check mark next to the following chemicals or groups of chemicals that are used at this facility:

- | | |
|--|--|
| <input type="checkbox"/> ammonia or ammonia compounds | <input type="checkbox"/> acids |
| <input type="checkbox"/> inks, dyes or coloring agents | <input type="checkbox"/> bases (caustic, alkali) |
| <input type="checkbox"/> animal or vegetable (fats, oils, greases) | <input type="checkbox"/> solvents(other than cleaning) |
| <input type="checkbox"/> petroleum oil | <input type="checkbox"/> cleaning solvents |
| <input type="checkbox"/> phenolic compounds | <input type="checkbox"/> soluble metals or metal salts |
| <input type="checkbox"/> radioactive elements | <input type="checkbox"/> other compounds |

2. Metallic Compounds

_____ antimony	_____ arsenic	_____ beryllium
_____ cadmium	_____ chromium	_____ copper
_____ lead	_____ mercury	_____ molybdenum
_____ nickel	_____ selenium	_____ silver
_____ thallium	_____ zinc	

3. Miscellaneous:

_____ asbestos	_____ cyanide	_____ phenols
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4. Volatile Organic Compounds:

_____ acetone	_____ acetonitrile
_____ acrylonitrile	_____ allyl alcohol
_____ benzyl chloride	_____ bromodichloromethane
_____ acrolein	_____ benzene
_____ bromoform	_____ bromomethane
_____ 2 - butanone (methyl ethyl ketone)	_____ carbon disulfide
_____ carbon tetrachloride	_____ chlorobenzene
_____ chlorodibromomethane	_____ chloroethane
_____ 2 - chloroethyl vinyl ether	_____ chloroform
_____ chloromethane	_____ chloroprene
_____ dibromochloromethane	_____ 1,2 - dibromo - 3 - chloropropane
_____ 1,2 - dibromoethane	_____ dibromoethane
_____ 1,4 dichloro - 2 - butene	_____ dichlorodifluoromethane
_____ 1,1 - dichloroethane	_____ 1,2 - dichloroethane
_____ trans - 1,2 - dichloropropane	_____ 1,2 - dichloropropane
_____ cis - 1,3 - dichloropropene	_____ trans - 1,3 - dichloropropene
_____ ethylbenzene	_____ ethyl methacrylate
_____ 2 - hexanone	_____ isobutyl alcohol
_____ methacrylonitrile	_____ methylene chloride
_____ methyl iodide	_____ methyl methacrylate
_____ 4 - methyl - 2 pentanone	_____ pentachloroethane
_____ propionitrile	_____ styrene
_____ 1,1,1,2 - tetrachloroethane	_____ 1,1,2,2 - tetrachloroethane
_____ tetrachloroethylene	_____ toluene
_____ 1,1,1 - trichloroethane	_____ 1,1,2 - trichloroethane
_____ trichloroethane	_____ trichlorofluoromethane
_____ 1,2,3 - trichloropropane	_____ vinyl acetate
_____ vinyl chloride	_____ xylenes

5. Base Neutral Organic Compounds:

_____ acenaphthene	_____ acenaphthylene
_____ acetophenone	_____ 2 - acetaminofluorine
_____ 1 - acetyl - 2 - thiourine	_____ 2 - aminoanthraquinone
_____ aminoazobenzene	_____ aminobiphenyl
_____ anilazine	_____ o - anisidine
_____ anthracene	_____ aramite

_____	benzidene	_____	benzo(a)anthracene
_____	benzo(b)fluoranthene	_____	benzo(k)fluoranthene
_____	benzo(g,h,i)perylene	_____	benzo(a)pyrene
_____	p - benzoquinone	_____	benzyl alcohol
_____	bis(2 - chloroethoxy)methane	_____	bis(2 - chloroethyl)ether
_____	bis(2 - chloroisopropyl)ether	_____	bis(2 - ethylhexyl)phthalate
_____	4 - bromophenylphenylether	_____	butylbenzylphthalate
_____	4 - chloroaniline	_____	5 - chloro - 2 - methylaniline
_____	3 - (chloromethyl)pyridine hydrochloride	_____	2 - chloronaphthalene
_____	4 - (chlorophenyl)phenylether	_____	chrysene
_____	p - chresidine	_____	2,4 - diaminotoluene
_____	dibenz(a,j)acridine	_____	dibenzo(a,h)anthracene
_____	dibenzofuran	_____	dibenzo(a,e)pyrene
_____	di - n - butyphthalate	_____	1,2 - dichlorobenzene
_____	1,3 - dichlorobenzene	_____	1,4 - dichlorobenzene
_____	3,3 - dichlorobenzidene	_____	diethylphthalate
_____	diethylstilbesterol	_____	diethyl sulfate
_____	3,3 - dimethoxybenzidene	_____	dimethylaminoazobenzene
_____	7,12 - dimethylbenz(a)anthracene	_____	3,3 - dimethylbenzidene
_____	dimethylphthalate	_____	1,2 - dinitrobenzene
_____	1,3 - dinitrobenzene	_____	1,4 - dinitrobenzene
_____	2,4 - dinitrotoluene	_____	2,6 - dinitrotoluene
_____	dioctylphthalate	_____	diphenylhydantoin
_____	1,2 - diphenylhydrazine	_____	ethyl methanesulfonate
_____	fluorene	_____	fluoranthene
_____	hexachlorobenzene	_____	hexachlorobutadiene
_____	hexachlorocyclopentadiene	_____	hexachloroethane
_____	hexachloropropane	_____	indeno(1,2,3 - cd) - pyrene
_____	isophorone	_____	isosafole
_____	mestranol	_____	methapyrilene
_____	3 - methylcholanthrene	_____	methylnmethanesulfonate
_____	methylnaphthalene	_____	naled
_____	naphthalene	_____	naphthoquinone
_____	1 - naphthylamine	_____	2 - naphthylamine
_____	nicotine	_____	nitroacenaphthene
_____	2 - nitroaniline	_____	3 - nitroaniline
_____	4 - nitroaniline	_____	5 - nitro - o - anisidene
_____	nitrobenzene	_____	nitrofen
_____	4 - nitrobiphenyl	_____	n - nitrodimethylamine
_____	4 - nitroquinoline - 1 - oxide	_____	n - nitrosodibutylamine
_____	n - nitrosodiethylamine	_____	n - nitrosodiphenylamine
_____	n - nitrosodi - n - propylamine	_____	n - nitrosopiperidine
_____	n - nitrosopyrrolidine	_____	5 - nitro - o - toluidine
_____	4,4 - oxydianiline	_____	pentachlorobenzene
_____	phenacetin	_____	phenanthrene
_____	1,4 - phenyenediamine	_____	phthalic anhydride
_____	pronamide	_____	pyrene
_____	pyridine	_____	resorcinol
_____	safrole	_____	strychnine
_____	1,2,4,5 - tetrachlorobenzene	_____	2,3,7,8 - tetrachloro dibenzo
_____	1,2,4 - trichlorobenzene	_____	p - dioxin (tcdd)

_____ o - toluidine
_____ 1,3,5 - trinitrobenzene

_____ 2,4,5 - trimethylaniline

6. Acid Organic Compounds:

_____ benzoic acid
_____ 2 - chlorophenol
_____ 2,6 - dichlorophenol
_____ 2,4 - dinitrophenol
_____ 2 - methylphenol
_____ 4 - methylphenol
_____ 4 - nitrophenol
_____ phenol
_____ 2,4,5 - trichlorophenol

_____ 4 - chloro - 3 - methylphenol
_____ 2,4 - dichlorophenol
_____ 2,4 - dimethylphenol
_____ 2 - methyl - 4 - 6 - dinitrophenol
_____ 3 - methylphenol
_____ 2 - nitrophenol
_____ pentachlorophenol
_____ 2,3,4,6 - tetrachlorophenol
_____ 2,4,6 - trichlorophenol

7. Pesticide / PCB Compounds

_____ aldrin
_____ beta - BHC
_____ delta - BHC
_____ 4,4 - DDD
_____ 4,4 - DDT
_____ endosulfan I
_____ endosulfan sulfate
_____ endrin aldehyde
_____ heptachlor epoxide
_____ methoxychlor
_____ parathion
_____ PCB (any isomer)

_____ alpha - BHC
_____ gamma - BHC
_____ chlordane
_____ 4,4 - DDE
_____ dieldrin
_____ endosulfan II
_____ endrin
_____ heptachlor
_____ malathion
_____ methylparathion
_____ toxaphene

8. CHECK USAGE OF THESE OTHER MISCELLANEOUS CHEMICALS

_____ acetaldehyde
_____ acetic anhydride
_____ acetyl bromide
_____ adipic acid
_____ allyl chloride
_____ ammonia and Ammonia Salts
_____ aniline
_____ benzoyl chloride
_____ butylacetate
_____ butylamine
_____ calcium carbide
_____ calcium hypochlorite
_____ carbaryl
_____ carbon disulfide
_____ chlorpyrifos
_____ chromic acetate
_____ chromic sulfate
_____ cobalt and cobalt salts
_____ crotonaldehyde

_____ acetic acid
_____ acetone cyanohydrin
_____ acetyl chloride
_____ allyl alcohol
_____ aluminum sulfate
_____ amyl acetate
_____ benzonitrile
_____ benzyl chloride
_____ N - butylphthalate
_____ butyric Acid
_____ calcium dodecylbenzenesulfonate
_____ captan
_____ carbofuran
_____ chlorine
_____ chlorosulfonic acid
_____ chromic acid
_____ chromus chloride
_____ cresol
_____ copper and copper salts

_____	cyclohexane	_____	2,4 - dichlorophenoxyacetic acid and esters
_____	dicamba	_____	2,2 - dichloropropionic acid
_____	dichlobenil	_____	diethylamine
_____	dichlorvos	_____	diquat
_____	dimethylamine	_____	diuron
_____	disulfoton	_____	epichlorohydrin
_____	dodecylbenzenesulfonic acid	_____	ethylenediamine
_____	ethion	_____	ethylene dichloride
_____	ethylene dibromide	_____	formic acid
_____	formaldehyde	_____	furfural
_____	fumaric acid	_____	hydrochloric acid
_____	guthion	_____	hydrogen sulfide
_____	hydrofluoric acid	_____	isopropanol amine
_____	isoprene	_____	kelthane
_____	isopropanolaminododecylbenzene sulfonate	_____	kepone
_____	maleic anhydride	_____	maleic acid
_____	methyl mercaptan	_____	mercaptodimethur
_____	mevinphos	_____	methyl methacrylate
_____	monoethylamine	_____	mexacarbate
_____	napthenic acid	_____	monomethylamine
_____	nitrogen dioxide	_____	nitric acid
_____	phenolsulfonate	_____	paraformaldehyde
_____	phosphoric acid	_____	phosgene
_____	phosphorus oxychloride	_____	phosphorus
_____	potassium hydroxide	_____	phosphorus pentasulfide
_____	propargite	_____	potassium permanganate
_____	propionic anhydride	_____	propionic acid
_____	pyrethrins	_____	propylene oxide
_____	selenium / selenium compounds	_____	quinoline
_____	sodium bifluoride	_____	sodium
_____	sodium dodecylbenzenesulfonate	_____	sodium bisulfite
_____	sodium fluoride	_____	sodium hydrosulfide
_____	sodium hydroxide	_____	sodium hypochlorite
_____	sodium methylate	_____	sodium phosphate(dibasic)
_____	sodium phosphate (tribasic)	_____	sulfuric acid
_____	sulfur monochloride	_____	2,4,5 - trichlorophenoxyacetic acid and it's amines, salts, and esters
_____	2,4,5 - trichlorophenoxypropanoic acid and it's amines, salts, and esters	_____	tetrachlorodiphenyl ethane
_____	tetraethyl pyrophosphate	_____	triethanol amine
_____	trimethylamine	_____	triethanolamine dodecyl benzenesulfonate
_____	triethylamine	_____	vanadium / vanadium compounds
_____	uranium / uranium compounds	_____	vinylidene chloride
_____	vinyl acetate	_____	zirconium / zirconium salts
_____	xyleneol		

SECTION G --- TREATMENT OR PRETREATMENT

1. Is any form of treatment or pretreatment practiced at this facility? Yes No

2. Is any form of wastewater treatment or pretreatment (or changes to an existing 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).

- | | | |
|---|--|---|
| <input type="checkbox"/> air flotation | <input type="checkbox"/> centrifuge | <input type="checkbox"/> chemical precipitation |
| <input type="checkbox"/> chlorination | <input type="checkbox"/> cyclone | <input type="checkbox"/> coagulation / filtration |
| <input type="checkbox"/> flow equalization | <input type="checkbox"/> oil/grease separation | <input type="checkbox"/> triple basin grease trap |
| <input type="checkbox"/> grinding filter | <input type="checkbox"/> grit removal | <input type="checkbox"/> ion exchange |
| <input type="checkbox"/> pH correction/neutralization | <input type="checkbox"/> ozonation | <input type="checkbox"/> reverse osmosis |
| <input type="checkbox"/> screening | <input type="checkbox"/> sedimentation | <input type="checkbox"/> septic tank |
| <input type="checkbox"/> solvent separation | <input type="checkbox"/> spill protection | <input type="checkbox"/> sump pit |

biological treatment (specify): _____

physical treatment (specify): _____

chemical treatment (specify): _____

other (specify): _____

4. Describe the pollutant loading, flow rates, design capacity, physical size and operating procedures of each treatment or pre-treatment unit checked above. (If additional space is needed attach information with this form).

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 system. Please include estimated completion dates.

7. Do you have a treatment operator? Yes No If yes, please provide the following:

Name: _____

Title: _____

Full Time: _____

Part Time: _____

Is (he or she) Certified? Yes No

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

SECTION H --- FACILITY OPERATIONAL CHARACTERISTICS

1. Indicate whether your business activity is:

Continuous through the year, or

Seasonal ---- circle the months in which business activities occur:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Comments: _____

2. Indicate whether the facility discharge is:

Continuous through the year, or

Seasonal ---- circle the months within the year that business activity occurs:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Comments: _____

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

Yes, indicate reasons and period when shutdowns occur. _____

No

4. List types and quantity of chemicals used or planned for use (attach list if needed) .

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 locations, contents, size, type, and frequency and method of cleaning. Also, please indicate their proximity to a sewer or storm drain. (use a separate sheet of paper)

2. Do you have floor drains in your work areas, manufacturing or chemical storage area(s).

Yes No If yes, where do these drains discharge to? _____

3. If you have chemical storage containers, bins, or ponds in the work or manufacturing areas, could an accidental spill lead to discharge to: (check all that apply)

an onsite disposal system?

the sanitary sewer system (e.g., through a floor drain)?

the storm water collection system?

the ground?

other (specify)? _____

not applicable, no possible discharge to any of the above routes.

4. Do you have a spill prevention plan to prevent or contain spills of chemicals or slug discharges from entering the DuPage County Sanitary Sewer System?

Yes (Please enclose a copy of it with this form)

No

N/A (Not applicable since there are no floor drains and/or this facility discharges only domestic wastes)

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

SECTION J --- NON DISCHARGED WASTES

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

Waste Generated	Gallons or Pounds / year	Disposal Method

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 the facility _____

4. If any outside firm(s) remove(s) any of the above checked wastes, state the name(s) and address(es) of all waste haulers and their permit numbers (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, and local pretreatment standards and requirements being met on a consistent basis? [] Yes [] No
- a. If no, what additional operations and maintenance procedures are being considered to bring the facility into compliance?

- b. If no, provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if DuPage County issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

2. A STATEMENT OF CERTIFICATION AS TO THE ACCURACY AND COMPLETENESS OF THIS SUBMITTAL MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE INDUSTRIAL USER.

THE AUTHORIZED REPRESENTATIVE MUST BE (as per 40 C.F.R. PART 403.k):

- a. In the case of a corporation , a president, secretary, treasurer, or vice president of the corporation in charge of a principal business function:
- b. In the case of a partnership or proprietorship a general or partner or proprietor; or
- c. An authorized representative, or the individual designated above if a) such representative is responsible for the overall operation of the facilities from which the discharge into the POTW originates; b) the authorization is in writing by the Industrial User; and c) such written authorization is submitted to the COUNTY at the time of, or prior to, the submittal of forms executed by the authorized representative.

I, the undersigned, 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 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. Additionally, I certify that any sampling and analysis conducted is representative of normal work cycles and expected pollutant discharges to the POTW.

Name: (Printed or Typed) _____
 Daytime phone number: () _____
 Title: _____
 Signature: _____
 Date: _____

For All Industrial Users (where applicable):

I, as a qualified professional with knowledge of the discharge composition of the described facility, hereby attest that all applicable pretreatment standards **are** being met by this facility on a consistent basis.

Name:(Printed or Typed) _____
 Signature: _____ Date: _____