

PROOF OF SERVICE

The undersigned attorney certifies, under penalties of perjury pursuant to 735 ILCS 5/1-109, that he caused a copy of the attached **Appearance** to be served via First Class Mail, postage paid, from 1415 Black Road, Joliet, Illinois on the 25th day of July, 2018 to:

See Attached Service List

/s/ MICHAEL R. STIFF

One of Its Attorneys

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BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

CITY OF CREST HILL,)
)
)
 Petitioner,)
)
 v.) **PCB 2016-014**
)
 ILLINOIS ENVIRONMENTAL PROTECTION)
 AGENCY,)
)
 Respondent.)

APPEARANCE

Now come the undersigned attorneys, SPESIA & TAYLOR, and hereby enter their appearance on behalf of the Petitioner, CITY OF CREST HILL.

CITY OF CREST HILL

By: /s/ MICHAEL R. STIFF
Its Attorneys, Spesia & Taylor

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Christian G. Spesia #06226155
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BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

CITY OF CREST HILL,)	
)	
)	
Petitioner,)	
)	
v.)	PCB 2016-014
)	
ILLINOIS ENVIRONMENTAL PROTECTION)	
AGENCY,)	
)	
Respondent.)	

NOTICE OF FILING

To: See Attached Service List

PLEASE TAKE NOTICE that on the 25th day of July, 2018, the City of Crest Hill electronically filed with the Office of the Clerk of the Illinois Pollution Control Board an **Individual Submittal in Support of Petition for Chloride Time-Limited Water Quality Standard for the Defined Chicago Area Water System/Des Plaines River Watershed**, a copy of which is hereby served upon you.

Dated: July 25, 2018

CITY OF CREST HILL

By: /s/ MICHAEL R. STIFF
Its Attorneys, Spesia & Taylor

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PROOF OF SERVICE

The undersigned attorney certifies, under penalties of perjury pursuant to 735 ILCS 5/1-109, that he caused a copy of the foregoing **Individual Submittal in Support of Petition for Chloride Time-Limited Water Quality Standard for the Defined Chicago Area Water System/Des Plaines River Watershed**, to be served via First Class Mail, postage paid, from 1415 Black Road, Joliet, Illinois on the 25th day of July, 2018 to:

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ILLINOIS POLLUTION CONTROL BOARD

Docket Numbers: PCB 2016-14, PCB 2016-15, PCB 2016-16, PCB 2016-17, PCB 2016-18,
PCB 2016-20, PCB 2016-21, PCB 2016-22, PCB 2016-23, PCB 2016-25, PCB 2016-26,
PCB 2016-27, PCB 2016-29, PCB 2016-30, PCB 2016-31, PCB 2016-33
(Time-Limited Water Quality Standard) (Consolidated)

*Watershed, Waterbody, Waterbody Segment Time Limited Water Quality Standard (TLWQS)
Individual Submittal*

This Individual Submittal supplements the Joint Submittal in Support of Petition for Chloride Time-Limited Water Quality Standard for the Defined Chicago Area Waterway System/Des Plaines River Watershed (Joint Submittal), submitted in the above-referenced docket numbers. The Joint Submittal incorporated by reference, together with this Individual Submittal, satisfies the requirements of 35 IAC Part 014, Subpart E for each Facility.

An Individual Submittal must be made for each Facility discharging to either the Chicago Area Waterway System or Lower Des Plaines River that seeks to be covered by the TLWQS in this Docket.

This Individual Submittal must be made no later than July 26, 2018 for continued coverage (or initial coverage for new petitioners) under the current stay of effectiveness of the chlorides standards, found in 35 IAC 302.407(g)(2) and (g)(3).

Individual Discharger Information

1. Facility Name of Individual Discharger: Crest Hill East STP/Crest Hill MS4
2. Owner/Operator of Facility: Crest Hill
3. Address of Facility: 1610 Plainfield Rd, Crest Hill IL 60403
4. Contact Information for Facility's Responsible Official:
Name: Mar Siefert Title: Director of Water/Wastewater
Mailing Address: 1610 Plainfield Road, Crest Hill, IL 60403
Phone Number: 815-723-8671 Email: msiefert@cityofcresthill.com
5. Permit Number of Facility (include both NPDES Permits and MS4 Permits that may be affected by the TLWQS): NPDES IL0064998 MS4 ILR40
6. Are there any pending permit applications filed with Illinois Environmental Protection Agency that do not appear as part of the Joint Submittal's Appendices 5 and 6?
 Yes No
If Yes, provide the application number for the pending permit(s): IL0064998

7. Facility discharges to the: Chicago Area Waterway System (CAWS)
 Lower Des Plaines River (LDPR)
8. Select Category of Facility:
 POTW Community with CSO Outfalls Industrial Source MS4
 Illinois Department of Transportation/Tollway Salt Storage Facility

Location of Individual Discharger

9. Each Individual Submittal must provide the specific location information for the facility seeking coverage under the TLWQS. Select the location of the discharge from the facility from the list below:

The CAWS includes the following reaches:

- Chicago River, North Branch of the Chicago River,
 South Branch of the Chicago River, Chicago Sanitary and Ship Canal,
 Cal-Sag Channel, Grand Calumet River, Lake Calumet,
 Lake Calumet Connecting Channel, Calumet and Little Calumet Rivers, and
 North Shore Channel

The LDPR includes the following areas:

- Des Plaines River from the Kankakee River to the Will County Line,
 Hickory Creek, Union Ditch, Spring Creek, Marley Creek, and
 East Branch of Marley Creek

10. The specific discharge locations for the Facility are:

- a. Outfall number(s): IL0064998A01, IL0064998001
- b. General description of outfall location:
41.572, -88.0820
- c. Outfall(s) appears on CAWS or LDPR list of Discharge Points (Joint Submittal Appendices 5 and 6): Yes No

TLWQS Requirements

11. Can the Facility achieve compliance with the chlorides standard by the compliance date?
(Only facilities that cannot achieve compliance are eligible for coverage by the TQLWS.)
 Yes No

12. (Optional) As referenced in Chapter 2 of the Joint Submittal, an Individual Discharger may provide supplemental information regarding any circumstances unique to the Facility regarding its inability to comply with the chlorides standard by the compliance date, including the nature and extent of the present or anticipated failure to meet the water quality standards and facts supporting that compliance with the water quality standards regulation cannot be achieved by any required compliance date.

13. Has any prior variance applied to the discharge from this Facility? ____ Yes No

If yes, please identify the variance providing similar relief, including any Illinois Pollution Control Board docket number issued to the Individual Discharger, watershed, water body, waterbody segment, and if known, the Individual Discharger's predecessors.

Facility-Specific TLQWS Requirements

14. The Facility agrees to implement all of the BMPs included for the MS4 Category (from #8, above) for the Facility that are specified for implementation in snow/deicing practices in Chapter 2 of the Joint Submittal.

15. Identify any past or currently in-use Best Management Practice(s) (BMPs) at the Facility for minimizing the discharge of chlorides.

Salt storage on impermeable covered pad, annual calibration of salt spreaders, pre-wet and anti icing, pavement temperature measurement devices, salt quantities tracked, annual winter on best practices for snow ice operations.

16. Will any additional BMPs, beyond those included for the Category of the Facility for implementation in snow/deicing practices in Chapter 2 of the Joint Submittal, be implemented? ____ Yes No

If Yes, describe any additional BMPs:

17. By six (6) months after the effective date of the TLWQS, each Facility covered by the TLWQS must have a Pollutant Minimization Plan (PMP) that contains specific details as to how the BMPs will be implemented and include measurements and sampling protocols, frequency, and recordkeeping and reporting obligations, including appropriate elements from the documentation procedures identified in Appendix 54 of the Joint Submittal. Chapter 9 of the Joint Submittal describes these requirements in more detail.

Has the Facility already developed a PMP to address its discharge of chlorides?

Yes No

If Yes, what is the date of the Pollutant Minimization Plan (PMP)? _____

If the Facility has not already developed the described PMP, does the Facility agree to develop the described PMP no later than six (6) months after the effective date of the TLWQS? Yes No


Certification

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 & Official Title (*Type or Print*)

Mark Siefert

Signature



Date Signed

7-24-18
