### BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

		PCB 2019-25
VILLAGE OF DOLTON,	)	Control Board
Petitioner,	)	STATE OF ILLINOIS Control Board
***	)	JUL 26 2018
VS.	) PCB 16-14	CLERK'S OFFICE
ILLINOIS ENVIRONMENTAL	)	RECEIVED
PROTECTION AGENCY,	)	
	)	
Respondent.	)	

## **NOTICE OF FILING**

To: SEE ATTACHED LIST

PLEASE TAKE NOTICE that on July 26, 2018, on behalf of the Village of Dolton, I filed with the Office of the Clerk of the Illinois Pollution Control Board an APPEARANCE and 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 herewith served upon you.

Dated: July 26, 2018

VILLAGE OF DOLTON

One of Its Attorneys

Amber M. Samuelson Rosenthal, Murphey, Coblentz and Donahue 30 N. LaSalle Street, Suite 1624 Chicago, Illinois 60602 (312) 541-1074; (312) 541-9191 (fax) asamuelson@rmcj.com

## **CERTIFICATE OF SERVICE**

I, Amber M. Samuelson, certify, under the penalties of perjury pursuant to 735 ILCS 5/1-109, that I caused a copy of the attached **Notice of Filing, Appearance** and **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 30 N. LaSalle Street, Chicago, Illinois, 60602 on the 26<sup>th</sup> of July, 2018 to the following:** 

See Attached Service List

One of Its Attorneys

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## BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

VILLAGE OF DOLTON,	)	
Petitioner,	)	
vs.	) ) PCB 16-14	RECEIVED CLERK'S OFFICE
ILLINOIS ENVIRONMENTAL	)	JUL 26 2018
PROTECTION AGENCY,	)	STATE OF ILLINOIS Pollution Control Board
Respondent.	)	

## **APPEARANCE**

The undersigned hereby enters her appearance as an attorney on behalf of the Village of Dolton.

Respectfully submitted,

ROSENTHAL, MURPHEY, COBLENTZ & DONAHUE

Amber M. Samuelson, one of its Attorneys

Amber M. Samuelson Rosenthal, Murphey, Coblentz and Donahue 30 N. LaSalle Street, Suite 1624 Chicago, Illinois 60602 (312) 541-1074; (312) 541-9191 (fax) asamuelson@rmcj.com

RECEIVED CLERK'S OFFICE

JUL 26 2018

#### ILLINOIS POLLUTION CONTROL BOARD

STATE OF 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)

Individual Submittal in Support of Petition for Chloride Time-Limited Water Quality Standard ("TLWQS") for the Defined Chicago Area Water System/Des Plaines River Watershed

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 104, Subpart E for each Facility.

An Individual Submittal must be made for each permitted Facility discharging to a reach in the Watershed defined by the Joint Submittal 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).

Note: Discharges to General Use waters in the Watershed, which are subject to the chlorides standards in 35 IAC 302.208(g), can participate in the TLWQS, but the stay does not apply to those discharges.

### Individual Discharger Information

Ļ	Facility Name of Individual Discharger: Village	of Dolton
2.	Owner/Operator of Facility: Village of Dolton	
3.	Address of Facility: 14122 Chicago Road, Dolto	on, IL 60419
4.	Contact Information for Facility's Responsible Contact Information for Facility Information for Facility Information for Facility Information Informatio	Official:
	Name: Matthew Stacey	Title: Superintendent of Public Works
	Mailing Address: 14122 Chicago Road, Dolton,	IL 60419
	Phone Number: 708-201-3280	Email: mstacey@yodolton.org
5.	Permit Number of Facility (include both Natio ("NPDES") Permits and Municipal Separate Sto be affected by the TLWQS): <u>ILR400182</u>	

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):
7.	Select Category of Facility:  Publicly Owned Treatment Works ("POTW")  Industrial Source
	Illinois Department of Transportation/Illinois Tollway Salt Storage Facility
	Community with Combined Sewer Overflow ("CSO") Outfalls MS4
Lo	cation of Individual Discharger
8.	Each Individual Submittal must provide the specific location information in the Watershed for the Facility seeking coverage under the TLWQS. Select the location of the discharge from the Facility from the list below:
	The Chicago Area Waterway System ("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 Lower Des Plaines River ("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
9.	The specific discharge locations for the Facility are:
	a. Outfall number(s): ILM580017
	b. General description of outfall location: 3 CSO Connections, 1 MS4 Connection
	c. Outfall(s) appears on CAWS or LDPR list of Discharge Points (Joint Submittal Appendices 5 and 6): Yes V No

ΓĮ	LWQS Requirements
10.	. Has any prior variance applied to the discharge from this Facility?Yes
	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.
Fa	cility-Specific TLWQS Requirements
Π.	The Facility agrees to implement all of the Best Management Practices ("BMPs") included for the CSO Outfalls ——Category (from #8, above) for the Facility that are specified for implementation in snow/deleting practices in Chapter 2 of the Joint Submittal.
12.	Identify any past or currently in-use BMPs at the Facility for minimizing the discharge of chlorides.
	Salt is covered and following loading and snow events, area is cleaned.
13.	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:
14.	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 includes 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 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?  YesNo

### 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	Name	&	Official	Title (	Tvpe	or Print
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Signature

Date Signed

Do I tom Public Works Superintenden

07/25/18