BEFORE THE ILLINOIS POLLUTION CONTROL BOARD

VILLAGE OF MORTON GROVE,)
COOK COUNTY, ILLINOIS)
Petitioner,)
v,) PCB No. 2016-014
ILLINOIS ENVIRONMENTAL PROTECTION AGENCY,)
Respondent.))

NOTICE OF FILING

To: See Attached Service List

PLEASE TAKE NOTICE that on July 26, 2018, the Village of Morton Grove, Cook County, Illinois 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 26, 2018

Village of Morton/Grove, Vilnois LUSA By: Teresa Hoffman Liston, One of Its Attorneys

TERESA HOFFMAN LISTON #15417 CORPORATION COUNSEL VILLAGE OF MORTON GROVE 6101 CAPULINA AVENUE MORTON GEROVE, ILLINOIS 60053

PROOF OF SERVICE

The undersigned attorney certifies, under penalties of perjury pursuant to 735 ILCS 5/1-109, that she 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 6101 Capulina Avenue, Morton Grove, Illinois. 60053 on the 26th day of July, 2018 to:

See Attached Service List

TX1 52

Teresa Hoffman Liston, Corporation Counsel Village of Morton Grove

SERVICE LIST

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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.

<u>This Individual Submittal must be made no later than July 26, 2018</u> 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: VILLAGE OF MORTON GROVE
- 2. Owner/Operator of Facility: PUBLIC WORKS
- 3. Address of Facility: 7840 NAGLE AVENUE
- 4. Contact Information for Facility's Responsible Official: Name: JOE DAHM
 Title: DIRECTOR OF PUBLIC WORKS
 Mailing Address: 7840 NAGLE AVENUE, MORTON GROVE, IL 60053
 Phone Number: 847-470-5235
 Email: JDAHM@MortonGroveIL.org
- 5. Permit Number of Facility (include both NPDES Permits and MS4 Permits that may be affected by the TLWQS): <u>MS4=ILR400391</u> CSO=ILM580-005
- 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):

8. Select Category of Facility:

- ____ POTW <u>✓</u> Community with CSO Outfalls ____ Industrial Source <u>✓</u> 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): <u>7,8,9,10,11,12,13,14,17,17B,18,19</u>
- b. General description of outfall location: Along West Fork of North Branch of Chicago River
- 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.

IDOT salt application; Several State Routes run thru Morton Grove.

Adequate Public Safety prohibits a significant & immediate reduction of chloride discharge

Unavailable funding for pavement temperature equipment.

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.

Docket Number PCB 16-14

Facility-Specific TLQWS Requirements

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

New Salt Storage Facility with full cover and impermeable pad. Annual deicing training.

Equipment calibrated annually. Pretreatment of Salt. Minimal application rates applied

while ensuring public safety.

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? \checkmark 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)

Signature

Date Signed