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STATE OF ILLINOIS Pollution Control Board

August 10, 2018

Mr. Don Brown, Clerk of the Board Illinois Pollution Control Board James R. Thompson Center 100 W. Randolph Street, Suite 11-500 Chicago, Illinois 60601

Re: Village of Riverside Individual Submittal in Support of Petition for Chloride Time-Limited Water Quality Standard

Dear Mr. Brown:

Accompanying this letter are two submittals on behalf of the Village of Riverside in Support of the Petition for Chloride Time-Limited Water Quality Standard for the Defined Chicago Area Water Systems/Des Plaines River Watershed.

My telephone number is 708-442-3590, ext. 505 and email address is *ebailey@riverside.il.us*.

Sincerely,

Edward J. Bailey

Director of Public Works

Provide quality municipal services to our residents and visitors in a fiscally responsible manner consistent with our Village's historic tradition and community atmosphere.



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.

<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).

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

- 1. Facility Name of Individual Discharger:
- 2. Owner/Operator of Facility: Village of Kiverside
- 3. Address of Facility: 3860 Columbus Blvd., Riverside, IL 60546
- 4. Contact Information for Facility's Responsible Official: Name: <u>Zaward Dailey</u> Mailing Address: <u>3860 (alumbus Blvd.</u>, <u>Riverside</u>, <u>FL 60546</u> Phone Number: <u>108-442-3590</u> Email: <u>ebaileyeriverside.</u> (1.45
- 5. Permit Number of Facility (include both National Pollutant Discharge Elimination System ("NPDES") Permits and Municipal Separate Storm Sewer System ("MS4") Permits that may be affected by the TLWQS):

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 XNo

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

Location 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): _____
 - b. General description of outfall location:
 - c. Outfall(s) appears on CAWS or LDPR list of Discharge Points (Joint Submittal Appendices 5 and 6): _____Yes ____No

TLWQS Requirements

10. Has any prior variance applied to the discharge from this Facility? _____ Yes X 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 TLWQS Requirements

- 11. The Facility agrees to implement all of the Best Management Practices ("BMPs") included for the Second Category (from #8, above) for the Facility that are specified for implementation in snow/deicing 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.

moermeable floor, covered salt Storage facility, ovide solution for pre-event anti-icing training, Treat intersections only for Aloyee -SNOW

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:

Revenent temperature mon, toring, record vock salt usage, annual salt spreader application

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?

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

Director of Public Works



AUG 1 3 2018

ILLINOIS POLLUTION CONTROL BOARD

Docket Numbers: PCB 2016-14, PCB 2016-15, PCB 2016-16, PCB 2016-17, PCB 2016 CP, Centrel Board 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)

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<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).

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

- 1. Facility Name of Individual Discharger:
- 2. Owner/Operator of Facility: Village of Kiverside
- 3. Address of Facility: 5860 Columbus Blud, Riverside, IL 60546
- 4. Contact Information for Facility's Responsible Official: Name Divertor of Public Works Mailing Address: 3860 Columbus Blvd, Rivers ide, IL 60546 Phone Number: 208-442-3590 Email: ebailer@rivers.ide.il.us
- 5. Permit Number of Facility (include both National Pollutant Discharge Elimination System ("NPDES") Permits and Municipal Separate Storm Sewer System ("MS4") Permits that may be affected by the TLWQS):

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 XNo

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

Location of Individual Discharger

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- _____ 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):007,010,012,014
 - b. General description of outfall location: <u>at Barrypoint Rd. bridge, at Gage Rd. 4 Riverside Rd.</u> <u>at Ogden Ave. bridge, NW of Maplewood Rd.</u>
 - c. Outfall(s) appears on CAWS or LDPR list of Discharge Points (Joint Submittal Appendices 5 and 6): Yes No

TLWQS Requirements

10. 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.

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- 11. The Facility agrees to implement all of the Best Management Practices ("BMPs") included for the Courteans Category (from #8, above) for the Facility that are specified for implementation in snow/deicing 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.

Impermeable floor, covered salt storageshed, chloride solution application for anti-icing, employee training

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:

Pavement temperature Monitoring, salt Spreader calibration annually, monitor salt usage

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?

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

vector of Public