

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: City of Oak Forest
2. Owner/Operator of Facility: City of Oak Forest
3. Address of Facility: 15440 S. Central Avenue, Oak Forest, IL 60452
4. Contact Information for Facility's Responsible Official:  
Name: Richard Rinchich Title: Director of Public Works  
Mailing Address: 15440 S. Central Avenue, Oak Forest, IL 60452  
Phone Number: 708-535-4090 Email: rrinchich@oak-forest.org
5. Permit Number of Facility (include both NPDES Permits and MS4 Permits that may be affected by the TLWQS): ILR400408
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): NA

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): Unkown
- b. General description of outfall location:  
Boca Rio Ditch at 147th St, Natalie Creek at Cicero Ave, Midlothian Creek @15301  
Waverly Ave, Laura Ditch at property line of Oak Forest Medical Center
- 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.

Need capital funds to purchase equipment to implement pre-wetting and anti-ice

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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.

NA

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#### 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.

1) Salt on impermeable pad, 2) Pad constructed to avoid drainage, 3) Salt pile is covered

(dome), 4) Good housekeeping policies in place. Practice sensible salting...We currently

only salt hills, curves, intersections (50' before & after), school zones, & city properties.

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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:

NA

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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)? NA

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)

Richard R. Rinchey, Director Public Works

Signature

R. R. Rinchey

Date Signed

July 23, 2018