

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

1. Facility Name of Individual Discharger: Village of Homewood
2. Owner/Operator of Facility: Village of Homewood
3. Address of Facility: 2020 Chestnut Rd., Homewood IL 60430
4. Contact Information for Facility's Responsible Official:
Name: John D. Schaefer Title: Director of Public Works
Mailing Address: 17755 S. Ashland Ave., Homewood IL 60430
Phone Number: 708-206-3470 Email: jschaefer@village.homewood.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): # ILR400357 – Cook County

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

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): n/a

b. General description of outfall location:

There are 26 stormwater outfalls located throughout the municipality

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.

Facility-Specific TLWQS Requirements

11. The Facility agrees to implement all of the Best Management Practices ("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.

12. Identify any past or currently in-use BMPs at the Facility for minimizing the discharge of chlorides.

Homewood uses all BMPs identified in 2.2.4 of the joint submission other than #12.

#12 is not applicable since Homewood does not utilize outside contractors.

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?

☒ 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)

John D. Schaefer, Director of Public
Works

Signature

John D. Schaefer

Date Signed

7/25/2018