Protecting Our Water Environment

Metropolitan Water Reclamation District of Greater Chicago
100 EAST ERIE STREET CHICAGO, ILLINOIS 60611 312 / 751-5600

EARL W. KNIGHT
Chief of Maintenance and Operations
312 / 751-5101

Certified Mail No. P465838564
Return Receipt Requested

November 25, 1992

Mr. Thomas G. McSwiggin, Manager
Illinois Environmental Protection Agency
Division of Water Pollution Control
Permit Section, Municipal
2200 Churchill Road
Springfield, IL 62794-999276

Subject: North Side Water Reclamation Plant, NPDES Permit No. IL0028088
Permit Renewal Application

Dear Mr. McSwiggin:

Enclosed are three sets (1 original and 2 copies) of the renewal application for the subject NPDES permit.

Please note that only one set of Section 4, Standard Forms A, is being transmitted because of the large number of industrial data sheets contained therein.

If any additional information is required, please contact Frank Kambara of my staff at (312) 751-6550.

Very truly yours,

Earl W. Knight
Chief of Maintenance
and Operations

Encl.

FORM APPROVED
OMB No. 158– 0100

FOR AGENCY USE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER

STANDARD FORM A – MUNICIPAL

SECTION I. APPLICANT AND FACILITY DESCRIPTION

Unless otherwise specified on this form all items are to be completed. If an item is not applicable indicate 'NA.'

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

Please Print or Type

1. Legal Name of Applicant (see instructions)	101	Metropolitan Water Reclamation District of Greater Chicago
2. Mailing Address of Applicant (see instructions) Number & Street	102a	100 E. Erie Street
City	102b	Chicago
State	102c	Illinois
Zip Code	102d	60611
3. Applicant's Authorized Agent (see instructions) Name and Title	103a	Earl W. Knight Chief of Maintenance and Operations
Number & Street	103b	100 E. Erie Street
City	103c	Chicago
State	103d	Illinois
Zip Code	103e	60611
Telephone	103f	312 (Area Code) 751-5101 (Number)
4. Previous Application If a previous application for a permit under the National Pollutant Discharge Elimination System has been made, give the date of application.	104	86 07 11 (YR MO DAY)

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete, and accurate.

Frank E. Dalton Printed Name of Person Signing	102e	General Superintendent Title
Frank E. Dalton Signature of Applicant or Authorized Agent	102f	92 11 24 YR MO DAY Date Application Signed

18 U.S.C. Section 1001 provides that:

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and wilfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than five years, or both.

FOR AGENCY USE

Received ___ ___ ___ (YR MO DAY)

OFFICE: ___ EPA Region Number
___ State

FOR AGENCY USE

5. Facility (see instructions)
Give the name, ownership, and physical location of the plant or other operating facility where discharge(s) presently occur(s) or will occur.

Name	105a	North Side Water Reclamation Plant
Ownership (Public, Private or Both Public and Private).	105b	☒ PUB ☐ PRV ☐ BPP
Check block if a Federal facility	105c	☐ FED
and give GSA Inventory Control Number	105d	
Location: Number & Street	105e	3500 W. Howard St.
City	105f	Skokie
County	105g	Cook
State	105h	Illinois

6. Discharge to Another Municipal Facility (see instructions)

a. Indicate if part of your discharge is into a municipal waste transport system under another responsible organization. If yes, complete the rest of this item and continue with Item 7. If no, go directly to Item 7. — 106a ☐ Yes ☒ No

b. Responsible Organization Receiving Discharge

Name	106b	
Number & Street	106c	
City	106d	
State	106e	
Zip Code	106f	

c. Facility Which Receives Discharge
Give the name of the facility (waste treatment plant) which receives and is ultimately responsible for treatment of the discharge from your facility. — 106g

d. Average Daily Flow to Facility (mgd) Give your average daily flow into the receiving facility. — 106h _____ mgd

7. Facility Discharges, Number and Discharge Volume (see instructions)
Specify the number of discharges described in this application and the volume of water discharged or lost to each of the categories below. Estimate average volume per day in million gallons per day. Do not include intermittent or noncontinuous overflows, bypasses or seasonal discharges from lagoons, holding ponds, etc.

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		Number of Discharge Points		Total Volume Discharged, Million Gallons Per Day
To: Surface Water	107a1	2	107a2	291
Surface Impoundment with no Effluent	107b1	0	107b2	0
Underground Percolation	107c1	0	107c2	0
Well (Injection)	107d1	0	107d2	0
Other	107e1	0	107e2	0
Total Item 7	107f1	2	107f2	291

If 'other' is specified, describe 107g1 _____

If any of the discharges from this facility are intermittent, such as from overflow or bypass points, or are seasonal or periodic from lagoons, holding ponds, etc., complete item 8.

8. Intermittent Discharges

a. Facility bypass points Indicate the number of bypass points for the facility that are discharge points.(see instructions) 108a: 0

b. Facility Overflow Points Indicate the number of overflow points to a surface water for the facility (see instructions). 108b: 0

c. Seasonal or Periodic Discharge Points Indicate the number of points where seasonal discharges occur from holding ponds, lagoons, etc. 108c: 0

9. Collection System Type Indicate the type and length (in miles) of the collection system used by this facility. (see instructions) 109a

- Separate Storm: ☐ SST
- Separate Sanitary: ☐ SAN
- Combined Sanitary and Storm: ☐ CSS
- Both Separate Sanitary and Combined Sewer Systems: ☒ BSC
- Both Separate Storm and Combined Sewer Systems 109b: ☐ SSC
- Length: 99.21 miles (MWRD interceptors only - does not include local sewers)

10. Municipalities or Areas Served (see instructions)

	Name		Actual Population Served
110a	North Side Facility Area	110b	1,257,602
110a	(See attached list of	110b	
110a	municipalities served and map	110b	
110a	of facility area)	110b	
110a		110b	
	Total Population Served	110c	1,257,602

NORTH SIDE WATER RECLAMATION PLANT

SECTION I.10

Municipalities or Areas Served

MUNICIPALITY	POPULATION SERVED(1990)
Evanston	73,023
Glencoe	8,464
Glenview	35,465
Golf	468
Harwood Heights	7,660
Kenilworth	2,395
Lincolnwood	11,324
Morton Grove	22,186
Niles	27,245
Norridge	14,551
Northbrook	32,066
Northfield	4,621
Skokie	59,273
Wilmette	26,737
Winnetka	12,124
Parts of Chicago	900,000
Sub–Total	1,237,602
Unincorporated Areas	20,000
Total	1,257,602

FOR AGENCY USE

11. Average Daily Industrial Flow
Total estimated average daily waste flow from all industrial sources. | 111 | 16.3 mgd

Note: All major industries (as defined in Section IV) discharging to the municipal system must be listed in Section IV.

12. Permits, Licenses and Applications
List all existing, pending or denied permits, licenses and applications related to discharges from this facility. (see instructions)

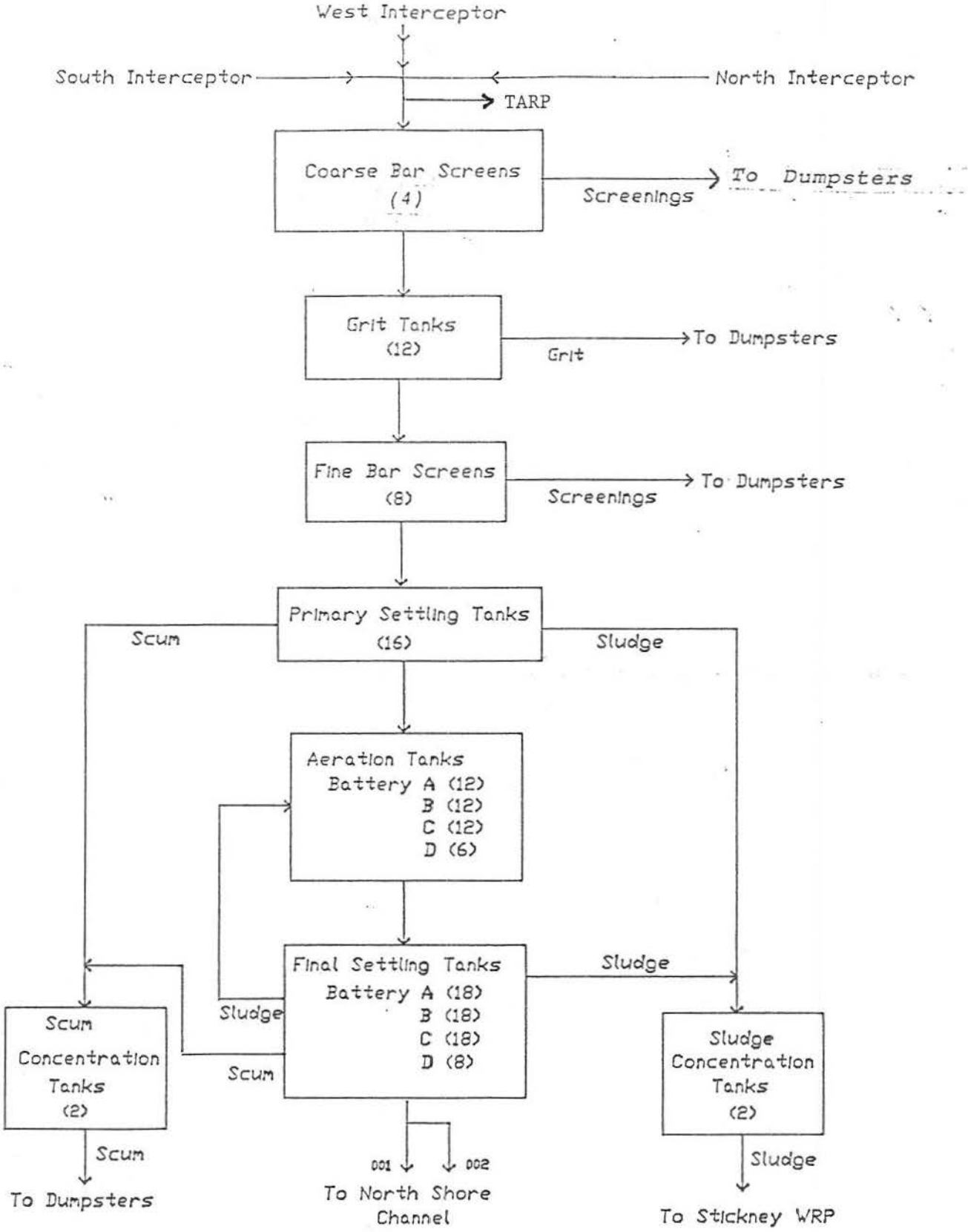
	Issuing Agency	For Agency Use	Type of Permit or License	ID Number	Date Filed YR/MO/DA	Date Issued YR/MO/DA	Date Denied YR/MO/DA	Expiration Date YR/MO/DA
112	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
1.	IEPA		NPDES	IL0028088	86/07/11	88/06/29		93/06/01
2.								
3.								

13. Maps and Drawings
Attach all required maps and drawings to the back of this application. (see instructions)

14. Additional Information

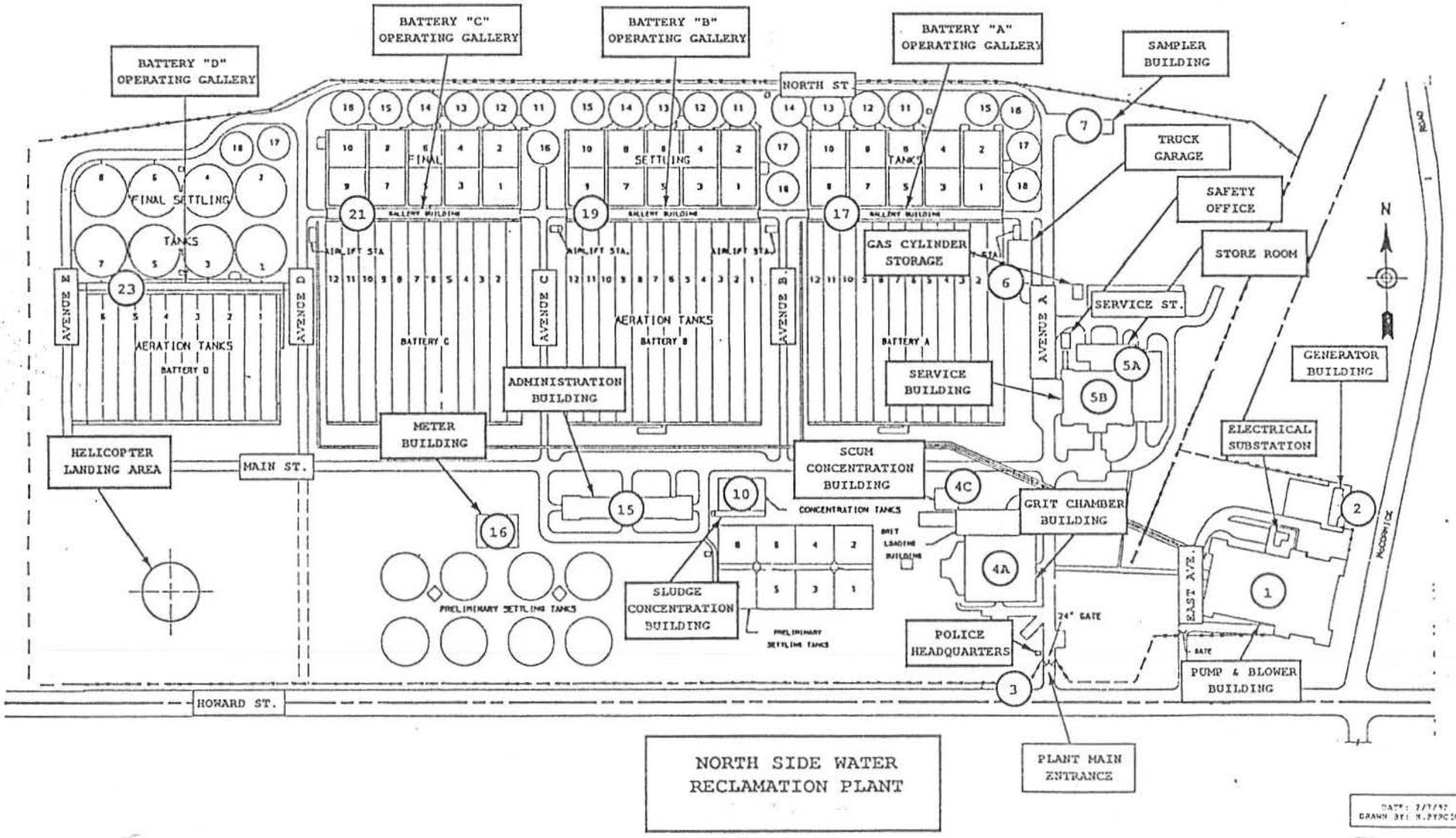
114 Item Number	Information

☆ U.S. GOVERNMENT PRINTING OFFICE: 1975-628-068/448 3-1



Flow Diagram
North Side WRP

Note: ( ) represents number of units



NORTH SIDE WATER RECLAMATION PLANT

SCALE 1:24 000

1 0 1000 0 1000 2000 3000 4000 5000

1 5 0

CONTOUR INTERVAL 5 FEET

DATUM IS MEAN SEA LEVEL

DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS LOW

LOCATION MAP
FROM U.S. GEOL. SURVEY MAP,
REV. 1972
EVANSTON, ILL. QUADRANGLE
NORTH SIDE WRP
SKOKIE, COOK, ILLINOIS
JULY, 1986
PAGE 1 OF 1

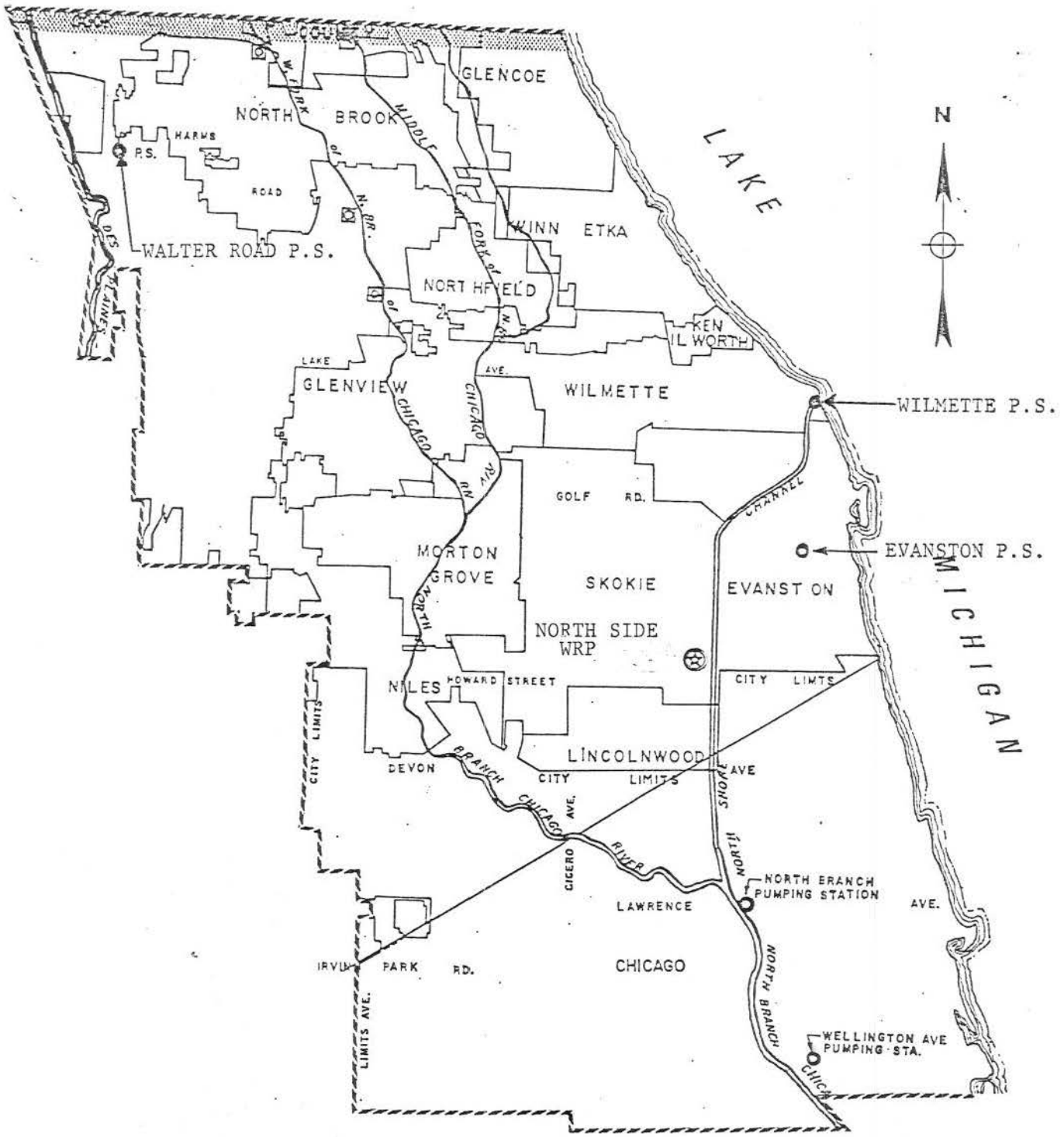
MN GN 0°28' 8 MILS 1° 18 MILS

UTM GRID AND 1972 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY

FOR SALE BY U.S GEOLOGICAL SURVEY, WASHINGTO

NORTH SIDE FACILITY AREA



THE METROPOLITAN SANITARY DISTRICT
OF GREATER CHICAGO

ENGINEERING DEPARTMENT

S.P. & F.J.K. SEPT. 1974

FORM APPROVED
OMB No. 158-R0100

STANDARD FORM A—MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. **Separate descriptions of each discharge are required even if several discharges originate in the same facility.** All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. and Name a. Discharge Serial No. (see instructions)	201a	001
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Main Effluent Outfall
c. Previous Discharge Serial No If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number.	201c	001
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA YR MO
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d
County	203b	Cook — 203e
(if applicable) City or Town	203c	Skokie — 203f
4. Discharge Point Description (see instructions) Discharge is into (check one)		
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR
Estuary		☐ EST
Lake		☐ LKE
Ocean		☐ OCE
Well (Injection)		☐ WEL
Other		☐ OTH
If 'other' is checked, specify type	204b	
5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)		
Latitude	205a	42 DEG. 01 MIN. 21 SEC
Longitude	205b	87 DEG. 42 MIN. 38 SEC

DISCHARGE SERIAL NUMBER

001

FOR AGENCY USE

6. Discharge Receiving Water Name
Name the waterway at the point of discharge.(see instructions)

206a North Shore Channel

For Agency Use				For Agency Use
Major	Minor	Sub	206c	303e

206b

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete item 7.

7. Offshore Discharge

a. Discharge Distance from Shore 207a NA feet

b. Discharge Depth Below Water Surface 207b NA feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions) NA

a. Bypass Occurrence
Check when bypass occurs

Wet weather 208a1 ☐ Yes ☐ No

Dry weather 208a2 ☐ Yes ☐ No

b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.

Wet Weather 208b1 _____ times per year

Dry weather 208b2 _____ times per year

c. Bypass Duration Give the average bypass duration in hours.

Wet weather 208c1 _____ hours

Dry weather 208c2 _____ hours

d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.

Wet weather 208d1 _____ thousand gallons per incident

Dry weather 208d2 _____ thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs. 208e _____

Proceed to Item 11.

9. Overflow Discharge (see instructions) NA

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1 ☐ Yes ☐ No

Dry weather 209a2 ☐ Yes ☐ No

b. Overflow Frequency Give the actual or approximate incidents per year.

Wet weather 209b1 _____ times per year

Dry weather 209b2 _____ times per year

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c. Overflow Duration Give the average overflow duration in hours.

Wet weather	209c1	_____hours
Dry weather	209c2	_____Hours

d. Overflow Volume Give the average volume per overflow incident in thousand gallons.

Wet weather	209d1	_____thousand gallons per incident
Dry weather	209d2	_____thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges — NA

a. Seasonal/Periodic Discharge Frequency If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year. — 210a _____times per year

b. Seasonal/Periodic Discharge Volume Give the average volume per discharge occurrence in thousand gallons. — 210b _____thousand gallons per discharge occurrence

c. Seasonal/Periodic Discharge Duration Give the average duration of each discharge occurrence in days. — 210c _____days

d. Seasonal/Periodic Discharge Occurrence—Months Check the months during the year when the discharge normally occurs. — 210d

☐JAN ☐FEB ☐MAR
☐APR ☐MAY ☐JUN
☐JUL ☐AUG ☐SEP
☐OCT ☐NOV ☐DEC

11. Discharge Treatment

a. Discharge Treatment Description Describe waste abatement practices used on this discharge with a brief narrative. (See instructions) — 211a

Treatment consists of grit removal (straight line grit channels), fine screening, primary sedimentation using clarifiers, and biological secondary treatment using activated sludge followed by secondary clarification. Sludge handling consists of gravity concentration and pumping to the Stickney WRP for further treatment and disposal. Scum removal consist of skimming from primary and secondary settling tanks followed by concentration and disposal to a sanitary landfill.

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b. Discharge Treatment Codes Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible. Separate all codes with commas except where slashes are used to designate parallel operations.	211b	S/G/S/C/WNA/N/T/

If this discharge is from a municipal waste treatment plant (not an overflow or bypass), complete items 12 and 13

12. Plant Design and Operation Manuals Check which of the following are currently available

a. Engineering Design Report	212a	☒
b. Operation and Maintenance Manual	212b	☒

13. Plant Design Data (see instructions)

a. Plant Design Flow (mgd)	213a	333 mgd
b. Plant Design BOD Removal (%)	213b	81 %
c. Plant Design N Removal (%)	213c	93 %
d. Plant Design P Removal (%)	213d	NA %
e. Plant Design SS Removal (%)	213e	78 %
f. Plant Began Operation (year)	213f	1928
g. Plant Last Major Revision (year)	213g	1985

DISCHARGE SERIAL NUMBER

North Side WRP, 001

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14. Description of Influent and Effluent (see instructions)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Flow Million gallons per day 50050	291	291	258	335	7/7	365	
pH Units 00400			6.8	7.2	7/7	365	G
Temperature (winter) ° F 74028 Nov. - Mar.		50	48	54	7/7	151	G
Temperature (summer) ° F 74027 Apr. - Oct.		64	54	72	7/7	214	G
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)							
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)				35,000	1/7	50	G
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)							
BOD 5-day mg/l 00310	92	7	4	11	7/7	365	24
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)	203	27	22	38	7/7	365	24
OR Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine-Total Residual mg/l 50060							

DISCHARGE SERIAL NUMBER

North Side WRP, 001

FOR AGENCY USE

14. Description of Influent and Effluent (see instructions) (Continued)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Total Solids mg/l 00500	622	520	401	703	7/7	365	24
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530	108	5	4	7	7/7	365	24
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)	7.4	0.7	0.3	1.8	7/7	365	24
Kjeldahl Nitrogen mg/l 00625 (Provide if available)	15.0	1.8	1.3	2.7	7/7	365	24
Nitrate (as N) mg/l 00620 (Provide if available)	0.7	6.1	5.5	7.0	7/7	365	24
Nitrite (as N) mg/l 00615 (Provide if available)	0.2	0.3	0.2	0.9	7/7	365	24
Phosphorus Total (as P) mg/l 00665 (Provide if available)	3.0	1.0	0.7	1.2	7/7	365	24
Dissolved Oxygen (DO) mg/l 00300		7.3	6.2	8.2	7/7	365	G

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North Side WRP, 001

FOR AGENCY USE

15. Additional Wastewater Characteristics

Check the box next to each parameter if it is present in the effluent. (see instructions)

Parameter (215)	Present	Parameter (215)	Present	Parameter (215)	Present
Bromide 71870		Cobalt 01037		Thallium 01059	
Chloride 00940	X	Chromium 01034	X	Titanium 01152	
Cyanide 00720	X	Copper 01042	X	Tin 01102	
Fluoride 00951	X	Iron 01045	X	Zinc 01092	
Sulfide 00745	X	Lead 01051	X	Algicides* 74051	
Aluminum 01105		Manganese 01055	X	Chlorinated organic compounds* 74052	X
Antimony 01097		Mercury 71900	X	Oil and grease 00550	X
Arsenic 01002	X	Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067		Phenols 32730	X
Barium 01007		Selenium 01147	X	Surfactants 38260	
Boron 01022		Silver 01077		Radioactivity* 74050	X
Cadmium 01027	X				

*Provide specific compound and/or element in Item 17, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels*, 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

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16. Plant Controls Check if the following plant controls are available for this discharge

216	
Alternate power source for major pumping facility including those for collection system lift stations	☒ APS
Alarm for power or equipment failure	☒ ALM

17. Additional Information

217 Item Number	Information

☆ U. S. GOVERNMENT PRINTING OFFICE: 1975-627-728/394 3-1

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FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. **Separate descriptions of each discharge are required even if several discharges originate in the same facility.** All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. and Name
   a. Discharge Serial No. (see instructions) — 201a: 002
   b. Discharge Name Give name of discharge, if any (see instructions) — 201b: Cooling Tank Discharge
   c. Previous Discharge Serial No If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number. — 201c: 002

2. Discharge Operating Dates
   a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin. — 202a: NA (YR MO)
   b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17. — 202b: NA (YR MO)

3. Discharge Location Name the political boundaries within which the point of discharge is located:

			Agency Use
State	203a: Illinois	203d	
County	203b: Cook	203e	
(If applicable) City or Town	203c: Skokie	203f	

4. Discharge Point Description (see instructions) Discharge is into (check one)

Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR
Estuary		☐ EST
Lake		☐ LKE
Ocean		☐ OCE
Well (Injection)		☐ WEL
Other		☐ OTH
If 'other' is checked, specify type	204b	

5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)

Latitude	205a	42 DEG.	01 MIN.	10 SEC
Longitude	205b	87 DEG.	42 MIN.	38 SEC

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002

FOR AGENCY USE

6. Discharge Receiving Water Name
Name the waterway at the point of discharge.(see instructions)

206a North Shore Channel

For Agency Use			206c	For Agency Use
Major	Minor	Sub		303e

206b

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete Item 7.

7. Offshore Discharge

a. Discharge Distance from Shore — 207a NA feet

b. Discharge Depth Below Water Surface — 207b NA feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions) NA

a. Bypass Occurrence
Check when bypass occurs

Wet weather — 208a1 ☐ Yes ☐ No

Dry weather — 208a2 ☐ Yes ☐ No

b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.

Wet Weather — 208b1 _____ times per year

Dry weather — 208b2 _____ times per year

c. Bypass Duration Give the average bypass duration in hours.

Wet weather — 208c1 _____ hours

Dry weather — 208c2 _____ hours

d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.

Wet weather — 208d1 _____ thousand gallons per incident

Dry weather — 208d2 _____ thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs. — 208e _____

Proceed to Item 11.

9. Overflow Discharge (see instructions) NA

a. Overflow Occurrence Check when overflow occurs.

Wet weather — 209a1 ☐ Yes ☐ No

Dry weather — 209a2 ☐ Yes ☐ No

b. Overflow Frequency Give the actual or approximate incidents per year.

Wet weather — 209b1 _____ times per year

Dry weather — 209b2 _____ times per year

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FOR AGENCY USE

c. Overflow Duration Give the average overflow duration in hours.

Wet weather	209c1	_____hours
Dry weather	209c2	_____Hours

d. Overflow Volume Give the average volume per overflow incident in thousand gallons.

Wet weather	209d1	_____thousand gallons per incident
Dry weather	209d2	_____thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

NA

a. Seasonal/Periodic Discharge Frequency If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year. 210a _____times per year

b. Seasonal/Periodic Discharge Volume Give the average volume per discharge occurrence in thousand gallons. 210b _____thousand gallons per discharge occurrence

c. Seasonal/Periodic Discharge Duration Give the average duration of each discharge occurrence in days. 210c _____days

d. Seasonal/Periodic Discharge Occurrence—Months Check the months during the year when the discharge normally occurs. 210d

☐ JAN ☐ FEB ☐ MAR
☐ APR ☐ MAY ☐ JUN
☐ JUL ☐ AUG ☐ SEP
☐ OCT ☐ NOV ☐ DEC

11. Discharge Treatment

a. Discharge Treatment Description Describe waste abatement practices used on this discharge with a brief narrative. (See instructions) 211a

Same as 001

DISCHARGE SERIAL NUMBER

002

FOR AGENCY USE

b. Discharge Treatment Codes
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible.
Separate all codes with commas except where slashes are used to designate parallel operations.

211b Same as 001

If this discharge is from a municipal waste treatment plant (not an overflow or bypass), complete items 12 and 13

12. Plant Design and Operation Manuals
Check which of the following are currently available

a. Engineering Design Report — 212a ☒

b. Operation and Maintenance Manual — 212b ☒

13. Plant Design Data (see instructions)

a. Plant Design Flow (mgd) — 213a 333 mgd

b. Plant Design BOD Removal (%) — 213b 81 %

c. Plant Design N Removal (%) — 213c 93 %

d. Plant Design P Removal (%) — 213d NA %

e. Plant Design SS Removal (%) — 213e 78 %

f. Plant Began Operation (year) — 213f 1928

g. Plant Last Major Revision (year) — 213g 1985

DISCHARGE SERIAL NUMBER

North Side WRP, 002

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FOR AGENCY USE

14. Description of Influent and Effluent (see instructions)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Flow Million gallons per day 50050							
pH Units 00400	X	X	6.7	7.2	7/7	365	G
Temperature (winter) ° F 74028							
Temperature (summer) ° F 74027							
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)	X	X	X				
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)	X	X	X	39,000	1/7	51	G
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)	X	X	X				
BOD 5-day mg/l 00310	92	8	5	12	7/7	365	24
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)	203	29	25	42	7/7	365	24
OR							
Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine-Total Residual mg/l 50060							

DISCHARGE SERIAL NUMBER

North Side WRP, 002

FOR AGENCY USE

14. Description of Influent and Effluent (see instructions) (Continued)

Parameter and Code (214)	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Total Solids mg/l 00500	622	519	397	704	7/7	365	24
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530	108	5	4	7	7/7	365	24
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)	7.4	1.1	0.5	2.1	7/7	365	24
Kjeldahl Nitrogen mg/l 00625 (Provide if available)	15.0	2.2	1.5	3.5	7/7	365	24
Nitrate (as N) mg/l 00620 (Provide if available)	0.7	5.6	4.4	6.7	7/7	365	24
Nitrite (as N) mg/l 00615 (Provide if available)	0.2	0.4	0.2	1.7	7/7	365	24
Phosphorus Total (as P) mg/l 00665 (Provide if available)	3.0	1.0	0.7	1.2	7/7	365	24
Dissolved Oxygen (DO) mg/l 00300		7.1	6.3	8.1	7/7	304	G

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DISCHARGE SERIAL NUMBER

North Side WRP, 002

FOR AGENCY USE

15. Additional Wastewater Characteristics

Check the box next to each parameter if it is present in the effluent. (see instructions)

Parameter (215)	Present	Parameter (215)	Present	Parameter (215)	Present
Bromide 71870		Cobalt 01037		Thallium 01059	
Chloride 00940	X	Chromium 01034	X	Titanium 01152	
Cyanide 00720	X	Copper 01042	X	Tin 01102	
Fluoride 00951	X	Iron 01045	X	Zinc 01092	X
Sulfide 00745		Lead 01051		Algicides* 74051	
Aluminum 01105		Manganese 01055		Chlorinated organic compounds* 74052	X
Antimony 01097		Mercury 71900		Oil and grease 00550	X
Arsenic 01002	X	Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067		Phenols 32730	X
Barium 01007		Selenium 01147	X	Surfactants 38260	
Boron 01022		Silver 01077		Radioactivity* 74050	X
Cadmium 01027	X				

*Provide specific compound and/or element in Item 17, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels*, 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

DISCHARGE SERIAL NUMBER

002

FOR AGENCY USE

16. Plant Controls Check if the following plant controls are available for this discharge

216	
	☐ APS
	☒ ALM

Alternate power source for major pumping facility including those for collection system lift stations

Alarm for power or equipment failure

17. Additional Information

217 Item Number	Information

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STANDARD FORM A—MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. and Name a. Discharge Serial No. (see instructions)	201a	101
b. Discharge Name Give name of discharge, if any - (see instructions)	201b	Sheridan Road
c. Previous Discharge Serial No If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number.	201c	101
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA YR MO
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d
County	203b	Cook — 203e
(If applicable) City or Town	203c	Wilmette — 203f
4. Discharge Point Description (see instructions) Discharge is into (check one)		
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR
Estuary		☐ EST
Lake		☐ LKE
Ocean		☐ OCE
Well (Injection)		☐ WEL
Other		☐ OTH
If 'other' is checked, specify type	204b	
5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)		
Latitude	205a	42 DEG. 04 MIN. 32 SEC
Longitude	205b	87 DEG. 41 MIN. 07 SEC

DISCHARGE SERIAL NUMBER

101

FOR AGENCY USE

6. Discharge Receiving Water Name
Name the waterway at the point of discharge.(see instructions)

206a North Shore Channel

For Agency Use			206c	For Agency Use
Major	Minor	Sub		303e

206b

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete item 7.

7. Offshore Discharge

a. Discharge Distance from Shore 207a NA feet

b. Discharge Depth Below Water Surface 207b NA feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions) NA

a. Bypass Occurrence
Check when bypass occurs

Wet weather 208a1 ☐ Yes ☐ No

Dry weather 208a2 ☐ Yes ☐ No

b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.

Wet Weather 208b1 _____ times per year

Dry weather 208b2 _____ times per year

c. Bypass Duration Give the average bypass duration in hours.

Wet weather 208c1 _____ hours

Dry weather 208c2 _____ hours

d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.

Wet weather 208d1 _____ thousand gallons per incident

Dry weather 208d2 _____ thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs. 208e _____

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1 ☒ Yes ☐ No

Dry weather 209a2 ☐ Yes ☒ No

b. Overflow Frequency Give the actual or approximate incidents per year.

Wet weather 209b1 10 times per year

Dry weather 209b2 0 times per year

DISCHARGE SERIAL NUMBER

101

FOR AGENCY USE

c. Overflow Duration Give the average overflow duration in hours.

Wet weather	209c1	6.4 hours
Dry weather	209c2	_____Hours

d. Overflow Volume Give the average volume per overflow incident in thousand gallons.

Wet weather	209d1	900 thousand gallons per incident
Dry weather	209d2	_____thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

a. Seasonal/Periodic Discharge Frequency If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year. — 210a: _____times per year

b. Seasonal/Periodic Discharge Volume Give the average volume per discharge occurrence in thousand gallons. — 210b: _____thousand gallons per discharge occurrence

c. Seasonal/Periodic Discharge Duration Give the average duration of each discharge occurrence in days. — 210c: _____days

d. Seasonal/Periodic Discharge Occurrence—Months Check the months during the year when the discharge normally occurs. — 210d:

☐ JAN ☐ FEB ☒ MAR
☒ APR ☒ MAY ☒ JUN
☒ JUL ☒ AUG ☒ SEP
☒ OCT ☒ NOV ☐ DEC

11. Discharge Treatment

a. Discharge Treatment Description Describe waste abatement practices used on this discharge with a brief narrative. (See instructions) — 211a: None

DISCHARGE SERIAL NUMBER

101

FOR AGENCY USE

b. Discharge Treatment Codes
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible.
Separate all codes with commas except where slashes are used to designate parallel operations.

211b _____

If this discharge is from a municipal waste treatment plant (not an overflow or bypass), complete items 12 and 13

12. Plant Design and Operation Manuals
Check which of the following are currently available — NA

a. Engineering Design Report — 212a ☐

b. Operation and Maintenance Manual — 212b ☐

13. Plant Design Data (see instructions) — NA

a. Plant Design Flow (mgd) — 213a _____ mgd

b. Plant Design BOD Removal (%) — 213b _____ %

c. Plant Design N Removal (%) — 213c _____ %

d. Plant Design P Removal (%) — 213d _____ %

e. Plant Design SS Removal (%) — 213e _____ %

f. Plant Began Operation (year) — 213f _____

g. Plant Last Major Revision (year) — 213g _____

DISCHARGE SERIAL NUMBER

101

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14. Description of Influent and Effluent (see instructions)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Flow Million gallons per day 50050							
pH Units 00400	X	X					
Temperature (winter) ° F 74028							
Temperature (summer) ° F 74027							
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)	X	X	X				
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)	X	X	X				
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)	X	X	X				
BOD 5-day mg/l 00310							
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)							
OR							
Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine–Total Residual mg/l 50060							

DISCHARGE SERIAL NUMBER

101

FOR AGENCY USE

14. Description of Influent and Effluent (see instructions) (Continued)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Total Solids mg/l 00500							
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530							
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)							
Kjeldahl Nitrogen mg/l 00625 (Provide if available)							
Nitrate (as N) mg/l 00620 (Provide if available)							
Nitrite (as N) mg/l 00615 (Provide if available)							
Phosphorus Total (as P) mg/l 00665 (Provide if available)							
Dissolved Oxygen (DO) mg/l 00300	X						

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DISCHARGE SERIAL NUMBER

101

FOR AGENCY USE

15. Additional Wastewater Characteristics

Check the box next to each parameter if it is present in the effluent. (see instructions)

Parameter (215)	Present	Parameter (215)	Present	Parameter (215)	Present
Bromide 71870		Cobalt 01037		Thallium 01059	
Chloride 00940		Chromium 01034		Titanium 01152	
Cyanide 00720		Copper 01042		Tin 01102	
Fluoride 00951		Iron 01045		Zinc 01092	
Sulfide 00745		Lead 01051		Algicides* 74051	
Aluminum 01105		Manganese 01055		Chlorinated organic compounds* 74052	
Antimony 01097		Mercury 71900		Oil and grease 00550	
Arsenic 01002		Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067		Phenols 32730	
Barium 01007		Selenium 01147		Surfactants 38260	
Boron 01022		Silver 01077		Radioactivity* 74050	
Cadmium 01027					

*Provide specific compound and/or element in Item 17, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels,* 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

DISCHARGE SERIAL NUMBER

101

FOR AGENCY USE

16. Plant Controls Check if the following plant controls are available for this discharge

216

Alternate power source for major pumping facility including those for collection system lift stations ☐ APS

Alarm for power or equipment failure ☐ ALM

17. Additional Information

217 Item Number	Information
9	Approximately 60% of overflow intercepted by Mainstream TARP, Phase I, and subsequently treated at Stickney WRP.

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FORM APPROVED
OMB No. 158-R0100

STANDARD FORM A—MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. and Name			
a. Discharge Serial No. (see instructions)	201a	102	
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Greenbay Road	
c. Previous Discharge Serial No If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number.	201c	102	
2. Discharge Operating Dates			
a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA (YR MO)	
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA (YR MO)	
3. Discharge Location Name the political boundaries within which the point of discharge is located:			Agency Use
State	203a	Illinois	203d
County	203b	Cook	203e
(If applicable) City or Town	203c	Evanston	203f
4. Discharge Point Description (see instructions) Discharge is into (check one)			
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR	
Estuary		☐ EST	
Lake		☐ LKE	
Ocean		☐ OCE	
Well (Injection)		☐ WEL	
Other		☐ OTH	
If 'other' is checked, specify type	204b		
5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)			
Latitude	205a	42 DEG. 03 MIN. 33 SEC	
Longitude	205b	87 DEG. 41 MIN. 40 SEC	

DISCHARGE SERIAL NUMBER

102

FOR AGENCY USE

6. Discharge Receiving Water Name
Name the waterway at the point of discharge.(see instructions)

206a: North Shore Channel

For Agency Use			206c	For Agency Use
Major	Minor	Sub		303e

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete item 7.

7. Offshore Discharge

a. Discharge Distance from Shore — 207a: NA feet

b. Discharge Depth Below Water Surface — 207b: NA feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions) NA

a. Bypass Occurrence
Check when bypass occurs

Wet weather — 208a1: ☐ Yes ☐ No

Dry weather — 208a2: ☐ Yes ☐ No

b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.

Wet Weather — 208b1: _____ times per year

Dry weather — 208b2: _____ times per year

c. Bypass Duration Give the average bypass duration in hours.

Wet weather — 208c1: _____ hours

Dry weather — 208c2: _____ hours

d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.

Wet weather — 208d1: _____ thousand gallons per incident

Dry weather — 208d2: _____ thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs. — 208e: _____

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather — 209a1: ☒ Yes ☐ No

Dry weather — 209a2: ☐ Yes ☒ No

b. Overflow Frequency Give the actual or approximate incidents per year.

Wet weather — 209b1: 10 times per year

Dry weather — 209b2: _____ times per year

DISCHARGE SERIAL NUMBER

102

FOR AGENCY USE

c. **Overflow Duration** Give the average overflow duration in hours.

Wet weather	209c1	6.4 hours
Dry weather	209c2	_____ Hours

d. **Overflow Volume** Give the average volume per overflow incident in thousand gallons.

Wet weather	209d1	476 thousand gallons per incident
Dry weather	209d2	_____ thousand gallons per incident

Proceed to Item 11

10. **Seasonal/Periodic Discharges**

a. **Seasonal/Periodic Discharge Frequency** If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year. — 210a: _____ times per year

b. **Seasonal/Periodic Discharge Volume** Give the average volume per discharge occurrence in thousand gallons. — 210b: _____ thousand gallons per discharge occurrence

c. **Seasonal/Periodic Discharge Duration** Give the average duration of each discharge occurrence in days. — 210c: _____ days

d. **Seasonal/Periodic Discharge Occurrence—Months** Check the months during the year when the discharge normally occurs. — 210d:

☐ JAN ☐ FEB ☒ MAR
☒ APR ☒ MAY ☒ JUN
☒ JUL ☒ AUG ☒ SEP
☒ OCT ☒ NOV ☐ DEC

11. **Discharge Treatment**

a. **Discharge Treatment Description** Describe waste abatement practices used on this discharge with a brief narrative. (See instructions) — 211a: None

DISCHARGE SERIAL NUMBER

102

FOR AGENCY USE

b. Discharge Treatment Codes
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible.
Separate all codes with commas except where slashes are used to designate parallel operations.

211b _____

_____

_____

_____

_____

_____

If this discharge is from a municipal waste treatment plant (not an overflow or bypass), complete items 12 and 13

12. Plant Design and Operation Manuals
Check which of the following are currently available — NA

a. Engineering Design Report — 212a ☐

b. Operation and Maintenance Manual — 212b ☐

13. Plant Design Data (see instructions) — NA

a. Plant Design Flow (mgd) — 213a _____ mgd

b. Plant Design BOD Removal (%) — 213b _____%

c. Plant Design N Removal (%) — 213c _____%

d. Plant Design P Removal (%) — 213d _____%

e. Plant Design SS Removal (%) — 213e _____%

f. Plant Began Operation (year) — 213f _____

g. Plant Last Major Revision (year) — 213g _____

DISCHARGE SERIAL NUMBER

102

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14. Description of Influent and Effluent (see instructions)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Flow Million gallons per day 50050							
pH Units 00400	X	X					
Temperature (winter) ° F 74028							
Temperature (summer) ° F 74027							
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)	X	X	X				
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)	X	X	X				
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)	X	X	X				
BOD 5-day mg/l 00310							
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)							
OR							
Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine–Total Residual mg/l 50060							

DISCHARGE SERIAL NUMBER

102

FOR AGENCY USE

14. Description of Influent and Effluent (see instructions) (Continued)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Total Solids mg/l 00500							
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530							
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)							
Kjeldahl Nitrogen mg/l 00625 (Provide if available)							
Nitrate (as N) mg/l 00620 (Provide if available)							
Nitrite (as N) mg/l 00615 (Provide if available)							
Phosphorus Total (as P) mg/l 00665 (Provide if available)							
Dissolved Oxygen (DO) mg/l 00300	X						

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DISCHARGE SERIAL NUMBER

102

FOR AGENCY USE

15. Additional Wastewater Characteristics

Check the box next to each parameter if it is present in the effluent. (see instructions)

Parameter (215)	Present	Parameter (215)	Present	Parameter (215)	Present
Bromide 71870		Cobalt 01037		Thallium 01059	
Chloride 00940		Chromium 01034		Titanium 01152	
Cyanide 00720		Copper 01042		Tin 01102	
Fluoride 00951		Iron 01045		Zinc 01092	
Sulfide 00745		Lead 01051		Algicides* 74051	
Aluminum 01105		Manganese 01055		Chlorinated organic compounds* 74052	
Antimony 01097		Mercury 71900		Oil and grease 00550	
Arsenic 01002		Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067		Phenols 32730	
Barium 01007		Selenium 01147		Surfactants 38260	
Boron 01022		Silver 01077		Radioactivity* 74050	
Cadmium 01027					

*Provide specific compound and/or element in Item 17, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels*, 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

DISCHARGE SERIAL NUMBER

102

16. Plant Controls Check if the following plant controls are available for this discharge

216	
	Alternate power source for major pumping facility including those for collection system lift stations ☐ APS
	Alarm for power or equipment failure ☐ ALM

FOR AGENCY USE

17. Additional Information

217 Item Number	Information
9	Approximately 60% of overflow intercepted by Mainstream TARP, Phase I, and subsequently treated at Stickney WRP.

FORM APPROVED
OMB No. 158-R0100

STANDARD FORM A—MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. **Separate descriptions of each discharge are required even if several discharges originate in the same facility.** All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. and Name			
a. Discharge Serial No. (see instructions)	201a	103	
b. Discharge Name Give name of discharge, if any - (see instructions)	201b	Emerson Street	
c. Previous Discharge Serial No If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number.	201c	103	
2. Discharge Operating Dates			
a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA YR MO	
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA YR MO	
3. Discharge Location Name the political boundaries within which the point of discharge is located:			Agency Use
State	203a	Illinois	203d
County	203b	Cook	203e
(if applicable) City or Town	203c	Evanston	203f
4. Discharge Point Description (see instructions) Discharge is into (check one)			
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR	
Estuary		☐ EST	
Lake		☐ LKE	
Ocean		☐ OCE	
Well (Injection)		☐ WEL	
Other		☐ OTH	
If 'other' is checked, specify type	204b		
5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)			
Latitude	205a	42 DEG. 03 MIN. 07 SEC	
Longitude	205b	87 DEG. 42 MIN. 29 SEC	

DISCHARGE SERIAL NUMBER

103

FOR AGENCY USE

6. Discharge Receiving Water Name
Name the waterway at the point of discharge.(see instructions)

206a North Shore Channel

For Agency Use			206c	For Agency Use
Major	Minor	Sub		303e

206b

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete Item 7.

7. Offshore Discharge

a. Discharge Distance from Shore 207a NA feet

b. Discharge Depth Below Water Surface 207b NA feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions) NA

a. Bypass Occurrence
Check when bypass occurs

Wet weather 208a1 ☐ Yes ☐ No

Dry weather 208a2 ☐ Yes ☐ No

b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.

Wet Weather 208b1 _____ times per year

Dry weather 208b2 _____ times per year

c. Bypass Duration Give the average bypass duration in hours.

Wet weather 208c1 _____ hours

Dry weather 208c2 _____ hours

d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.

Wet weather 208d1 _____ thousand gallons per incident

Dry weather 208d2 _____ thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs. 208e _____

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1 ☒ Yes ☐ No

Dry weather 209a2 ☐ Yes ☒ No

b. Overflow Frequency Give the actual or approximate incidents per year.

Wet weather 209b1 10 times per year

Dry weather 209b2 _____ times per year

DISCHARGE SERIAL NUMBER

103

FOR AGENCY USE

c. Overflow Duration Give the average overflow duration in hours.

Wet weather	209c1	6.4 hours
Dry weather	209c2	_____ Hours

d. Overflow Volume Give the average volume per overflow incident in thousand gallons.

Wet weather	209d1	585 thousand gallons per incident
Dry weather	209d2	_____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

a. Seasonal/Periodic Discharge Frequency If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year. — 210a: _____ times per year

b. Seasonal/Periodic Discharge Volume Give the average volume per discharge occurrence in thousand gallons. — 210b: _____ thousand gallons per discharge occurrence

c. Seasonal/Periodic Discharge Duration Give the average duration of each discharge occurrence in days. — 210c: _____ days

d. Seasonal/Periodic Discharge Occurrence—Months Check the months during the year when the discharge normally occurs. — 210d:

☐ JAN ☐ FEB ☒ MAR
☒ APR ☒ MAY ☒ JUN
☒ JUL ☒ AUG ☒ SEP
☒ OCT ☒ NOV ☐ DEC

11. Discharge Treatment

a. Discharge Treatment Description Describe waste abatement practices used on this discharge with a brief narrative. (See instructions) — 211a: None

b. Discharge Treatment Codes
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible.
Separate all codes with commas except where slashes are used to designate parallel operations.

211b _____

_____

_____

_____

_____

_____

If this discharge is from a municipal waste treatment plant (not an overflow or bypass), complete items 12 and 13

12. Plant Design and Operation Manuals
Check which of the following are currently available — NA

a. Engineering Design Report — 212a ☐

b. Operation and Maintenance Manual — 212b ☐

13. Plant Design Data (see instructions) — NA

a. Plant Design Flow (mgd) — 213a _____ mgd

b. Plant Design BOD Removal (%) — 213b _____ %

c. Plant Design N Removal (%) — 213c _____ %

d. Plant Design P Removal (%) — 213d _____ %

e. Plant Design SS Removal (%) — 213e _____ %

f. Plant Began Operation (year) — 213f _____

g. Plant Last Major Revision (year) — 213g _____

DISCHARGE SERIAL NUMBER

103

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FOR AGENCY USE

14. Description of Influent and Effluent (see instructions)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Flow Million gallons per day 50050							
pH Units 00400	X	X					
Temperature (winter) ° F 74028							
Temperature (summer) ° F 74027							
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)	X	X	X				
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)	X	X	X				
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)	X	X	X				
BOD 5-day mg/l 00310							
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)							
OR							
Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine–Total Residual mg/l 50060							

EPA Form 7550–22 (7–73)

DISCHARGE SERIAL NUMBER

103

FOR AGENCY USE

14. Description of Influent and Effluent (see instructions) (Continued)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Total Solids mg/l 00500							
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530							
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)							
Kjeldahl Nitrogen mg/l 00625 (Provide if available)							
Nitrate (as N) mg/l 00620 (Provide if available)							
Nitrite (as N) mg/l 00615 (Provide if available)							
Phosphorus Total (as P) mg/l 00665 (Provide if available)							
Dissolved Oxygen (DO) mg/l 00300	X						

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DISCHARGE SERIAL NUMBER

103

FOR AGENCY USE

15. Additional Wastewater Characteristics

Check the box next to each parameter if it is present in the effluent. (see instructions)

Parameter (215)	Present	Parameter (215)	Present	Parameter (215)	Present
Bromide 71870		Cobalt 01037		Thallium 01059	
Chloride 00940		Chromium 01034		Titanium 01152	
Cyanide 00720		Copper 01042		Tin 01102	
Fluoride 00951		Iron 01045		Zinc 01092	
Sulfide 00745		Lead 01051		Algicides* 74051	
Aluminum 01105		Manganese 01055		Chlorinated organic compounds* 74052	
Antimony 01097		Mercury 71900		Oil and grease 00550	
Arsenic 01002		Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067		Phenols 32730	
Barium 01007		Selenium 01147		Surfactants 38260	
Boron 01022		Silver 01077		Radioactivity* 74050	
Cadmium 01027					

*Provide specific compound and/or element in Item 17, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels*, 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

DISCHARGE SERIAL NUMBER

103

FOR AGENCY USE

16. Plant Controls Check if the following plant controls are available for this discharge

216

Alternate power source for major pumping facility including those for collection system lift stations ☐ APS

Alarm for power or equipment failure ☐ ALM

17. Additional Information

217 Item Number	Information
9	Approximately 60% of overflow intercepted by Mainstream TARP, Phase I, and subsequently treated at Stickney WRP.

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FORM APPROVED
OMB No. 158-R0100

STANDARD FORM A-MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. and Name a. Discharge Serial No. (see instructions)	201a	104
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Lake Street
c. Previous Discharge Serial No If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number.	201c	104
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA YR MO
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d
County	203b	Cook — 203e
(if applicable) City or Town	203c	Evanston — 203f
4. Discharge Point Description (see instructions) Discharge is into (check one)		
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR
Estuary		☐ EST
Lake		☐ LKE
Ocean		☐ OCE
Well (Injection)		☐ WEL
Other		☐ OTH
If 'other' is checked, specify type	204b	
5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)		
Latitude	205a	42 DEG. 02 MIN. 37 SEC
Longitude	205b	87 DEG. 42 MIN. 32 SEC

DISCHARGE SERIAL NUMBER

104

FOR AGENCY USE

6. Discharge Receiving Water Name
Name the waterway at the point of discharge.(see instructions)

206a North Shore Channel

For Agency Use			206c	For Agency Use
Major	Minor	Sub		303e
206b				

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete Item 7.

7. Offshore Discharge

a. Discharge Distance from Shore 207a NA feet

b. Discharge Depth Below Water Surface 207b NA feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions) NA

a. Bypass Occurrence
Check when bypass occurs

Wet weather 208a1 ☐ Yes ☐ No

Dry weather 208a2 ☐ Yes ☐ No

b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.

Wet Weather 208b1 _____ times per year

Dry weather 208b2 _____ times per year

c. Bypass Duration Give the average bypass duration in hours.

Wet weather 208c1 _____ hours

Dry weather 208c2 _____ hours

d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.

Wet weather 208d1 _____ thousand gallons per incident

Dry weather 208d2 _____ thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs. 208e _____

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1 ☒ Yes ☐ No

Dry weather 209a2 ☐ Yes ☒ No

b. Overflow Frequency Give the actual or approximate incidents per year.

Wet weather 209b1 10 times per year

Dry weather 209b2 _____ times per year

DISCHARGE SERIAL NUMBER

104

FOR AGENCY USE

c. Overflow Duration Give the average overflow duration in hours.

Wet weather	209c1	6.4 hours
Dry weather	209c2	_____ Hours

d. Overflow Volume Give the average volume per overflow incident in thousand gallons.

Wet weather	209d1	281 thousand gallons per incident
Dry weather	209d2	_____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

a. Seasonal/Periodic Discharge Frequency If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year. — 210a: _____ times per year

b. Seasonal/Periodic Discharge Volume Give the average volume per discharge occurrence in thousand gallons. — 210b: _____ thousand gallons per discharge occurrence

c. Seasonal/Periodic Discharge Duration Give the average duration of each discharge occurrence in days. — 210c: _____ days

d. Seasonal/Periodic Discharge Occurrence—Months Check the months during the year when the discharge normally occurs. — 210d:

☐ JAN ☐ FEB ☒ MAR
☒ APR ☒ MAY ☒ JUN
☒ JUL ☒ AUG ☒ SEP
☒ OCT ☐ NOV ☐ DEC

11. Discharge Treatment

a. Discharge Treatment Description Describe waste abatement practices used on this discharge with a brief narrative. (See instructions) — 211a: None

FOR AGENCY USE

b. Discharge Treatment Codes
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible.
Separate all codes with commas except where slashes are used to designate parallel operations.

211b _____
_____
_____
_____
_____
_____

If this discharge is from a municipal waste treatment plant (not an overflow or bypass), complete items 12 and 13

12. Plant Design and Operation Manuals
Check which of the following are currently available — NA

a. Engineering Design Report — 212a ☐

b. Operation and Maintenance Manual — 212b ☐

13. Plant Design Data (see instructions) — NA

a. Plant Design Flow (mgd) — 213a _____ mgd

b. Plant Design BOD Removal (%) — 213b _____%

c. Plant Design N Removal (%) — 213c _____%

d. Plant Design P Removal (%) — 213d _____%

e. Plant Design SS Removal (%) — 213e _____%

f. Plant Began Operation (year) — 213f _____

g. Plant Last Major Revision (year) — 213g _____

DISCHARGE SERIAL NUMBER

104

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FOR AGENCY USE

14. Description of Influent and Effluent (see instructions)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Flow Million gallons per day 50050							
pH Units 00400	X	X					
Temperature (winter) ° F 74028							
Temperature (summer) ° F 74027							
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)	X	X	X				
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)	X	X	X				
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)	X	X	X				
BOD 5-day mg/l 00310							
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)							
OR							
Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine–Total Residual mg/l 50060							

DISCHARGE SERIAL NUMBER

104

FOR AGENCY USE

14. Description of Influent and Effluent (see instructions) (Continued)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Total Solids mg/l 00500							
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530							
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)							
Kjeldahl Nitrogen mg/l 00625 (Provide if available)							
Nitrate (as N) mg/l 00620 (Provide if available)							
Nitrite (as N) mg/l 00615 (Provide if available)							
Phosphorus Total (as P) mg/l 00665 (Provide if available)							
Dissolved Oxygen (DO) mg/l 00300	X						

DISCHARGE SERIAL NUMBER

104

FOR AGENCY USE

15. Additional Wastewater Characteristics

Check the box next to each parameter if it is present in the effluent. (see instructions)

Parameter (215)	Present	Parameter (215)	Present	Parameter (215)	Present
Bromide 71870		Cobalt 01037		Thallium 01059	
Chloride 00940		Chromium 01034		Titanium 01152	
Cyanide 00720		Copper 01042		Tin 01102	
Fluoride 00951		Iron 01045		Zinc 01092	
Sulfide 00745		Lead 01051		Algicides* 74051	
Aluminum 01105		Manganese 01055		Chlorinated organic compounds* 74052	
Antimony 01097		Mercury 71900		Oil and grease 00550	
Arsenic 01002		Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067		Phenols 32730	
Barium 01007		Selenium 01147		Surfactants 38260	
Boron 01022		Silver 01077		Radioactivity* 74050	
Cadmium 01027					

*Provide specific compound and/or element in Item 17, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels*, 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

DISCHARGE SERIAL NUMBER

104

FOR AGENCY USE

16. Plant Controls Check if the following plant controls are available for this discharge

215

Alternate power source for major pumping facility including those for collection system lift stations ☐ APS

Alarm for power or equipment failure ☐ ALM

17. Additional Information

217 Item Number	Information
9	Approximately 60% of overflow intercepted by Mainstream TARP, Phase I, and subsequently treated at Stickney WRP.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1975-627-728/394 3-1

FORM APPROVED
OMB No. 158-R0100

STANDARD FORM A-MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. and Name a. Discharge Serial No. (see instructions)	201a	105
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Howard Street
c. Previous Discharge Serial No If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number.	201c	105
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA YR MO
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d
County	203b	Cook — 203e
(if applicable) City or Town	203c	Skokie — 203f
4. Discharge Point Description (see instructions) Discharge is into (check one)		
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR
Estuary		☐ EST
Lake		☐ LKE
Ocean		☐ OCE
Well (Injection)		☐ WEL
Other		☐ OTH
If 'other' is checked, specify type	204b	
5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)		
Latitude	205a	42 DEG. 01 MIN. 41 SEC
Longitude	205b	87 DEG. 42 MIN. 34 SEC

DISCHARGE SERIAL NUMBER

105

FOR AGENCY USE

6. Discharge Receiving Water Name
Name the waterway at the point of discharge.(see instructions)

206a North Shore Channel

For Agency Use		
Major	Minor	Sub

206c

For Agency Use
303e

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete Item 7.

206b

7. Offshore Discharge

a. Discharge Distance from Shore 207a NA feet

b. Discharge Depth Below Water Surface 207b NA feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions) NA

a. Bypass Occurrence
Check when bypass occurs

Wet weather 208a1 ☐ Yes ☐ No

Dry weather 208a2 ☐ Yes ☐ No

b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.

Wet Weather 208b1 _____ times per year

Dry weather 208b2 _____ times per year

c. Bypass Duration Give the average bypass duration in hours.

Wet weather 208c1 _____ hours

Dry weather 208c2 _____ hours

d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.

Wet weather 208d1 _____ thousand gallons per incident

Dry weather 208d2 _____ thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs. 208e _____

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1 ☐ Yes ☒ No

Dry weather 209a2 ☐ Yes ☒ No

b. Overflow Frequency Give the actual or approximate incidents per year.

Wet weather 209b1 0 times per year

Dry weather 209b2 0 times per year

DISCHARGE SERIAL NUMBER

108

FOR AGENCY USE

6. Discharge Receiving Water Name
Name the waterway at the point of discharge.(see instructions)

206a Wheeling Drainage Ditch

For Agency Use		
Major	Minor	Sub

206b

206c

For Agency Use
303e

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete item 7.

7. Offshore Discharge

a. Discharge Distance from Shore 207a NA feet

b. Discharge Depth Below Water Surface 207b NA feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions) NA

a. Bypass Occurrence
Check when bypass occurs

Wet weather 208a1 ☐ Yes ☐ No

Dry weather 208a2 ☐ Yes ☐ No

b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.

Wet Weather 208b1 _____ times per year

Dry weather 208b2 _____ times per year

c. Bypass Duration Give the average bypass duration in hours.

Wet weather 208c1 _____ hours

Dry weather 208c2 _____ hours

d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.

Wet weather 208d1 _____ thousand gallons per incident

Dry weather 208d2 _____ thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs. 208e _____

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1 ☒ Yes ☐ No

Dry weather 209a2 ☐ Yes ☒ No

b. Overflow Frequency Give the actual or approximate incidents per year.

Wet weather 209b1 2 times per year

Dry weather 209b2 _____ times per year

DISCHARGE SERIAL NUMBER

105

FOR AGENCY USE

c. Overflow Duration Give the average overflow duration in hours.

Wet weather	209c1	0 hours
Dry weather	209c2	0 Hours

d. Overflow Volume Give the average volume per overflow incident in thousand gallons.

Wet weather	209d1	0 thousand gallons per incident
Dry weather	209d2	0 thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

NA

a. Seasonal/Periodic Discharge Frequency If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year. — 210a _____ times per year

b. Seasonal/Periodic Discharge Volume Give the average volume per discharge occurrence in thousand gallons. — 210b _____ thousand gallons per discharge occurrence

c. Seasonal/Periodic Discharge Duration Give the average duration of each discharge occurrence in days. — 210c _____ days

d. Seasonal/Periodic Discharge Occurrence—Months Check the months during the year when the discharge normally occurs. — 210d

☐ JAN ☐ FEB ☐ MAR
☐ APR ☐ MAY ☐ JUN
☐ JUL ☐ AUG ☐ SEP
☐ OCT ☐ NOV ☐ DEC

11. Discharge Treatment

a. Discharge Treatment Description Describe waste abatement practices used on this discharge with a brief narrative. (See instructions) — 211a

None

DISCHARGE SERIAL NUMBER

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FOR AGENCY USE

b. Discharge Treatment Codes
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible.
Separate all codes with commas except where slashes are used to designate parallel operations.

211b _____

_____

_____

_____

_____

_____

If this discharge is from a municipal waste treatment plant (not an overflow or bypass), complete items 12 and 13

12. Plant Design and Operation Manuals
Check which of the following are currently available — NA

a. Engineering Design Report — 212a ☐

b. Operation and Maintenance Manual — 212b ☐

13. Plant Design Data (see instructions) — NA

a. Plant Design Flow (mgd) — 213a _____ mgd

b. Plant Design BOD Removal (%) — 213b _____%

c. Plant Design N Removal (%) — 213c _____%

d. Plant Design P Removal (%) — 213d _____%

e. Plant Design SS Removal (%) — 213e _____%

f. Plant Began Operation (year) — 213f _____

g. Plant Last Major Revision (year) — 213g _____

DISCHARGE SERIAL NUMBER

105

FORM APPROVED
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FOR AGENCY USE

14. Description of Influent and Effluent (see instructions)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Flow Million gallons per day 50050							
pH Units 00400	X	X					
Temperature (winter) ° F 74028							
Temperature (summer) ° F 74027							
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)	X	X	X				
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)	X	X	X				
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)	X	X	X				
BOD 5-day mg/l 00310							
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)							
OR							
Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine–Total Residual mg/l 50060							

DISCHARGE SERIAL NUMBER

105

FOR AGENCY USE

14. Description of Influent and Effluent (see instructions) (Continued)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Total Solids mg/l 00500							
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530							
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)							
Kjeldahl Nitrogen mg/l 00625 (Provide if available)							
Nitrate (as N) mg/l 00620 (Provide if available)							
Nitrite (as N) mg/l 00615 (Provide if available)							
Phosphorus Total (as P) mg/l 00665 (Provide if available)							
Dissolved Oxygen (DO) mg/l 00300	X						

DISCHARGE SERIAL NUMBER

105

FOR AGENCY USE

15. Additional Wastewater Characteristics

Check the box next to each parameter if it is present in the effluent. (see instructions)

Parameter (215)	Present	Parameter (215)	Present	Parameter (215)	Present
Bromide 71870		Cobalt 01037		Thallium 01059	
Chloride 00940		Chromium 01034		Titanium 01152	
Cyanide 00720		Copper 01042		Tin 01102	
Fluoride 00951		Iron 01045		Zinc 01092	
Sulfide 00745		Lead 01051		Algicides* 74051	
Aluminum 01105		Manganese 01055		Chlorinated organic compounds* 74052	
Antimony 01097		Mercury 71900		Oil and grease 00550	
Arsenic 01002		Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067		Phenols 32730	
Barium 01007		Selenium 01147		Surfactants 38260	
Boron 01022		Silver 01077		Radioactivity* 74050	
Cadmium 01027					

*Provide specific compound and/or element in Item 17, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels*, 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

DISCHARGE SERIAL NUMBER

105

16. Plant Controls Check if the following plant controls are available for this discharge

215

Alternate power source for major pumping facility including those for collection system lift stations ☐ APS

Alarm for power or equipment failure ☐ ALM

FOR AGENCY USE

17. Additional Information

217 Item Number	Information
9	Eliminated under Mainstream TARP, Phase I project. To be utilized for emergency bypass only if the North Side WRP is shut down and the Mainstream TARP is full.

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FORM APPROVED
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STANDARD FORM A–MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. and Name
   a. Discharge Serial No. (see instructions) — 201a: 106
   b. Discharge Name Give name of discharge, if any - (see instructions) — 201b: Morse Avenue
   c. Previous Discharge Serial No If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number. — 201c: 106

2. Discharge Operating Dates
   a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin. — 202a: NA ___ (YR MO)
   b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17. — 202b: NA ___ (YR MO)

3. Discharge Location Name the political boundaries within which the point of discharge is located:

			Agency Use
State	203a: Illinois	203d	
County	203b: Cook	203e	
(If applicable) City or Town	203c: Lincolnwood	203f	

4. Discharge Point Description (see instructions) Discharge is into (check one)

Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR
Estuary		☐ EST
Lake		☐ LKE
Ocean		☐ OCE
Well (Injection)		☐ WEL
Other		☐ OTH
If 'other' is checked, specify type	204b	

5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)

Latitude	205a	42	DEG.	00	MIN.	24 SEC
Longitude	205b	87	DEG.	42	MIN.	38 SEC

DISCHARGE SERIAL NUMBER

106

FOR AGENCY USE

6. Discharge Receiving Water Name
Name the waterway at the point of discharge.(see instructions) 206a: North Shore Channel

For Agency Use			206c	For Agency Use
Major	Minor	Sub		303e

206b: If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete item 7.

7. Offshore Discharge

a. Discharge Distance from Shore 207a: NA feet

b. Discharge Depth Below Water Surface 207b: NA feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions) NA

a. Bypass Occurrence
Check when bypass occurs

Wet weather 208a1: ☐ Yes ☐ No

Dry weather 208a2: ☐ Yes ☐ No

b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.

Wet Weather 208b1: _____ times per year

Dry weather 208b2: _____ times per year

c. Bypass Duration Give the average bypass duration in hours.

Wet weather 208c1: _____ hours

Dry weather 208c2: _____ hours

d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.

Wet weather 208d1: _____ thousand gallons per incident

Dry weather 208d2: _____ thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs. 208e: _____

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1: ☒ Yes ☐ No

Dry weather 209a2: ☐ Yes ☒ No

b. Overflow Frequency Give the actual or approximate incidents per year.

Wet weather 209b1: 10 times per year

Dry weather 209b2: _____ times per year

DISCHARGE SERIAL NUMBER

106

FOR AGENCY USE

c. Overflow Duration Give the average overflow duration in hours.

Wet weather	209c1	6.4 hours
Dry weather	209c2	_____ Hours

d. Overflow Volume Give the average volume per overflow incident in thousand gallons.

Wet weather	209d1	358 thousand gallons per incident
Dry weather	209d2	_____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

a. Seasonal/Periodic Discharge Frequency If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year. — 210a: _____ times per year

b. Seasonal/Periodic Discharge Volume Give the average volume per discharge occurrence in thousand gallons. — 210b: _____ thousand gallons per discharge occurrence

c. Seasonal/Periodic Discharge Duration Give the average duration of each discharge occurrence in days. — 210c: _____ days

d. Seasonal/Periodic Discharge Occurrence—Months Check the months during the year when the discharge normally occurs. — 210d:

☐ JAN ☐ FEB ☒ MAR
☒ APR ☒ MAY ☒ JUN
☒ JUL ☒ AUG ☒ SEP
☒ OCT ☒ NOV ☐ DEC

11. Discharge Treatment

a. Discharge Treatment Description Describe waste abatement practices used on this discharge with a brief narrative. (See instructions) — 211a: None

b. Discharge Treatment Codes
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible.
Separate all codes with commas except where slashes are used to designate parallel operations.

211b _____

_____

_____

_____

_____

_____

If this discharge is from a municipal waste treatment plant (not an overflow or bypass), complete items 12 and 13

12. Plant Design and Operation Manuals
Check which of the following are currently available — NA

a. Engineering Design Report — 212a ☐

b. Operation and Maintenance Manual — 212b ☐

13. Plant Design Data (see instructions) — NA

a. Plant Design Flow (mgd) — 213a _____ mgd

b. Plant Design BOD Removal (%) — 213b _____ %

c. Plant Design N Removal (%) — 213c _____ %

d. Plant Design P Removal (%) — 213d _____ %

e. Plant Design SS Removal (%) — 213e _____ %

f. Plant Began Operation (year) — 213f _____

g. Plant Last Major Revision (year) — 213g _____

DISCHARGE SERIAL NUMBER

106

FORM APPROVED
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FOR AGENCY USE

14. Description of Influent and Effluent (see instructions)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Flow Million gallons per day 50050							
pH Units 00400	X	X					
Temperature (winter) ° F 74028							
Temperature (summer) ° F 74027							
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)	X	X	X				
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)	X	X	X				
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)	X	X	X				
BOD 5-day mg/l 00310							
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)							
OR							
Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine–Total Residual mg/l 50060							

DISCHARGE SERIAL NUMBER

106

FOR AGENCY USE

14. Description of Influent and Effluent (see instructions) (Continued)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Total Solids mg/l 00500							
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530							
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)							
Kjeldahl Nitrogen mg/l 00625 (Provide if available)							
Nitrate (as N) mg/l 00620 (Provide if available)							
Nitrite (as N) mg/l 00615 (Provide if available)							
Phosphorus Total (as P) mg/l 00665 (Provide if available)							
Dissolved Oxygen (DO) mg/l 00300	X						

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DISCHARGE SERIAL NUMBER

106

FOR AGENCY USE

15. Additional Wastewater Characteristics

Check the box next to each parameter if it is present in the effluent. (see instructions)

Parameter (215)	Present	Parameter (215)	Present	Parameter (215)	Present
Bromide 71870		Cobalt 01037		Thallium 01059	
Chloride 00940		Chromium 01034		Titanium 01152	
Cyanide 00720		Copper 01042		Tin 01102	
Fluoride 00951		Iron 01045		Zinc 01092	
Sulfide 00745		Lead 01051		Algicides* 74051	
Aluminum 01105		Manganese 01055		Chlorinated organic compounds* 74052	
Antimony 01097		Mercury 71900		Oil and grease 00550	
Arsenic 01002		Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067		Phenols 32730	
Barium 01007		Selenium 01147		Surfactants 38260	
Boron 01022		Silver 01077		Radioactivity* 74050	
Cadmium 01027					

*Provide specific compound and/or element in Item 17, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels*, 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

DISCHARGE SERIAL NUMBER

106

FOR AGENCY USE

16. Plant Controls Check if the following plant controls are available for this discharge

216

Alternate power source for major pumping facility including those for collection system lift stations ☐ APS

Alarm for power or equipment failure ☐ ALM

17. Additional Information

217 Item Number	Information
9	Approximately 60% of overflow intercepted by Mainstream TARP, Phase I, and subsequently treated at Stickney WRP.

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FORM APPROVED
OMB No. 158–R0100

STANDARD FORM A–MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. and Name			
a. Discharge Serial No. (see instructions)	201a	107	
b. Discharge Name Give name of discharge, if any (see instructions)	201b	North Branch Pumping Station	
c. Previous Discharge Serial No If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number.	201c	107	
2. Discharge Operating Dates			
a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA ___ YR MO	
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA ___ YR MO	
3. Discharge Location Name the political boundaries within which the point of discharge is located:			Agency Use
State	203a	Illinois	203d
County	203b	Cook	203e
(if applicable) City or Town	203c	Chicago	203f
4. Discharge Point Description (see instructions) Discharge is into (check one)			
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR	
Estuary		☐ EST	
Lake		☐ LKE	
Ocean		☐ OCE	
Well (Injection)		☐ WEL	
Other		☐ OTH	
If 'other' is checked, specify type	204b		
5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)			
Latitude	205a	41 DEG. 58 MIN. 09 SEC	
Longitude	205b	87 DEG. 42 MIN. 04 SEC	

DISCHARGE SERIAL NUMBER

107

FOR AGENCY USE

6. Discharge Receiving Water Name
Name the waterway at the point of discharge.(see instructions)

206a North Branch of Chicago River

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete Item 7.

206b

For Agency Use		
Major	Minor	Sub

206c

For Agency Use
303e

7. Offshore Discharge

a. Discharge Distance from Shore — 207a NA feet

b. Discharge Depth Below Water Surface — 207b NA feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions) NA

a. Bypass Occurrence
Check when bypass occurs

Wet weather — 208a1 ☐ Yes ☐ No

Dry weather — 208a2 ☐ Yes ☐ No

b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.

Wet Weather — 208b1 _____ times per year

Dry weather — 208b2 _____ times per year

c. Bypass Duration Give the average bypass duration in hours.

Wet weather — 208c1 _____ hours

Dry weather — 208c2 _____ hours

d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.

Wet weather — 208d1 _____ thousand gallons per incident

Dry weather — 208d2 _____ thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs. — 208e _____

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather — 209a1 ☒ Yes ☐ No

Dry weather — 209a2 ☐ Yes ☒ No

b. Overflow Frequency Give the actual or approximate incidents per year.

Wet weather — 209b1 10 times per year

Dry weather — 209b2 _____ times per year

DISCHARGE SERIAL NUMBER

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FOR AGENCY USE

c. Overflow Duration Give the average overflow duration in hours.

Wet weather — 209c1 — 6.4 hours

Dry weather — 209c2 — _____ Hours

d. Overflow Volume Give the average volume per overflow incident in thousand gallons.

Wet weather — 209d1 — 657 thousand gallons per incident

Dry weather — 209d2 — _____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

a. Seasonal/Periodic Discharge Frequency If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year. — 210a — _____ times per year

b. Seasonal/Periodic Discharge Volume Give the average volume per discharge occurrence in thousand gallons. — 210b — _____ thousand gallons per discharge occurrence

c. Seasonal/Periodic Discharge Duration Give the average duration of each discharge occurrence in days. — 210c — _____ days

d. Seasonal/Periodic Discharge Occurrence—Months Check the months during the year when the discharge normally occurs. — 210d

☐ JAN ☐ FEB ☒ MAR
☒ APR ☒ MAY ☒ JUN
☒ JUL ☒ AUG ☒ SEP
☒ OCT ☒ NOV ☐ DEC

11. Discharge Treatment

a. Discharge Treatment Description Describe waste abatement practices used on this discharge with a brief narrative. (See instructions) — 211a — None

b. Discharge Treatment Codes
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible.
Separate all codes with commas except where slashes are used to designate parallel operations.

211b _____

_____

_____

_____

_____

_____

If this discharge is from a municipal waste treatment plant (not an overflow or bypass), complete items 12 and 13

12. Plant Design and Operation Manuals
Check which of the following are currently available — NA

a. Engineering Design Report — 212a ☐

b. Operation and Maintenance Manual — 212b ☐

13. Plant Design Data (see instructions) — NA

a. Plant Design Flow (mgd) — 213a _____ mgd

b. Plant Design BOD Removal (%) — 213b _____%

c. Plant Design N Removal (%) — 213c _____%

d. Plant Design P Removal (%) — 213d _____%

e. Plant Design SS Removal (%) — 213e _____%

f. Plant Began Operation (year) — 213f _____

g. Plant Last Major Revision (year) — 213g _____

DISCHARGE SERIAL NUMBER

107

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FOR AGENCY USE

14. Description of Influent and Effluent (see instructions)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Flow Million gallons per day 50050							
pH Units 00400	X	X					
Temperature (winter) ° F 74028							
Temperature (summer) ° F 74027							
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)	X	X	X				
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)	X	X	X				
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)	X	X	X				
BOD 5-day mg/l 00310							
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)							
OR Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine–Total Residual mg/l 50060							

DISCHARGE SERIAL NUMBER

107

FOR AGENCY USE

14. Description of Influent and Effluent (see instructions) (Continued)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Total Solids mg/l 00500							
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530							
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)							
Kjeldahl Nitrogen mg/l 00625 (Provide if available)							
Nitrate (as N) mg/l 00620 (Provide if available)							
Nitrite (as N) mg/l 00615 (Provide if available)							
Phosphorus Total (as P) mg/l 00665 (Provide if available)							
Dissolved Oxygen (DO) mg/l 00300	X						

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DISCHARGE SERIAL NUMBER

107

FOR AGENCY USE

15. Additional Wastewater Characteristics

Check the box next to each parameter if it is present in the effluent. (see instructions)

Parameter (215)	Present	Parameter (215)	Present	Parameter (215)	Present
Bromide 71870		Cobalt 01037		Thallium 01059	
Chloride 00940		Chromium 01034		Titanium 01152	
Cyanide 00720		Copper 01042		Tin 01102	
Fluoride 00951		Iron 01045		Zinc 01092	
Sulfide 00745		Lead 01051		Algicides* 74051	
Aluminum 01105		Manganese 01055		Chlorinated organic compounds* 74052	
Antimony 01097		Mercury 71900		Oil and grease 00550	
Arsenic 01002		Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067		Phenols 32730	
Barium 01007		Selenium 01147		Surfactants 38260	
Boron 01022		Silver 01077		Radioactivity* 74050	
Cadmium 01027					

*Provide specific compound and/or element in Item 17, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels*, 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

DISCHARGE SERIAL NUMBER

107

FOR AGENCY USE

16. Plant Controls Check if the following plant controls are available for this discharge

216

Alternate power source for major pumping facility including those for collection system lift stations ☐ APS

Alarm for power or equipment failure ☐ ALM

17. Additional Information

217 Item Number	Information
9	Approximately 60% of overflow intercepted by Mainstream TARP, Phase I, and subsequently treated at Stickney WRP.

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FORM APPROVED
OMB No. 158-R0100

STANDARD FORM A—MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. and Name a. Discharge Serial No. (see instructions)	201a	108
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Wheeling Drainage Ditch
c. Previous Discharge Serial No If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number.	201c	108
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA ___ (YR MO)
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA ___ (YR MO)
3. Discharge Location Name the political boundaries within which the point of discharge is located:		
State	203a	Illinois
County	203b	Cook
(if applicable) City or Town	203c	Wheeling
Agency Use	203d / 203e / 203f	
4. Discharge Point Description (see instructions) Discharge is into (check one)		
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR
Estuary		☐ EST
Lake		☐ LKE
Ocean		☐ OCE
Well (Injection)		☐ WEL
Other		☐ OTH
If 'other' is checked, specify type	204b	
5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)		
Latitude	205a	42 DEG. 07 MIN. 53 SEC
Longitude	205b	87 DEG. 54 MIN. 32 SEC

DISCHARGE SERIAL NUMBER

108

FOR AGENCY USE

c. Overflow Duration Give the average overflow duration in hours.

Data Not Available

Wet weather	209c1	_____hours
Dry weather	209c2	_____Hours

d. Overflow Volume Give the average volume per overflow incident in thousand gallons.

Data Not Available

Wet weather	209d1	_____thousand gallons per incident
Dry weather	209d2	_____thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

NA

a. Seasonal/Periodic Discharge Frequency If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year. — 210a — _____times per year

b. Seasonal/Periodic Discharge Volume Give the average volume per discharge occurrence in thousand gallons. — 210b — _____thousand gallons per discharge occurrence

c. Seasonal/Periodic Discharge Duration Give the average duration of each discharge occurrence in days. — 210c — _____days

d. Seasonal/Periodic Discharge Occurrence—Months Check the months during the year when the discharge normally occurs. — 210d

☐ JAN ☐ FEB ☐ MAR
☐ APR ☐ MAY ☐ JUN
☐ JUL ☐ AUG ☐ SEP
☐ OCT ☐ NOV ☐ DEC

11. Discharge Treatment

a. Discharge Treatment Description Describe waste abatement practices used on this discharge with a brief narrative. (See instructions) — 211a

None

DISCHARGE SERIAL NUMBER

108

FOR AGENCY USE

b. Discharge Treatment Codes
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible.
Separate all codes with commas except where slashes are used to designate parallel operations.

211b _____

If this discharge is from a municipal waste treatment plant (not an overflow or bypass), complete items 12 and 13

12. Plant Design and Operation Manuals
Check which of the following are currently available — NA

a. Engineering Design Report — 212a ☐

b. Operation and Maintenance Manual — 212b ☐

13. Plant Design Data (see instructions) — NA

a. Plant Design Flow (mgd) — 213a _____ mgd

b. Plant Design BOD Removal (%) — 213b _____%

c. Plant Design N Removal (%) — 213c _____%

d. Plant Design P Removal (%) — 213d _____%

e. Plant Design SS Removal (%) — 213e _____%

f. Plant Began Operation (year) — 213f _____

g. Plant Last Major Revision (year) — 213g _____

DISCHARGE SERIAL NUMBER

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FOR AGENCY USE

14. Description of Influent and Effluent (see instructions)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Flow Million gallons per day 50050							
pH Units 00400	X	X					
Temperature (winter) ° F 74028							
Temperature (summer) ° F 74027							
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)	X	X	X				
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)	X	X	X				
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)	X	X	X				
BOD 5-day mg/l 00310							
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)							
OR							
Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine–Total Residual mg/l 50060							

EPA Form 7550–22 (7–73)

DISCHARGE SERIAL NUMBER

108

FOR AGENCY USE

14. Description of Influent and Effluent (see instructions) (Continued)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Total Solids mg/l 00500							
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530							
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)							
Kjeldahl Nitrogen mg/l 00625 (Provide if available)							
Nitrate (as N) mg/l 00620 (Provide if available)							
Nitrite (as N) mg/l 00615 (Provide if available)							
Phosphorus Total (as P) mg/l 00665 (Provide if available)							
Dissolved Oxygen (DO) mg/l 00300	X						

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DISCHARGE SERIAL NUMBER

108

FOR AGENCY USE

15. Additional Wastewater Characteristics

Check the box next to each parameter if it is present in the effluent. (see instructions)

Parameter (215)	Present	Parameter (215)	Present	Parameter (215)	Present
Bromide 71870		Cobalt 01037		Thallium 01059	
Chloride 00940		Chromium 01034		Titanium 01152	
Cyanide 00720		Copper 01042		Tin 01102	
Fluoride 00951		Iron 01045		Zinc 01092	
Sulfide 00745		Lead 01051		Algicides* 74051	
Aluminum 01105		Manganese 01055		Chlorinated organic compounds* 74052	
Antimony 01097		Mercury 71900		Oil and grease 00550	
Arsenic 01002		Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067		Phenols 32730	
Barium 01007		Selenium 01147		Surfactants 38260	
Boron 01022		Silver 01077		Radioactivity* 74050	
Cadmium 01027					

*Provide specific compound and/or element in Item 17, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels*, 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

DISCHARGE SERIAL NUMBER

108

FOR AGENCY USE

16. Plant Controls Check if the following plant controls are available for this discharge

216

Alternate power source for major pumping facility including those for collection system lift stations ☐ APS

Alarm for power or equipment failure ☐ ALM

17. Additional Information

217 Item Number	Information
9	Excess I/I overflow

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STANDARD FORM A–MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

Complete this section for each present or proposed discharge indicated in Section I, Items 7 and 8, that is to surface waters. This includes discharges to other municipal sewerage systems in which the waste water does not go through a treatment works prior to being discharged to surface waters. Discharges to wells must be described where there are also discharges to surface waters from this facility. Separate descriptions of each discharge are required even if several discharges originate in the same facility. All values for an existing discharge should be representative of the twelve previous months of operation. If this is a proposed discharge, values should reflect best engineering estimates.

ADDITIONAL INSTRUCTIONS FOR SELECTED ITEMS APPEAR IN SEPARATE INSTRUCTION BOOKLET AS INDICATED. REFER TO BOOKLET BEFORE FILLING OUT THESE ITEMS.

1. Discharge Serial No. and Name
   a. Discharge Serial No. (see instructions) — 201a: 109
   b. Discharge Name Give name of discharge, if any (see instructions) — 201b: Rand Road
   c. Previous Discharge Serial No If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number. — 201c: 109

2. Discharge Operating Dates
   a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin. — 202a: NA (YR MO)
   b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17. — 202b: NA (YR MO)

3. Discharge Location Name the political boundaries within which the point of discharge is located:

			Agency Use
State	203a: Illinois	203d	
County	203b: Cook	203e	
(if applicable) City or Town	203c: DesPlaines	203f	

4. Discharge Point Description (see instructions) Discharge is into (check one)

Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR
Estuary		☐ EST
Lake		☐ LKE
Ocean		☐ OCE
Well (Injection)		☐ WEL
Other		☐ OTH
If 'other' is checked, specify type	204b	

5. Discharge Point — Lat/Long, State the precise location of the point of discharge to the nearest second. (see instructions)

Latitude	205a	42	DEG.	02	MIN.	39 SEC
Longitude	205b	87	DEG.	52	MIN.	41 SEC

DISCHARGE SERIAL NUMBER

109

FOR AGENCY USE

6. Discharge Receiving Water Name
Name the waterway at the point of discharge.(see instructions)

206a DesPlaines River

For Agency Use		
Major	Minor	Sub

206b

206c

For Agency Use
303e

If the discharge is through an outfall that extends beyond the shoreline or is below the mean low water line, complete Item 7.

7. Offshore Discharge

a. Discharge Distance from Shore 207a NA feet

b. Discharge Depth Below Water Surface 207b NA feet

If discharge is from a bypass or an overflow point or is a seasonal discharge from a lagoon, holding pond, etc., complete items 8, 9 or 10, as applicable, and continue with item 11.

8. Bypass Discharge (see instructions) NA

a. Bypass Occurrence
Check when bypass occurs

Wet weather 208a1 ☐ Yes ☐ No

Dry weather 208a2 ☐ Yes ☐ No

b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.

Wet Weather 208b1 _____ times per year

Dry weather 208b2 _____ times per year

c. Bypass Duration Give the average bypass duration in hours.

Wet weather 208c1 _____ hours

Dry weather 208c2 _____ hours

d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.

Wet weather 208d1 _____ thousand gallons per incident

Dry weather 208d2 _____ thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs. 208e _____

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1 ☒ Yes ☐ No

Dry weather 209a2 ☐ Yes ☒ No

b. Overflow Frequency Give the actual or approximate incidents per year.

Wet weather 209b1 96 times per year

Dry weather 209b2 _____ times per year

DISCHARGE SERIAL NUMBER

109

FOR AGENCY USE

c. Overflow Duration Give the average overflow duration in hours.

Wet weather — 209c1 — 15.9 hours

Dry weather — 209c2 — _____ Hours

d. Overflow Volume Give the average volume per overflow incident in thousand gallons.

Wet weather — 209d1 — 899 thousand gallons per incident

Dry weather — 209d2 — _____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

a. Seasonal/Periodic Discharge Frequency If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year. — 210a — _____ times per year

b. Seasonal/Periodic Discharge Volume Give the average volume per discharge occurrence in thousand gallons. — 210b — _____ thousand gallons per discharge occurrence

c. Seasonal/Periodic Discharge Duration Give the average duration of each discharge occurrence in days. — 210c — _____ days

d. Seasonal/Periodic Discharge Occurrence—Months Check the months during the year when the discharge normally occurs. — 210d

☐ JAN ☐ FEB ☒ MAR
☒ APR ☒ MAY ☒ JUN
☒ JUL ☒ AUG ☒ SEP
☒ OCT ☒ NOV ☒ DEC

11. Discharge Treatment

a. Discharge Treatment Description Describe waste abatement practices used on this discharge with a brief narrative. (See instructions) — 211a

None

b. Discharge Treatment Codes
Using the codes listed in Table I of the Instruction Booklet, describe the waste abatement processes applied to this discharge in the order in which they occur, if possible.
Separate all codes with commas except where slashes are used to designate parallel operations.

211b _____

_____

_____

_____

_____

_____

If this discharge is from a municipal waste treatment plant (not an overflow or bypass), complete items 12 and 13

12. Plant Design and Operation Manuals
Check which of the following are currently available — NA

a. Engineering Design Report — 212a ☐

b. Operation and Maintenance Manual — 212b ☐

13. Plant Design Data (see instructions) — NA

a. Plant Design Flow (mgd) — 213a _____ mgd

b. Plant Design BOD Removal (%) — 213b _____ %

c. Plant Design N Removal (%) — 213c _____ %

d. Plant Design P Removal (%) — 213d _____ %

e. Plant Design SS Removal (%) — 213e _____ %

f. Plant Began Operation (year) — 213f _____

g. Plant Last Major Revision (year) — 213g _____

DISCHARGE SERIAL NUMBER

109

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14. Description of Influent and Effluent (see instructions)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Flow Million gallons per day 50050							
pH Units 00400	X	X					
Temperature (winter) ° F 74028							
Temperature (summer) ° F 74027							
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)	X	X	X				
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)	X	X	X				
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)	X	X	X				
BOD 5-day mg/l 00310							
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)							
OR							
Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine–Total Residual mg/l 50060							

DISCHARGE SERIAL NUMBER

109

FOR AGENCY USE

14. Description of Influent and Effluent (see instructions) (Continued)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Total Solids mg/l 00500							
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530							
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)							
Kjeldahl Nitrogen mg/l 00625 (Provide if available)							
Nitrate (as N) mg/l 00620 (Provide if available)							
Nitrite (as N) mg/l 00615 (Provide if available)							
Phosphorus Total (as P) mg/l 00665 (Provide if available)							
Dissolved Oxygen (DO) mg/l 00300	X						

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DISCHARGE SERIAL NUMBER

109

FOR AGENCY USE

15. Additional Wastewater Characteristics

Check the box next to each parameter if it is present in the effluent. (see instructions)

Parameter (215)	Present	Parameter (215)	Present	Parameter (215)	Present
Bromide 71870		Cobalt 01037		Thallium 01059	
Chloride 00940		Chromium 01034		Titanium 01152	
Cyanide 00720		Copper 01042		Tin 01102	
Fluoride 00951		Iron 01045		Zinc 01092	
Sulfide 00745		Lead 01051		Algicides* 74051	
Aluminum 01105		Manganese 01055		Chlorinated organic compounds* 74052	
Antimony 01097		Mercury 71900		Oil and grease 00550	
Arsenic 01002		Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067		Phenols 32730	
Barium 01007		Selenium 01147		Surfactants 38260	
Boron 01022		Silver 01077		Radioactivity* 74050	
Cadmium 01027					

*Provide specific compound and/or element in Item 17, if known.

Pesticides (Insecticides, fungicides, and rodenticides) must be reported in terms of the acceptable common names specified in *Acceptable Common Names and Chemical Names for the Ingredient Statement on Pesticide Labels,* 2nd Edition, Environmental Protection Agency, Washington, D.C. 20250, June 1972, as required by Subsection 162.7(b) of the Regulations for the Enforcement of the Federal Insecticide, Fungicide, and Rodenticide Act.

DISCHARGE SERIAL NUMBER

109

FOR AGENCY USE

16. Plant Controls Check if the following plant controls are available for this discharge

216

Alternate power source for major pumping facility including those for collection system lift stations ☐ APS

Alarm for power or equipment failure ☐ ALM

17. Additional Information

217 Item Number	Information

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FOR AGENCY USE

STANDARD FORM A–MUNICIPAL

SECTION III. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION

This section requires information on any uncompleted implementation schedule which has been imposed for construction of waste treatment facilities. Requirement schedules may have been established by local, State, or Federal agencies or by court action. IF YOU ARE SUBJECT TO SEVERAL DIFFERENT IMPLEMENTATION SCHEDULES, EITHER BECAUSE OF DIFFERENT LEVELS OF AUTHORITY IMPOSING DIFFERENT SCHEDULES (ITEM 1b) AND/OR STAGED CONSTRUCTION OF SEPARATE OPERATIONAL UNITS (ITEM 1c), SUBMIT A SEPARATE SECTION III FOR EACH ONE.

FOR AGENCY USE
Sched. No.

1. Improvements Required

a. Discharge Serial Numbers Affected List the discharge serial numbers, assigned in Section II, that are covered by this implementation schedule — 300: 001, 002

b. Authority Imposing Requirement Check the appropriate item indicating the authority for the implementation schedule If the identical implementation schedule has been ordered by more than one authority, check the appropriate items. (see instructions) — 301a

	301b
Locally developed plan	☐ LOC
Areawide Plan	☐ ARE
Basin Plan	☐ BAS
State approved implementation schedule	☒ SCS
Federal approved water quality standards implementation plan	☐ WQS
Federal enforcement procedure or action	☐ ENF
State court order	☐ CRT
Federal court order	☐ FED

c. Improvement Description Specify the 3-character code for the General Action Description in Table II that best describes the improvements required by the implementation schedule. If more than one schedule applies to the facility because of a staged construction schedule, state the stage of construction being described here with the appropriate general action code. submit a separate Section III for each stage of construction planned. Also, list all the 3-character (Specific Action) codes which describe in more detail the pollution abatement practices that the implementation schedule requires.

3-character general action description	301c	INT
3-character specific action descriptions	301d	SEC / / / /

2. Implementation Schedule and 3. Actual Completion Dates *

Provide dates imposed by schedule and any actual dates of completion for implementation steps listed below. Indicate dates as accurately as possible. (see instructions)

Implementation Steps		2. Schedule (Yr /Mo /Day)		3. Actual Completion (Yr /Mo /Day)	
a. Preliminary plan complete	NA	302a	/ /	303a	/ /
b. Final plan complete		302b	/ /	303b	86 / 4 / 30
c. Financing complete & contract awarded		302c	86 / 7 / 17	303c	86 / 7 / 17
d. Site acquired	NA	302d	/ /	303d	/ /
e. Begin construction		302e	86 / 7 / 30	303e	86 / 7 / 30
f. End construction		302f	88 / 7 / 29	303f	89 / 12 / 12
g. Begin Discharge		302g	88 / 7 / 29	303g	88 / 12 / 15
h. Operational level attained		302h	88 / 7 / 29	303h	88 / 12 / 15

* Under Contract 78-020-CP

FOR AGENCY USE

STANDARD FORM A–MUNICIPAL

SECTION III. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION

This section requires information on any uncompleted implementation schedule which has been imposed for construction of waste treatment facilities. Requirement schedules may have been established by local, State, or Federal agencies or by court action. IF YOU ARE SUBJECT TO SEVERAL DIFFERENT IMPLEMENTATION SCHEDULES, EITHER BECAUSE OF DIFFERENT LEVELS OF AUTHORITY IMPOSING DIFFERENT SCHEDULES (ITEM 1b) AND/OR STAGED CONSTRUCTION OF SEPARATE OPERATIONAL UNITS (ITEM 1c), SUBMIT A SEPARATE SECTION III FOR EACH ONE.

1. Improvements Required

a. Discharge Serial Numbers Affected List the discharge serial numbers, assigned in Section II, that are covered by this implementation schedule — 300 — FOR AGENCY USE Sched. No. ____

b. Authority Imposing Requirement Check the appropriate item indicating the authority for the implementation schedule If the identical implementation schedule has been ordered by more than one authority, check the appropriate items. (see instructions)

301a: 109

301b:

- ☐ Locally developed plan — LOC
- ☒ Areawide Plan — ARE
- ☒ Basin Plan — BAS
- ☒ State approved implementation schedule — SQS
- ☐ Federal approved water quality standards implementation plan — WQS
- ☐ Federal enforcement procedure or action — ENF
- ☐ State court order — CRT
- ☐ Federal court order — FED

Tunnel and Reservoir Plan, Mainstream; North Branch Leg - Phase I

c. Improvement Description Specify the 3-character code for the General Action Description in Table II that best describes the improvements required by the implementation schedule. If more than one schedule applies to the facility because of a staged construction schedule, state the stage of construction being described here with the appropriate general action code. submit a separate Section III for each stage of construction planned. Also, list all the 3-character (Specific Action) codes which describe in more detail the pollution abatement practices that the implementation schedule requires.

3-character general action description — 301c: MOD

3-character specific action descriptions — 301d: OUT / IPU / CSC / ____ /

2. Implementation Schedule and 3. Actual Completion Dates

Provide dates imposed by schedule and any actual dates of completion for implementation steps listed below. Indicate dates as accurately as possible. (see instructions)

Implementation Steps	2. Schedule (Yr /Mo /Day)		3. Actual Completion (Yr /Mo /Day)	
a. Preliminary plan complete	302a	75 / 2 / 1	303a	75 / 2 / 1
b. Final plan complete	302b	76 / 10 / 1	303b	92 / 4 / 1
c. Financing complete & contract awarded	302c	77 / 2 / 1	303c	92 / 4 / 1
d. Site acquired	302d	77 / 2 / 1	303d	92 / 4 / 1
e. Begin construction	302e	77 / 3 / 1	303e	92 / 7 / 6
f. End construction	302f	83 / 1 / 1	303f	___ / ___ / ___
g. Begin Discharge	302g	___ / ___ / ___	303g	___ / ___ / ___
h. Operational level attained	302h	___ / ___ / ___	303h	___ / ___ / ___

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FOR AGENCY USE

STANDARD FORM A–MUNICIPAL

SECTION IV. INDUSTRIAL WASTE CONTRIBUTION TO MUNICIPAL SYSTEM

Submit a description of each major industrial facility discharging to the municipal system, using a separate Section IV for each facility description. Indicate the 4 digit Standard Industrial Classification (SIC) Code for the industry, the major product or raw material, the flow (in thousand gallons per day), and the characteristics of the wastewater discharged from the industrial facility into the municipal system. Consult Table III for standard measures of products or raw materials. (see instructions)

1. **Major Contributing Facility** (see instructions)

Name	401a	See attached sheets
Number& Street	401b	
City	401c	
County	401d	
State	401e	
Zip Code	401f	

2. **Primary Standard Industrial Classification Code** (see instructions) — 402 _____

3. **Principal Product or Raw Material** (see instructions)

			Quantity		Units (See Table III)
Product	403a	403c		403e	
Raw Material	403b	403d		403f	

4. **Flow** Indicate the volume of water discharged into the municipal system in thousand gallons per day and whether this discharge is intermittent or continuous.
   - 404a _____ thousand gallons per day
   - 404b ☐ Intermittent (int) ☐ Continuous (con)

5. **Pretreatment Provided** Indicate if pretreatment is provided prior to entering the municipal system — 405 ☐ Yes ☐ No

6. **Characteristics of Wastewater** (see instructions)

	Parameter Name							
406a	Parameter Number							
406b	Value							