

Protecting Our Water Environment

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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

Express Mail
Certified Mail No. P465-838-563
Return Receipt Requested

December 2, 1992

Mr. Thomas G. McSwiggin, Manager
Illinois Environmental Protection Agency
Division of Water Pollution Control
Permit Section, Municipal
2200 Churchill Road
Springfield, IL 62794-9276

Subject: Calumet Water Reclamation Plant; NPDES Permit No. IL 0028061
Permit Renewal Application

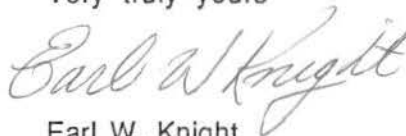
Dear Mr. McSwiggin:

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 IV, 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

ME FK:OZ:qt

Encl.

cc: Dalton/DiVita/Lue-Hing/Michuda

RECYCLED PAPER



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER

FOR AGENCY USE									

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.

		<i>Please Print or Type</i>	
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 & Operations	
Number & Street	103b	100 E. Erie	
City	103c	Chicago	
State	103d	Illinois	
Zip Code	103e	60611	
Telephone	103f	312 751-5101 Area Code 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	87 07 14 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
 Signature of Applicant or Authorized Agent	102f	92 12 03 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									

	Number of Discharge Points	Total Volume Discharged, Million Gallons Per Day
To: Surface Water	107a1 <u>1</u>	107a2 <u>292</u>
Surface Impoundment with no Effluent	107b1 _____	107b2 _____
Underground Percolation	107c1 _____	107c2 _____
Well (injection)	107d1 _____	107d2 _____
Other	107e1 _____	107e2 _____
Total Item 7	107f1 <u>1</u>	107f2 <u>292</u> (1991 Data)

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 _____

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

108b _____

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

108c _____

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

175.5 miles (MWRD Interceptors only)

10. Municipalities or Areas Served (see instructions)

	Name	Actual Population Served
110a	South Facility Area (Calumet)	110b <u>1,145,301</u>
110a	See attached list of communities	110b _____
110a	_____	110b _____
110a	_____	110b _____
110a	_____	110b _____
110a	_____	110b _____
110a	_____	110b _____
110a	_____	110b _____
110a	_____	110b _____
110a	_____	110b _____

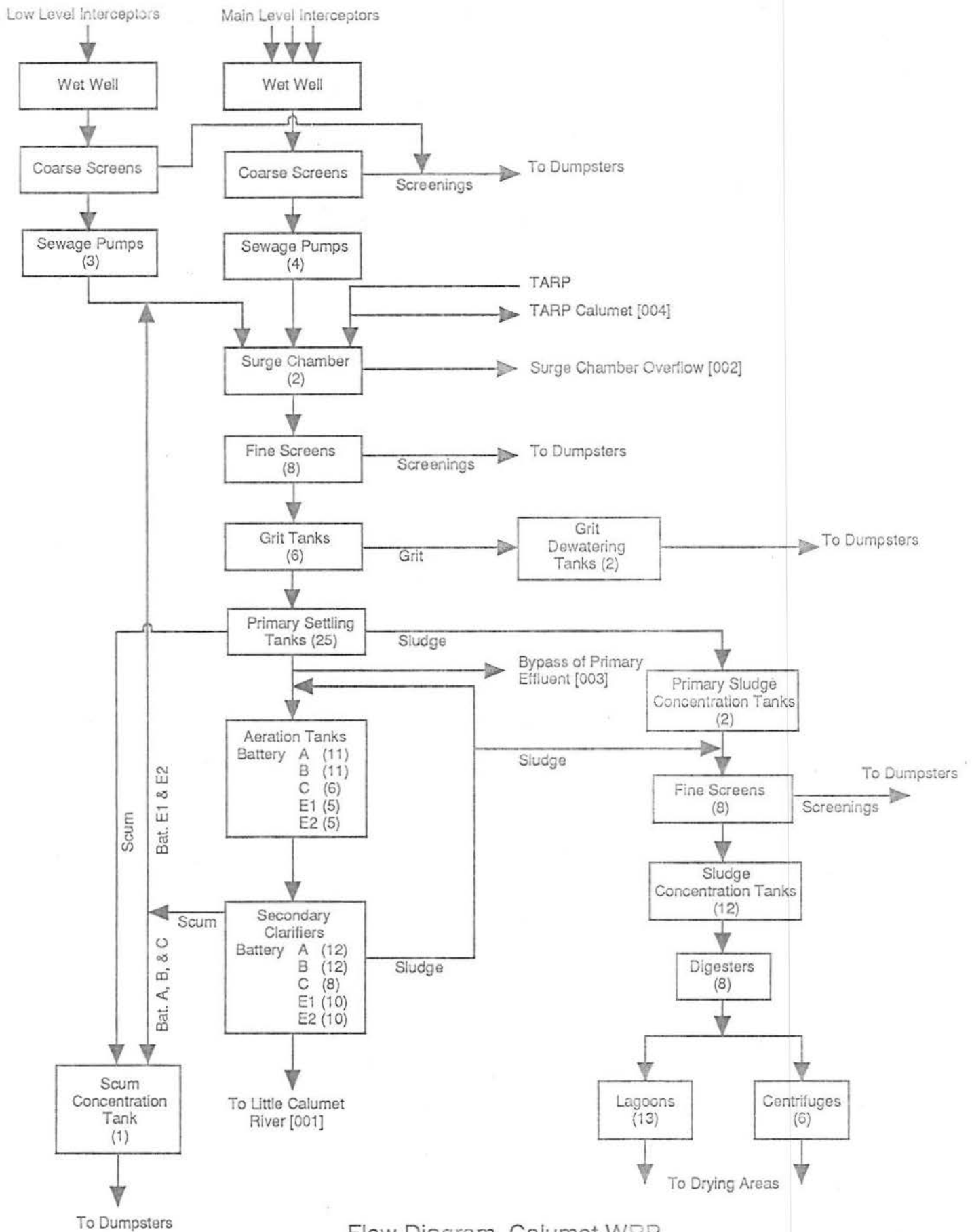
Total Population Served

CALUMET WATER RECLAMATION PLANT

SECTION I.10

Municipalities or Areas Served

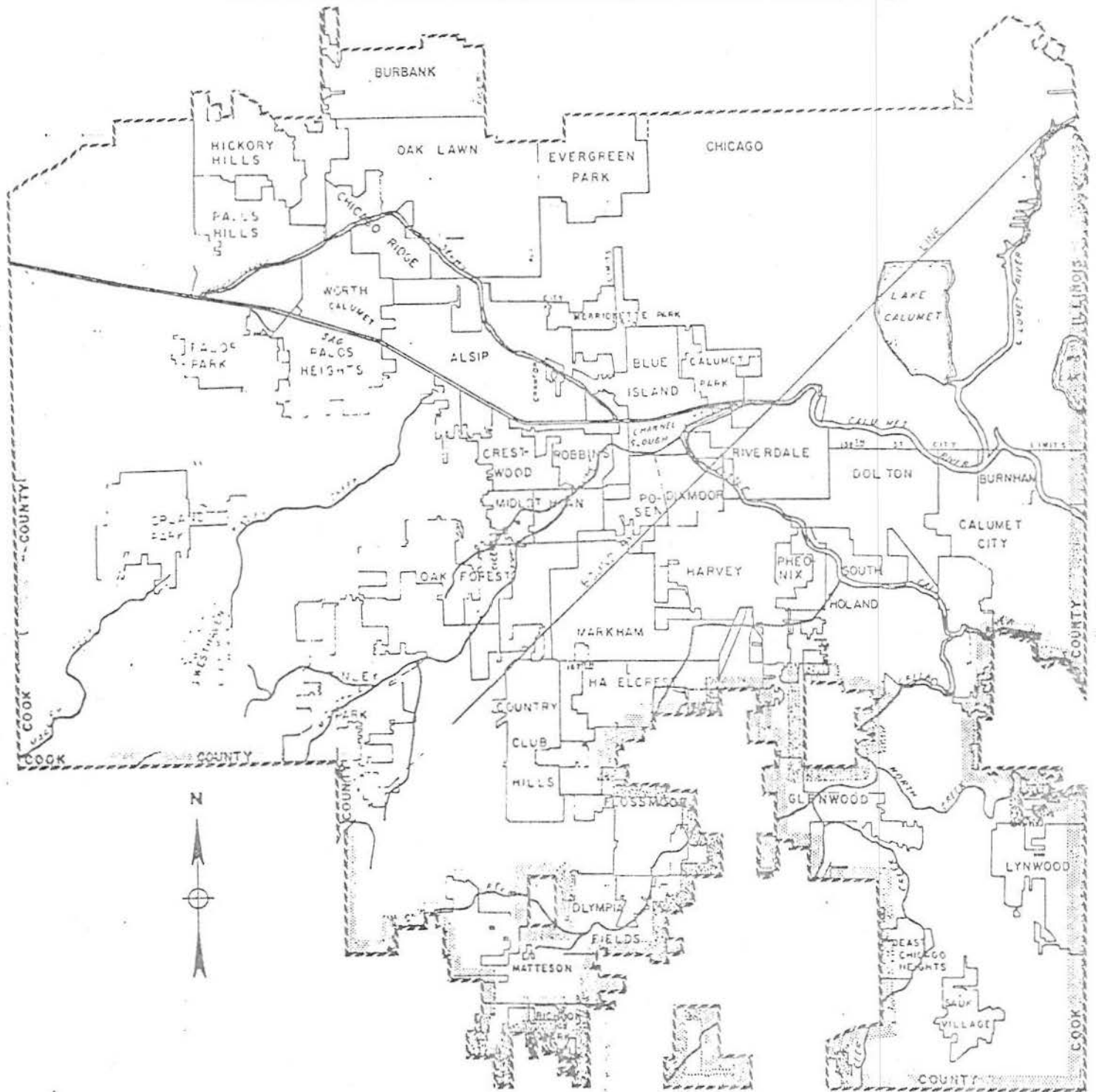
MUNICIPALITY	POPULATION SERVED(1990)
Alsip	18,065
Blue Island	21,110
Bridgeview	14,277
Burbank	27,462
Burnham	3,899
Calumet City	37,624
Calumet Park	8,365
Chicago Ridge	13,588
Country Club Hills	15,341
Crestwood	10,628
Dixmoor	3,588
Dolton	23,849
East Hazel Crest	1,555
Evergreen Park	20,820
Flossmoor	8,592
Ford Heights	4,181
Glenwood	9,253
Harvey	29,410
Hazel Crest	13,221
Hickory Hills	12,876
Homewood	19,222
Lansing	27,608
Lynwood	6,105
Markham	12,981
Matteson	11,318
Merrionette Park	2,064
Midlothian	14,080
Oak Forest	25,896
Oak Lawn	56,099
Olympia Fields	4,055
Orland Hills	5,497
Orland park	35,911
Palos heights	11,326
Palos Hills	17,694
Palos Park	4,242
Phoenix	2,190
Posen	4,262
Richton Park	10,307
Riverdale	13,624
Robbins	7,421
Sauk Village	9,751
South Holland	21,990
Thornton	2,771
Tinley Park	36,461
Worth	11,161
Part of Chicago	392,061
Sub-Total	1,063,801
Unincorporated	81,500
Total	1,145,301



Flow Diagram, Calumet WRP

Note: () Represents number of units

SOUTH FACILITY AREA



THE METROPOLITAN SANITARY DISTRICT
OF GREATER CHICAGO

ENGINEERING DEPARTMENT

S.P. & D.F.M.

SEPT. 1974

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.

<p>1. Discharge Serial No. and Name</p> <p>a. Discharge Serial No. (see instructions)</p> <p>b. Discharge Name Give name of discharge, if any (see instructions)</p> <p>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.</p>	<p>201a</p> <p>201b</p> <p>201c</p>	<p><u>001</u></p> <p><u>Calumet WRP Outfall</u></p> <p><u>001</u></p>	
<p>2. Discharge Operating Dates</p> <p>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.</p> <p>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.</p>	<p>202a</p> <p>202b</p>	<p><u>NA</u></p> <p><u>NA</u></p>	
<p>3. Discharge Location Name the political boundaries within which the point of discharge is located:</p> <p>State</p> <p>County</p> <p>(if applicable) City or Town</p>	<p>203a</p> <p>203b</p> <p>203c</p>	<p><u>Illinois</u></p> <p><u>Cook</u></p> <p><u>Chicago</u></p>	<p>Agency Use</p> <p>203d</p> <p>203e</p> <p>203f</p>
<p>4. Discharge Point Description (see instructions) Discharge is into (check one)</p> <p>Stream (includes ditches, arroyos, and other watercourses)</p> <p>Estuary</p> <p>Lake</p> <p>Ocean</p> <p>Well (Injection)</p> <p>Other</p> <p>If 'other' is checked, specify type</p>	<p>204a</p> <p>204b</p>	<p><input checked="" type="checkbox"/> STR</p> <p><input type="checkbox"/> EST</p> <p><input type="checkbox"/> LKE</p> <p><input type="checkbox"/> OCE</p> <p><input type="checkbox"/> WEL</p> <p><input type="checkbox"/> OTH</p>	
<p>5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)</p> <p>Latitude</p> <p>Longitude</p>	<p>205a</p> <p>205b</p>	<p><u>41</u> DEG. <u>39</u> MIN. <u>45</u> SEC</p> <p><u>87</u> DEG. <u>37</u> MIN. <u>09</u> SEC</p>	

DISCHARGE SERIAL NUMBER

001

FOR AGENCY USE

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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 screening, grit removal, and primary sedimentation using settling tanks followed by biological treatment using activated sludge, followed by secondary clarification. Sludge is concentrated and treated by anaerobic digestion with dewatering in lagoons or centrifuges; the sludge is then further dewatered in drying beds prior to final disposal via land filling and/or land reclamation projects.

Calumet WRP, 001

FOR AGENCY USE

14. Description of Influent and Effluent (see instructions)

Parameter and Code 214	Influent	Effluent					
	Annual Average Value	Annual Average Value	Lowest Monthly Average Value	Highest Monthly Average Value	Frequency of Analysis	Number of Analyses	Sample Type
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Flow Million gallons per day 50050	292	292	236	352	7/7	365	
pH Units 00400			7.0	7.4	7/7	365	G
Temperature (winter) ° F 74028 Nov. - Mar.		53	50	59	7/7	151	G
Temperature (summer) ° F 74027 Apr. - Oct.		67	55	73	7/7	214	G
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)							
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)				260,000	1/7	53	G
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)							
BOD 5-day mg/l 00310	141	17	15	22	7/7	363	24
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)	305	43	37	54	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

Calumet 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	994	799	680	967	7/7	365	24
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530	166	9	7	13	7/7	364	24
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)	11.97	6.24	3.26	8.97	7/7	365	24
Kjeldahl Nitrogen mg/l 00625 (Provide if available)	22.03	8.36	4.61	13.14	7/7	365	24
Nitrate (as N) mg/l 00620 (Provide if available)	0.20	2.68	1.75	3.85	7/7	365	24
Nitrite (as N) mg/l 00615 (Provide if available)	0.14	0.54	0.23	1.04	7/7	365	24
Phosphorus Total (as P) mg/l 00665 (Provide if available)	6.48	3.11	2.20	4.43	7/7	365	24
Dissolved Oxygen (DO) mg/l 00300		6.6	5.9	7.2	7/7	364	G

DISCHARGE SERIAL NUMBER

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	X
Aluminum 01105		Manganese 01055	X	Chlorinated organic compounds* 74052	
Antimony 01097		Mercury 71900	X	Oil and grease 00550	X
Arsenic 01002	X	Molybdenum 01062		Pesticides* 74053	
Beryllium 01012		Nickel 01067	X	Phenols 32730	X
Barium 01007		Selenium 01147	X	Surfactants 38260	
Boron 01022		Silver 01077	X	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.

STANDARD FORM A—MUNICIPAL

FOR AGENCY USE											

SECTION II. BASIC DISCHARGE DESCRIPTION

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

<p>1. Discharge Serial No. and Name</p> <p>a. Discharge Serial No. (see instructions)</p> <p>b. Discharge Name Give name of discharge, if any (see instructions)</p> <p>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.</p>	<p>201a <u>002</u></p> <p>201b <u>Calumet WRP Surge Chamber Overflow</u></p> <p>201c <u>002</u></p>	
<p>2. Discharge Operating Dates</p> <p>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.</p> <p>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.</p>	<p>202a <u>NA</u> YR MO</p> <p>202b <u>NA</u> YR MO</p>	
<p>3. Discharge Location Name the political boundaries within which the point of discharge is located:</p> <p>State</p> <p>County</p> <p>(if applicable) City or Town</p>	<p>203a <u>Illinois</u></p> <p>203b <u>Cook</u></p> <p>203c <u>Chicago</u></p>	<p style="text-align: center;"><u>Agency Use</u></p> <p>203d _____</p> <p>203e _____</p> <p>203f _____</p>
<p>4. Discharge Point Description (see instructions) Discharge is into (check one)</p> <p>Stream (includes ditches, arroyos, and other watercourses)</p> <p>Estuary</p> <p>Lake</p> <p>Ocean</p> <p>Well (Injection)</p> <p>Other</p> <p>If 'other' is checked, specify type</p>	<p>204a <input checked="" type="checkbox"/> STR</p> <p><input type="checkbox"/> EST</p> <p><input type="checkbox"/> LKE</p> <p><input type="checkbox"/> OCE</p> <p><input type="checkbox"/> WEL</p> <p><input type="checkbox"/> OTH</p> <p>204b _____</p>	
<p>5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)</p> <p>Latitude</p> <p>Longitude</p>	<p>205a <u>41</u> DEG. <u>39</u> MIN. <u>45</u> SEC</p> <p>205b <u>87</u> DEG. <u>37</u> MIN. <u>09</u> SEC</p>	

002

FOR AGENCY USE

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

206a

Little Calumet River

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

For Agency Use		
Major	Minor	Sub

206c

For Agency Use
303e

206b

7. Offshore Discharge

a. Discharge Distance from Shore

207a

0 feet

b. Discharge Depth Below Water Surface

207b

16.8 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)

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

0-1 times per year Extremely rare occurrence; zero occurrences in 1991.

Dry weather

208b2

0 times per year

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

Wet weather

208c1

0.25 hours

Dry weather

208c2

0 hours

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

Wet weather

208d1

0 - 200 thousand gallons per incident

Dry weather

208d2

0 thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs.

208e

Equipment (Fine Screens) failure causing a short duration bottle neck in flow pattern allowing flow to surcharge. Result is possibly a bypass (overflow) of surge chamber.

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

1991 Data:

0 times per year

Dry weather

209b2

0 times per year

DISCHARGE SERIAL NUMBER

002

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

N/A

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 - Should the capacity of the surge be exceeded,
influent overflow would be diverted to a bypass
conduit and to a storm water outfall (to the Little
Calumet River).

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

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
- b. Operation and Maintenance Manual

212a

212b

13. Plant Design Data (see instructions)

- a. Plant Design Flow (mgd)
- b. Plant Design BOD Removal (%)
- c. Plant Design N Removal (%)
- d. Plant Design P Removal (%)
- e. Plant Design SS Removal (%)
- f. Plant Began Operation (year)
- g. Plant Last Major Revision (year)

213a

NA mgd

213b

0 %

213c

0 %

213d

0 %

213e

0 %

213f

1935

213g

1989

STANDARD FORM A-MUNICIPAL

FOR AGENCY USE									

SECTION II. BASIC DISCHARGE DESCRIPTION

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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	201a	003		
a. Discharge Serial No. (see instructions)				
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Bypass of Primary effluent		
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	003		
2. Discharge Operating Dates	202a	NA		
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.		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)	204a	<input checked="" type="checkbox"/> STR		
Stream (includes ditches, arroyos, and other watercourses)		<input type="checkbox"/> EST		
Estuary		<input type="checkbox"/> LKE		
Lake		<input type="checkbox"/> OCE		
Ocean		<input type="checkbox"/> WEL		
Well (Injection)		<input type="checkbox"/> OTH		
Other	204b			
If 'other' is checked, specify type				
5. Discharge Point - Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)	205a	41 DEG. 39 MIN. 45 SEC		
Latitude				
Longitude	205b	87 DEG. 37 MIN. 09 SEC		

003

FOR AGENCY USE									

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

206a Little Calumet 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			206c	For Agency Use		
	Major	Minor	Sub		303e		

7. Offshore Discharge

- a. Discharge Distance from Shore
- b. Discharge Depth Below Water Surface

207a NA feet

207b _____ 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)

1991 Data:

- a. Bypass Occurrence Check when bypass occurs
 - Wet weather
 - Dry weather
- b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.
 - Wet Weather
 - Dry weather
- c. Bypass Duration Give the average bypass duration in hours.
 - Wet weather
 - Dry weather
- d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.
 - Wet weather
 - Dry weather
- e. Bypass Reasons Give reasons why bypass occurs.

208a1 Yes No

208a2 Yes No

208b1 0-1 times per year

208b2 0 times per year

208c1 0.25 hours

208c2 0 hours

No occurrences in 1991
Use 91 data

208d1 0-200 thousand gallons per incident

208d2 0 thousand gallons per incident

208e During high flow/high pumpage conditions, occasionally a small percentage of the primary effluent cannot be processed in the secondary system, thus necessitating a bypass.

Proceed to Item 11.

9. Overflow Discharge (see instructions)

- a. Overflow Occurrence Check when overflow occurs.
 - Wet weather
 - Dry weather
- b. Overflow Frequency Give the actual or approximate incidents per year.
 - Wet weather
 - Dry weather

NA

209a1 Yes No

209a2 Yes No

209b1 _____ times per year

209b2 _____ times per year

DISCHARGE SERIAL NUMBER

003

FOR AGENCY USE

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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**

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.

NA

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

Wastewater receives complete primary treatment prior to bypassing:

- 1) Coarse screening
- 2) Fine screening
- 3) Aerated grit removal
- 4) Preliminary settling
- 5) Scum removal

DISCHARGE SERIAL NUMBER

003

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 S, GA, C

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 NA 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 _____

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	201a	<u>004</u>	
a. Discharge Serial No. (see instructions)			
b. Discharge Name Give name of discharge, if any (see instructions)	201b	<u>TARP-Calumet</u>	
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	<u>004</u>	
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	<u>NA</u> 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	<u>NA</u> YR MO	
3. Discharge Location Name the political boundaries within which the point of discharge is located:			<u>Agency Use</u>
State	203a	<u>Illinois</u>	203d
County	203b	<u>Cook</u>	203e
(if applicable) City or Town	203c	<u>Chicago</u>	203f
4. Discharge Point Description (see instructions) Discharge is into (check one)			
Stream (includes ditches, arroyos, and other watercourses)	204a	<input checked="" type="checkbox"/> STR	
Estuary		<input type="checkbox"/> EST	
Lake		<input type="checkbox"/> LKE	
Ocean		<input type="checkbox"/> OCE	
Well (Injection)		<input type="checkbox"/> WEL	
Other		<input type="checkbox"/> 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	<u>41</u> DEG. <u>39</u> MIN. <u>45</u> SEC	
Longitude	205b	<u>87</u> DEG. <u>37</u> MIN. <u>09</u> SEC	

004

FOR AGENCY USE									

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

206a Little Calumet River

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

For Agency Use		
Major	Minor	Sub

206c

For Agency Use	
303e	

206b

7. Offshore Discharge

a. Discharge Distance from Shore

207a NA feet

b. Discharge Depth Below Water Surface

207b _____ 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)

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 0-1 times per year

Dry weather

208b2 0 times per year

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

Wet weather

208c1 0.25 hours

Dry weather

208c2 0 hours

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

Wet weather

208d1 0-200 thousand gallons per incident

Dry weather

208d2 _____ thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs.

208e Mechanical failure of raw sewage pumps and/or power interruption. No such situation for more than four years.

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather

NA

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

DISCHARGE SERIAL NUMBER

004

FOR AGENCY USE									

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

Wet weather
Dry weather

209c1 _____ hours
209c2 _____ Hours

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

Wet weather
Dry weather

209d1 _____ thousand gallons per incident
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.

NA
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

004

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

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.

<p>1. Discharge Serial No. and Name</p> <p>a. Discharge Serial No. (see instructions)</p> <p>b. Discharge Name Give name of discharge, if any (see instructions)</p> <p>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.</p>	<p>201a <u>151</u></p> <p>201b <u>94th Pl. (Ext. C2)</u></p> <p>201c <u>151</u></p>	
<p>2. Discharge Operating Dates</p> <p>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.</p> <p>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.</p>	<p>202a <u> </u> YR <u> </u> MO</p> <p>202b <u>None</u> YR <u> </u> MO</p>	
<p>3. Discharge Location Name the political boundaries within which the point of discharge is located:</p> <p>State</p> <p>County</p> <p>(if applicable) City or Town</p>	<p>203a <u>Illinois</u></p> <p>203b <u>Cook</u></p> <p>203c <u>Chicago</u></p>	<p style="text-align: center;"><u>Agency Use</u></p> <p>203d <u> </u></p> <p>203e <u> </u></p> <p>203f <u> </u></p>
<p>4. Discharge Point Description (see instructions) Discharge is into (check one)</p> <p>Stream (includes ditches, arroyos, and other watercourses)</p> <p>Estuary</p> <p>Lake</p> <p>Ocean</p> <p>Well (Injection)</p> <p>Other</p> <p>If 'other' is checked, specify type</p>	<p>204a <input checked="" type="checkbox"/> STR</p> <p><input type="checkbox"/> EST</p> <p><input type="checkbox"/> LKE</p> <p><input type="checkbox"/> OCE</p> <p><input type="checkbox"/> WEL</p> <p><input type="checkbox"/> OTH</p> <p>204b <u> </u></p>	
<p>5. Discharge Point - Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)</p> <p>Latitude</p> <p>Longitude</p>	<p>205a <u>41</u> DEG. <u>49</u> MIN. <u>02</u> SEC</p> <p>205b <u>87</u> DEG. <u>45</u> MIN. <u>12</u> SEC</p>	

FOR AGENCY USE									

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

206a

Calumet 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)

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

6 times per year

Dry weather

209b2

0 times per year

1991 Data

DISCHARGE SERIAL NUMBER

151

FOR AGENCY USE					

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

Wet weather

209c1 1.81 hours

Dry weather

209c2 _____ Hours

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

Wet weather

209d1 10,500 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 Chlorination

DISCHARGE SERIAL NUMBER

151

FOR AGENCY USE

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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

PH

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
b. Operation and Maintenance Manual

212a

212b

13. Plant Design Data (see instructions)

- a. Plant Design Flow (mgd)
b. Plant Design BOD Removal (%)
c. Plant Design N Removal (%)
d. Plant Design P Removal (%)
e. Plant Design SS Removal (%)
f. Plant Began Operation (year)
g. Plant Last Major Revision (year)

213a

_____ mgd

213b

_____ %

213c

_____ %

213d

_____ %

213e

_____ %

213f

213g

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	201a	152		
a. Discharge Serial No. (see instructions)				
b. Discharge Name Give name of discharge, if any (see instructions)	201b	122nd St Pumping Station C5		
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	152		
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	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	None 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	<input checked="" type="checkbox"/> STR		
Estuary		<input type="checkbox"/> EST		
Lake		<input type="checkbox"/> LKE		
Ocean		<input type="checkbox"/> OCE		
Well (Injection)		<input type="checkbox"/> WEL		
Other		<input type="checkbox"/> 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. 40 MIN. 26 SEC		
Longitude	205b	87 DEG. 33 MIN. 06 SEC		

152

FOR AGENCY USE

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

206a

Calumet 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)

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

1 times per year

Dry weather

209b2

0 times per year

1991 Data

DISCHARGE SERIAL NUMBER

152

FOR AGENCY USE									

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

Wet weather

209c1 2.33 hours

Dry weather

209c2 _____ Hours

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

Wet weather

209d1 9,400 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 Chlorination

DISCHARGE SERIAL NUMBER

152

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	PH

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 | <input type="checkbox"/> |
| b. Operation and Maintenance Manual | 212b | <input type="checkbox"/> |

13. Plant Design Data (see instructions)

- | | | |
|-------------------------------------|-------------|-----------|
| 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 | _____ |

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.

<p>1. Discharge Serial No. and Name</p> <p>a. Discharge Serial No. (see instructions)</p> <p>b. Discharge Name Give name of discharge, if any (see instructions)</p> <p>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.</p>	<p>201a <u>153</u></p> <p>201b <u>Edbrook Ave (C28)</u></p> <p>201c <u>153</u></p>	
<p>2. Discharge Operating Dates</p> <p>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.</p> <p>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.</p>	<p>202a <u> </u> YR <u> </u> MO</p> <p>202b <u>None</u> YR MO</p>	
<p>3. Discharge Location Name the political boundaries within which the point of discharge is located:</p> <p>State</p> <p>County</p> <p>(if applicable) City or Town</p>	<p>203a <u>Illinois</u></p> <p>203b <u>Cook</u></p> <p>203c <u>Chicago</u></p>	<p style="text-align: center;"><u>Agency Use</u></p> <p>203d <u> </u></p> <p>203e <u> </u></p> <p>203f <u> </u></p>
<p>4. Discharge Point Description (see instructions) Discharge is into (check one)</p> <p>Stream (includes ditches, arroyos, and other watercourses)</p> <p>Estuary</p> <p>Lake</p> <p>Ocean</p> <p>Well (Injection)</p> <p>Other</p> <p>If 'other' is checked, specify type</p>	<p>204a <input checked="" type="checkbox"/> STR</p> <p><input type="checkbox"/> EST</p> <p><input type="checkbox"/> LKE</p> <p><input type="checkbox"/> OCE</p> <p><input type="checkbox"/> WEL</p> <p><input type="checkbox"/> OTH</p>	
<p>5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)</p> <p>Latitude</p> <p>Longitude</p>	<p>205a <u>41</u> DEG. <u>40</u> MIN. <u>15</u> SEC</p> <p>205b <u>87</u> DEG. <u>37</u> MIN. <u>49</u> SEC</p>	

FOR AGENCY USE									

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

206a

Little Calumet 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
- b. Discharge Depth Below Water Surface

207a

NA feet

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)

- a. Bypass Occurrence Check when bypass occurs
 - Wet weather
 - Dry weather
- b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.
 - Wet Weather
 - Dry weather
- c. Bypass Duration Give the average bypass duration in hours.
 - Wet weather
 - Dry weather
- d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.
 - Wet weather
 - Dry weather
- e. Bypass Reasons Give reasons why bypass occurs.

208a1

Yes No

208a2

Yes No

208b1

_____ times per year

208b2

_____ times per year

208c1

_____ hours

208c2

_____ hours

208d1

_____ thousand gallons per incident

208d2

_____ thousand gallons per incident

208e

Proceed to Item 11.

9. Overflow Discharge (see instructions)

- a. Overflow Occurrence Check when overflow occurs.
 - Wet weather
 - Dry weather
- b. Overflow Frequency Give the actual or approximate incidents per year.
 - Wet weather
 - Dry weather

209a1

Yes No

209a2

Yes No

209b1

14 times per year

209b2

_____ times per year

DISCHARGE SERIAL NUMBER

153

FOR AGENCY USE									

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

Wet weather

209c1 9.3 hours

Dry weather

209c2 _____ Hours

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

Wet weather

209d1 24,190 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

153

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

- a. Engineering Design Report **212a**
- b. Operation and Maintenance Manual **212b**

13. Plant Design Data (see instructions)

- 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** _____

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.

<p>1. Discharge Serial No. and Name</p> <p>a. Discharge Serial No. (see instructions)</p> <p>b. Discharge Name Give name of discharge, if any (see instructions)</p> <p>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.</p>	<p>201a <u>154</u></p> <p>201b <u>Throop St (C78,C79)</u></p> <p>201c <u>154</u></p>	
<p>2. Discharge Operating Dates</p> <p>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.</p> <p>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.</p>	<p>202a <u> </u> YR <u> </u> MO</p> <p>202b <u>None</u> YR MO</p>	
<p>3. Discharge Location Name the political boundaries within which the point of discharge is located:</p> <p>State</p> <p>County</p> <p>(if applicable) City or Town</p>	<p>203a <u>Illinois</u></p> <p>203b <u>Cook</u></p> <p>203c <u>Chicago</u></p>	<p>Agency Use</p> <p>203d _____</p> <p>203e _____</p> <p>203f _____</p>
<p>4. Discharge Point Description (see instructions) Discharge is into (check one)</p> <p>Stream (includes ditches, arroyos, and other watercourses)</p> <p>Estuary</p> <p>Lake</p> <p>Ocean</p> <p>Well (Injection)</p> <p>Other</p> <p>If 'other' is checked, specify type</p>	<p>204a <input checked="" type="checkbox"/> STR</p> <p><input type="checkbox"/> EST</p> <p><input type="checkbox"/> LKE</p> <p><input type="checkbox"/> OCE</p> <p><input type="checkbox"/> WEL</p> <p><input type="checkbox"/> OTH</p> <p>204b _____</p>	
<p>5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)</p> <p>Latitude</p> <p>Longitude</p>	<p>205a <u>41</u> DEG. <u>38</u> MIN. <u>24</u> SEC</p> <p>205b <u>87</u> DEG. <u>38</u> MIN. <u>15</u> SEC</p>	

154

FOR AGENCY USE									

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

206a

Calumet Sag Channel

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
- b. Discharge Depth Below Water Surface

207a

_____ feet

207b

_____ 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)

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

154

FOR AGENCY USE

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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 1,020 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

154

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

- a. Engineering Design Report **212a**
- b. Operation and Maintenance Manual **212b**

13. Plant Design Data (see instructions)

- 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** _____

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	<u>155</u>		
	b. Discharge Name Give name of discharge, if any (see instructions)	201b	<u>California Ave (C87)</u>	
		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	<u>155</u>
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	____		
	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	<u>None</u>	
3. Discharge Location Name the political boundaries within which the point of discharge is located: State County (if applicable) City or Town	203a	<u>Illinois</u>	203d	_____
	203b	<u>Cook</u>	203e	_____
	203c	<u>Blue Island</u>	203f	_____
4. Discharge Point Description (see instructions) Discharge is into (check one) Stream (includes ditches, arroyos, and other watercourses) Estuary Lake Ocean Well (Injection) Other If 'other' is checked, specify type	204a	<input checked="" type="checkbox"/> STR		
	204b	_____		
5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions) Latitude Longitude	205a	<u>41</u> DEG.	<u>39</u> MIN.	<u>08</u> SEC
	205b	<u>87</u> DEG.	<u>41</u> MIN.	<u>15</u> SEC

FOR AGENCY USE									

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

206a

Calumet Sag Channel

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
- b. Discharge Depth Below Water Surface

207a

_____ feet

207b

_____ 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)

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

155

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 62 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

155

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

- a. Engineering Design Report
b. Operation and Maintenance Manual

212a

212b

13. Plant Design Data (see instructions)

- a. Plant Design Flow (mgd)
b. Plant Design BOD Removal (%)
c. Plant Design N Removal (%)
d. Plant Design P Removal (%)
e. Plant Design SS Removal (%)
f. Plant Began Operation (year)
g. Plant Last Major Revision (year)

213a

 mgd

213b

 %

213c

 %

213d

 %

213e

 %

213f

213g

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.

<p>1. Discharge Serial No. and Name</p> <p>a. Discharge Serial No. (see instructions)</p> <p>b. Discharge Name Give name of discharge, if any (see instructions)</p> <p>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.</p>	<p>201a <u>156</u></p> <p>201b <u>Francisco Ave</u> (C88)</p> <p>201c <u>156</u></p>	
<p>2. Discharge Operating Dates</p> <p>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.</p> <p>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.</p>	<p>202a _____ YR MO</p> <p>202b <u>None</u> YR MO</p>	
<p>3. Discharge Location Name the political boundaries within which the point of discharge is located:</p> <p>State</p> <p>County</p> <p>(if applicable) City or Town</p>	<p>203a <u>Illinois</u></p> <p>203b <u>Cook</u></p> <p>203c <u>Blue Island</u></p>	<p style="text-align: center;"><u>Agency Use</u></p> <p>203d _____</p> <p>203e _____</p> <p>203f _____</p>
<p>4. Discharge Point Description (see instructions) Discharge is into (check one)</p> <p>Stream (includes ditches, arroyos, and other watercourses)</p> <p>Estuary</p> <p>Lake</p> <p>Ocean</p> <p>Well (injection)</p> <p>Other</p> <p>If 'other' is checked, specify type</p>	<p>204a <input checked="" type="checkbox"/> STR</p> <p><input type="checkbox"/> EST</p> <p><input type="checkbox"/> LKE</p> <p><input type="checkbox"/> OCE</p> <p><input type="checkbox"/> WEL</p> <p><input type="checkbox"/> OTH</p> <p>204b _____</p>	
<p>5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)</p> <p>Latitude</p> <p>Longitude</p>	<p>205a <u>41</u> DEG. <u>39</u> MIN. <u>09</u> SEC</p> <p>205b <u>87</u> DEG. <u>41</u> MIN. <u>23</u> SEC</p>	

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FOR AGENCY USE									

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

206a Calumet Sag Channel

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			206c	For Agency Use	
Major	Minor	Sub		303e	

7. Offshore Discharge

- a. Discharge Distance from Shore
- b. Discharge Depth Below Water Surface

207a _____ feet

207b _____ 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)

- a. Bypass Occurrence Check when bypass occurs
 - Wet weather
 - Dry weather

208a1 Yes No

208a2 Yes No

- b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.
 - Wet Weather
 - Dry weather

208b1 _____ times per year

208b2 _____ times per year

- c. Bypass Duration Give the average bypass duration in hours.
 - Wet weather
 - Dry weather

208c1 _____ hours

208c2 _____ hours

- d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.
 - Wet weather
 - Dry weather

208d1 _____ thousand gallons per incident

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
 - Dry weather

209a1 Yes No

209a2 Yes No

- b. Overflow Frequency Give the actual or approximate incidents per year.
 - Wet weather
 - Dry weather

209b1 96 times per year

209b2 _____ times per year

DISCHARGE SERIAL NUMBER

156

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 337 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

156

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

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

13. Plant Design Data (see instructions)

- 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 _____

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.

<p>1. Discharge Serial No. and Name</p> <p>a. Discharge Serial No. (see instructions)</p> <p>b. Discharge Name Give name of discharge, if any (see instructions)</p> <p>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.</p>	<p>201a <u>157</u></p> <p>201b <u>Central Park (C90)</u></p> <p>201c <u>157</u></p>	
<p>2. Discharge Operating Dates</p> <p>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.</p> <p>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.</p>	<p>202a <u> </u> YR <u> </u> MO</p> <p>202b <u>None</u> YR <u> </u> MO</p>	
<p>3. Discharge Location Name the political boundaries within which the point of discharge is located:</p> <p>State</p> <p>County</p> <p>(if applicable) City or Town</p>	<p>203a <u>Illinois</u></p> <p>203b <u>Cook</u></p> <p>203c <u>Alsip</u></p>	<p style="text-align: right;">Agency Use</p> <p>203d _____</p> <p>203e _____</p> <p>203f _____</p>
<p>4. Discharge Point Description (see instructions) Discharge is into (check one)</p> <p>Stream (includes ditches, arroyos, and other watercourses)</p> <p>Estuary</p> <p>Lake</p> <p>Ocean</p> <p>Well (Injection)</p> <p>Other</p> <p>If 'other' is checked, specify type</p>	<p>204a <input checked="" type="checkbox"/> STR</p> <p><input type="checkbox"/> EST</p> <p><input type="checkbox"/> LKE</p> <p><input type="checkbox"/> OCE</p> <p><input type="checkbox"/> WEL</p> <p><input type="checkbox"/> OTH</p> <p>204b _____</p>	
<p>5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)</p> <p>Latitude</p> <p>Longitude</p>	<p>205a <u>41</u> DEG. <u>39</u> MIN. <u>07</u> SEC</p> <p>205b <u>87</u> DEG. <u>42</u> MIN. <u>32</u> SEC</p>	

FOR AGENCY USE									

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

206a Calumet Sag Channel

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

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

206b

7. Offshore Discharge

- a. Discharge Distance from Shore
- b. Discharge Depth Below Water Surface

207a _____ feet

207b _____ 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)

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

157

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 56 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

157

FOR AGENCY USE

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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

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
- b. Operation and Maintenance Manual

212a

212b

13. Plant Design Data (see instructions)

- a. Plant Design Flow (mgd)
- b. Plant Design BOD Removal (%)
- c. Plant Design N Removal (%)
- d. Plant Design P Removal (%)
- e. Plant Design SS Removal (%)
- f. Plant Began Operation (year)
- g. Plant Last Major Revision (year)

213a

_____ mgd

213b

_____ %

213c

_____ %

213d

_____ %

213e

_____ %

213f

213g

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.

<p>1. Discharge Serial No. and Name</p> <p>a. Discharge Serial No. (see instructions)</p> <p>b. Discharge Name Give name of discharge, if any (see instructions)</p> <p>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.</p>	<p>201a <u>158</u></p> <p>201b <u>Pulaski Road (C93)</u></p> <p>201c <u>158</u></p>	
<p>2. Discharge Operating Dates</p> <p>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.</p> <p>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.</p>	<p>202a <u>75 01</u> YR MO</p> <p>202b <u>None</u> YR MO</p>	
<p>3. Discharge Location Name the political boundaries within which the point of discharge is located:</p> <p>State</p> <p>County</p> <p>(if applicable) City or Town</p>	<p>203a <u>Illinois</u></p> <p>203b <u>Cook</u></p> <p>203c <u>Alsip</u></p>	<p>Agency Use</p> <p>203d _____</p> <p>203e _____</p> <p>203f _____</p>
<p>4. Discharge Point Description (see instructions) Discharge is into (check one)</p> <p>Stream (includes ditches, arroyos, and other watercourses)</p> <p>Estuary</p> <p>Lake</p> <p>Ocean</p> <p>Well (injection)</p> <p>Other</p> <p>If 'other' is checked, specify type</p>	<p>204a <input checked="" type="checkbox"/> STR</p> <p><input type="checkbox"/> EST</p> <p><input type="checkbox"/> LKE</p> <p><input type="checkbox"/> OCE</p> <p><input type="checkbox"/> WEL</p> <p><input type="checkbox"/> OTH</p> <p>204b _____</p>	
<p>5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)</p> <p>Latitude</p> <p>Longitude</p>	<p>205a <u>41</u> DEG. <u>39</u> MIN. <u>06</u> SEC</p> <p>205b <u>87</u> DEG. <u>43</u> MIN. <u>11</u> SEC</p>	

DISCHARGE SERIAL NUMBER

158

FOR AGENCY USE

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

206a Calumet Sag Channel

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

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

7. Offshore Discharge
a. Discharge Distance from Shore
b. Discharge Depth Below Water Surface

207a NA feet
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)

a. Bypass Occurrence Check when bypass occurs
Wet weather
Dry weather
b. Bypass Frequency Give the actual or approximate number of bypass incidents per year.
Wet Weather
Dry weather
c. Bypass Duration Give the average bypass duration in hours.
Wet weather
Dry weather
d. Bypass Volume Give the average volume per bypass incident, in thousand gallons.
Wet weather
Dry weather
e. Bypass Reasons Give reasons why bypass occurs.

208a1 Yes No
208a2 Yes No
208b1 _____ times per year
208b2 _____ times per year
208c1 _____ hours
208c2 _____ hours
208d1 _____ thousand gallons per incident
208d2 _____ thousand gallons per incident
208e _____

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.
Wet weather
Dry weather
b. Overflow Frequency Give the actual or approximate incidents per year.
Wet weather
Dry weather

209a1 Yes No
209a2 Yes No
209b1 5 times per year
209b2 _____ times per year

DISCHARGE SERIAL NUMBER

158

FOR AGENCY USE									

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

Wet weather

209c1 3.2 hours

Dry weather

209c2 _____ Hours

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

Wet weather

209d1 17,340 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

158

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

- a. Engineering Design Report **212a**
- b. Operation and Maintenance Manual **212b**

13. Plant Design Data (see instructions)

- 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** _____

STANDARD FORM A—MUNICIPAL

FOR AGENCY USE

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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.

<p>1. Discharge Serial No. and Name</p> <p>a. Discharge Serial No. (see instructions)</p> <p>b. Discharge Name Give name of discharge, if any (see instructions)</p> <p>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.</p>	<p>201a</p> <p>201b</p> <p>201c</p>	<p><u>159</u></p> <p><u>Central Ave</u></p> <p><u>159</u></p>	
<p>2. Discharge Operating Dates</p> <p>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.</p> <p>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.</p>	<p>202a</p> <p>202b</p>	<p><u> </u> <u> </u> YR MO</p> <p><u>None</u> YR MO</p>	
<p>3. Discharge Location Name the political boundaries within which the point of discharge is located:</p> <p>State</p> <p>County</p> <p>(if applicable) City or Town</p>	<p>203a</p> <p>203b</p> <p>203c</p>	<p><u>Illinois</u></p> <p><u>Cook</u></p> <p><u>Alsip</u></p>	<p>Agency Use</p> <p>203d</p> <p>203e</p> <p>203f</p>
<p>4. Discharge Point Description (see instructions) Discharge is into (check one)</p> <p>Stream (includes ditches, arroyos, and other watercourses)</p> <p>Estuary</p> <p>Lake</p> <p>Ocean</p> <p>Well (Injection)</p> <p>Other</p> <p>If 'other' is checked, specify type</p>	<p>204a</p> <p>204b</p>	<p><input checked="" type="checkbox"/> STR</p> <p><input type="checkbox"/> EST</p> <p><input type="checkbox"/> LKE</p> <p><input type="checkbox"/> OCE</p> <p><input type="checkbox"/> WEL</p> <p><input type="checkbox"/> OTH</p>	
<p>5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)</p> <p>Latitude</p> <p>Longitude</p>	<p>205a</p> <p>205b</p>	<p><u>41</u> DEG. <u>40</u> MIN. <u>01</u> SEC</p> <p><u>87</u> DEG. <u>45</u> MIN. <u>24</u> SEC</p>	

159

FOR AGENCY USE					

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

206a Calumet Sag Channel

If the discharge is through an out-fall 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 _____ feet

b. Discharge Depth Below Water Surface

207b _____ 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)

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

159

FOR AGENCY USE

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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 192 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

a. Engineering Design Report

212a

b. Operation and Maintenance Manual

212b

13. Plant Design Data (see instructions)

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

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.

<p>1. Discharge Serial No. and Name</p> <p>a. Discharge Serial No. (see instructions)</p> <p>b. Discharge Name Give name of discharge, if any (see instructions)</p> <p>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.</p>	<p>201a <u>160</u></p> <p>201b <u>Ridgeland Ave</u></p> <p>201c <u>160</u></p>	
<p>2. Discharge Operating Dates</p> <p>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.</p> <p>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.</p>	<p>202a <u> </u> YR <u> </u> MO</p> <p>202b <u>None</u> YR MO</p>	
<p>3. Discharge Location Name the political boundaries within which the point of discharge is located:</p> <p>State</p> <p>County</p> <p>(if applicable) City or Town</p>	<p>203a <u>Illinois</u></p> <p>203b <u>Cook</u></p> <p>203c <u>Palos Heights</u></p>	<p>Agency Use</p> <p>203d <u> </u></p> <p>203e <u> </u></p> <p>203f <u> </u></p>
<p>4. Discharge Point Description (see instructions) Discharge is into (check one)</p> <p>Stream (includes ditches, arroyos, and other watercourses)</p> <p>Estuary</p> <p>Lake</p> <p>Ocean</p> <p>Well (Injection)</p> <p>Other</p> <p>If 'other' is checked, specify type</p>	<p>204a <input checked="" type="checkbox"/> STR</p> <p><input type="checkbox"/> EST</p> <p><input type="checkbox"/> LKE</p> <p><input type="checkbox"/> OCE</p> <p><input type="checkbox"/> WEL</p> <p><input type="checkbox"/> OTH</p> <p>204b <u> </u></p>	
<p>5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)</p> <p>Latitude</p> <p>Longitude</p>	<p>205a <u>41</u> DEG. <u>40</u> MIN. <u>51</u> SEC</p> <p>205b <u>87</u> DEG. <u>48</u> MIN. <u>54</u> SEC</p>	

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

206a

Calumet Sag Channel

If the discharge is through an out-fall 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)

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

160

FOR AGENCY USE

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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 556 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

160

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

- a. Engineering Design Report
- b. Operation and Maintenance Manual

212a
 212b

13. Plant Design Data (see instructions)

- a. Plant Design Flow (mgd)
- b. Plant Design BOD Removal (%)
- c. Plant Design N Removal (%)
- d. Plant Design P Removal (%)
- e. Plant Design SS Removal (%)
- f. Plant Began Operation (year)
- g. Plant Last Major Revision (year)

213a _____ mgd
 213b _____ %
 213c _____ %
 213d _____ %
 213e _____ %
 213f _____
 213g _____

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.

<p>1. Discharge Serial No. and Name</p> <p>a. Discharge Serial No. (see instructions)</p> <p>b. Discharge Name Give name of discharge, if any (see instructions)</p> <p>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.</p>	<p>201a</p> <p>201b</p> <p>201c</p>	<p><u>161</u></p> <p><u>80th Ave (West)</u></p> <p><u>161</u></p>	
<p>2. Discharge Operating Dates</p> <p>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.</p> <p>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.</p>	<p>202a</p> <p>202b</p>	<p><u>NA</u> YR MO</p> <p><u>None</u> YR MO</p>	
<p>3. Discharge Location Name the political boundaries within which the point of discharge is located:</p> <p>State</p> <p>County</p> <p>(if applicable) City or Town</p>	<p>203a</p> <p>203b</p> <p>203c</p>	<p><u>Illinois</u></p> <p><u>Cook</u></p> <p><u>Palos Park</u></p>	<p><u>Agency Use</u></p> <p>203d</p> <p>203e</p> <p>203f</p>
<p>4. Discharge Point Description (see instructions) Discharge is into (check one)</p> <p>Stream (includes ditches, arroyos, and other watercourses)</p> <p>Estuary</p> <p>Lake</p> <p>Ocean</p> <p>Well (injection)</p> <p>Other</p> <p>If 'other' is checked, specify type</p>	<p>204a</p> <p>204b</p>	<p><input checked="" type="checkbox"/> STR</p> <p><input type="checkbox"/> EST</p> <p><input type="checkbox"/> LKE</p> <p><input type="checkbox"/> OCE</p> <p><input type="checkbox"/> WEL</p> <p><input type="checkbox"/> OTH</p>	
<p>5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)</p> <p>Latitude</p> <p>Longitude</p>	<p>205a</p> <p>205b</p>	<p><u>41</u> DEG. <u>40</u> MIN. <u>50</u> SEC</p> <p><u>87</u> DEG. <u>48</u> MIN. <u>58</u> SEC</p>	

161

FOR AGENCY USE

FOR AGENCY USE					

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

206a

Calumet Sag Channel

If the discharge is through an out-fall 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)

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

161

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

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

13. Plant Design Data (see instructions)

- 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

161

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 192⁵ 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

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
- 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)
 - Locally developed plan
 - Areawide Plan
 - Basin Plan
 - State approved implementation schedule
 - Federal approved water quality standards implementation plan
 - Federal enforcement procedure or action
 - State court order
 - Federal court order
- 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.

100	FOR AGENCY USE - Sched. No. _____
301a	001 _____
301b	<input type="checkbox"/> LOC <input type="checkbox"/> ARE <input type="checkbox"/> BAS <input checked="" type="checkbox"/> SQS <input type="checkbox"/> WQS <input type="checkbox"/> ENF <input type="checkbox"/> CRT <input type="checkbox"/> FED
301c	ICT
301d	SEC / WNB / TER / _____ /

2. Implementation Schedule and 3. Actual Completion Dates * See Attachment "A"

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 _____	303a _____
b. Final plan complete	302b _____	303b _____
c. Financing complete & contract awarded	302c _____	303c _____
d. Site acquired	302d _____	303d _____
e. Begin construction	302e _____	303e _____
f. End construction	302f _____	303f _____
g. Begin Discharge	302g _____	303g _____
h. Operational level attained	302h _____	303h _____

Attachment "A"

SECTION III, STANDARD FORM A - MUNICIPAL

NPDES PERMIT RENEWAL APPLICATION FOR CALUMET WRP

- 2. Implementation Schedule and
- 3. Actual Completion Dates

Project	Tertiary Treatment Filterer Facilities 73-265-2P	Secondary Subbatteries E1 and E2 77-284-2P	Secondary Battery D 77-285-2P	Preliminary Treatment Additions 77-288-2P	Nitrification Subbattery E3 80-230-2P	Storage Building 77-292-2D
a. Preliminary Plan Complete	(77/07/21)	(77/07/21)	(77/07/21)	(77/07/21)	(77/07/21)	(77/07/21)
b. Final Plan Complete	(81/09/01)	(81/09/04)	(81/09/04)	(81/07/09)	(81/09/04)	(81/10/30)
c. Contract Award	*	(81/11/05)	*	(81/08/20)	*	(82/01/21) 82/01/05
d. Site Acquired	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
e. Begin Construction	83/02/05	(81/11/09)	82/12/15	(81/11/12)	82/12/01	(82/03/00) 82/01/05
f. End Construction	85/10/15	(87/10/22) 84/11/22	86/04/01	(87/06/11) 84/04/30	85/05/10	(85/02/21) 83/03/01
g. Begin Discharge	85/10/15	(87/10/22) 84/11/22	86/04/01	(87/06/11) 84/04/30	85/05/10	(85/02/21)
h. Operational Level Attained	85/10/15	(87/10/22) 84/11/22	86/04/01	(87/06/11) 84/04/30	85/05/10	(85/02/21)

() Actual Completion Dates

* Grant funding not yet available

N.A. Not Applicable

SECTION III, STANDARD FORM A - MUNICIPAL

NPDES PERMIT RENEWAL APPLICATION FOR CALUMET WRP

2. Implementation Schedule and
3. Actual Completion Dates

Project	Administration Building 80-224-2D	Electrical Distribution System 77-293-2E	Blower Facilities 77-289-2M	Bldg.Mod. Central Control Facilities 80-229-2D	M&O Facilities 77-291-2D	Central Control Facilities 77-286-2P	Central Control Additions 80-234-2E
a. Preliminary Plan Complete	(77/07/21)	(77/07/21)	(77/07/21)	(77/07/21)	(77/07/21)	(77/07/21)	(85/07/00)
b. Final Plan Complete	(82/10/00)	(81/11/24)	(81/09/04)	(81/09/28)	(81/07/27)	(81/09/16)	(85/10/00)
c. Contract Award	(82/12/2) 82/11/01	(81/12/03)	(82/08/19) 82/02/15	(82/01/21) 82/01/15	(82/01/21)	(84/03/08) 82/04/15	(86/01/09)
d. Site Acquired	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
e. Begin Construction	82/12/01	82/01/01	(82/09/00) 82/03/15	(82/03/00) 82/01/15	(82/03/00) 82/01/20	(84/04/00) 82/05/15	(86/02/00) 83/12/05
f. End Construction	(85/05/09) 83/10/15	(86/09/04) 84/01/15	(89/03/06) 84/10/15	(87/02/27) 84/03/20	(87/03/19) 85/04/20	(91/01/04) 85/02/15	(87/06/25) 84/12/05
g. Begin Discharge	(85/05/09)	(86/09/04) 83/12/08	(89/03/06)	(87/02/27)	(87/03/19)	(91/01/04)	(87/06/25)
h. Operation Level Attained	(85/05/09)	(86/09/04)	(89/03/06)	(87/02/27)	(87/03/19)	(91/01/04)	(87/06/25)

() Actual Completion Dates

* Grant funding not yet available

N.A. Not Applicable

STANDARD FORM A-MUNICIPAL

FOR AGENCY USE

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

151 152 153 154 155 156 157 158 159 160 161
Tunnel and Reservoir Plan;
Calumet Tunnel System -
Phase I

- Locally developed plan
- Areawide Plan
- Basin Plan
- State approved implementation schedule
- Federal approved water quality standards implementation plan
- Federal enforcement procedure or action
- State court order
- Federal court order

301b

- LOC
- ARE
- BAS
- SQS
- WQS
- ENF
- CRT
- 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

ICT

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

- a. Preliminary plan complete
- b. Final plan complete
- c. Financing complete & contract awarded
- d. Site acquired
- e. Begin construction
- f. End construction
- g. Begin Discharge
- h. Operational level attained

2. Schedule (Yr/Mo/Day)

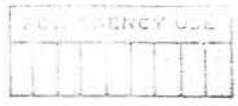
302a	75/1/1
302b	____/____/____
302c	____/____/____
302d	____/____/____
302e	____/____/____
302f	____/____/____
302g	____/____/____
302h	____/____/____

3. Actual Completion (Yr/Mo/Day)

303a	75/1/1
303b	77/5/29
303c	77/7/15
303d	77/5/29
303e	77/15/1
303f	86/7/1
303g	86/9/1
303h	86/9/1

(System Partially Complete & Operational)

*ICPB order relieves District of formal implementation schedule as long as continued construction progress demonstrated.



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

NA (No associated discharge serial number)

Sidestream Elevated Pool Aeration (SEPA) - 5 sites on Calumet River

- Locally developed plan
- Areawide Plan
- Basin Plan
- State approved implementation schedule
- Federal approved water quality standards implementation plan
- Federal enforcement procedure or action
- State court order
- Federal court order

301b

- LOC
- ARE
- BAS
- SQS
- WQS
- ENF
- CRT
- 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

NEW

3-character specific action descriptions

301d

____/____/____/____/

No code applicable; new technology; dissolved oxygen replenishment.

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

- a. Preliminary plan complete
- b. Final plan complete
- c. Financing complete & contract awarded
- d. Site acquired
- e. Begin construction
- f. End construction
- g. Begin Discharge
- h. Operational level attained

2. Schedule (Yr/Mo/Day)

302a	88/4/1
302b	89/4/1
302c	____/____/____
302d	____/____/____
302e	89/7/1
302f	____/____/____
302g	____/NA/____
302h	92/5/15

3. Actual Completion (Yr/Mo/Day)

303a	88/4/1
303b	89/4/1
303c	____/____/____
303d	____/____/____
303e	89/7/27
303f	93/4/31
303g	____/____/____
303h	95/31/5

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)

Product

403a

403c

Quantity

403e

Units (See Table III)

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)

406a	Parameter Name								
	Parameter Number								
406b	Value								

POST OFFICE TO ADDRESSEE EXPRESS MAIL NEXT DAY SERVICE

IB777583279 U

ORIGIN		Date In: 7/10/90	Postage \$ 1.75
Post Office ZIP Code	Time In: A.M. P.M.	FEES	Return Receipt \$
Initials of Receiving Clerk	Weight lbs. oz.		C.O.D. \$
ACCEPTANCE		International Country Code	Total Postage & Fees \$ 1.75
<input type="checkbox"/> Next Day Delivery	or	<input type="checkbox"/> Second Day Delivery	
<input type="checkbox"/> By 12 Noon	or	<input type="checkbox"/> By 3:00 P.M.	
<input type="checkbox"/> Military 2nd Day	or	<input type="checkbox"/> Military 3rd Day	

Service Guarantee: If this shipment is mailed at designated USPS Express Mail Service facilities on or before the specified deposit time for overnight delivery to the addressee, it will be delivered to the addressee or agent before noon or 3:00 p.m. the next day. Upon application by the mailer, USPS will refund the postage for this shipment if it is not delivered before noon or 3:00 p.m. of the next day unless delivery was attempted but could not be made or because this shipment was delayed by snow or work stoppage. Consult your local Express Mail directory for morning and afternoon delivery areas. See The Domestic Mail Manual, Chapter 2 for details. Signature of the addressee, addressee's agent or delivery employee is required upon delivery. Express Mail International Service mailings are not covered by this service guarantee. See the International Mail Manual for details.

Insurance Coverage: (See inclusions of coverage such as: (1) Merchandise insurance, up to \$50,000 per piece subject to a limit of \$500 per item; (2) Documents and negotiable instruments are insured up to \$500 per item; (3) The maximum indemnity payable for negotiable instruments is \$10,000 per instrument.)
Claims:
 • Claims for delay, loss, damage or injury must be made within 90 days.
 • Claim forms may be obtained and filed at any post office.
 • The Customer Receipt must be presented when a claim is filed.

Express Mail Corporate Account No.:	Federal Agency Account No.:
-------------------------------------	-----------------------------

Waiver of Signature and Indemnity (Domestic Only)

I wish delivery to be made without obtaining the signature of the addressee or the addressee's agent (if in the judgment of the delivery employee, the article can be left in a secure location) and I authorize the delivery employee to sign that the shipment was delivered and understand that the signature of the delivery employee will constitute valid proof of delivery.

SIGNED: _____

FROM:
 MWRDGC - TECH. PROJECTS
 100 E. ERIE ST.
 CHICAGO, IL 60611

CUSTOMER RECEIPT

TO: Telephone Number: _____

MR THOMAS F. MESWIGGIN
 PERMIT SECTION, IWPC
 EPA
 2200 CHURCHILL ROAD
 SPRINGFIELD, IL 62714-9274

Label 11-B (April 1990)

Thank You For Using Express Mail Service