

EXHIBIT E

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

Certified Mail No. P465838564

Return Receipt Requested

November 25, 1992

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

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

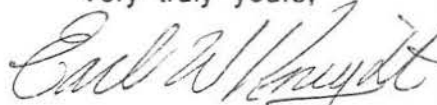
Dear Mr. McSwiggin:

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

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

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

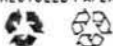
Very truly yours,



Earl W. Knight
Chief of Maintenance
and Operations

Encl.

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.

Please Print or Type

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

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

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

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

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

FOR AGENCY USE

Received _____
YR MO DAY

OFFICE: _____ EPA Region Number
_____ State

5. Facility (see instructions)

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

Ownership (Public, Private or Both Public and Private).

Check block if a Federal facility

and give GSA Inventory Control Number

Location:

Number & Street

City

County

State

6. Discharge to Another Municipal Facility (see instructions)

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

b. Responsible Organization Receiving Discharge
Name

Number & Street

City

State

Zip Code

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

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

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

North Side Water Reclamation Plant

105a

105b

☒ PUB ☐ PRV ☐ BPP

105c

☐ FED

105d

105e

3500 W. Howard St.

105f

Skokie

105g

Cook

105h

Illinois

106a

☐ Yes ☒ No

106b

106c

106d

106e

106f

106g

106h

_____ mgd

FOR AGENCY USE									

		Number of Discharge Points	Total Volume Discharged, Million Gallons Per Day
To: Surface Water	107a1	<u>2</u>	107a2 <u>291</u>
Surface Impoundment with no Effluent	107b1	<u>0</u>	107b2 <u>0</u>
Underground Percolation	107c1	<u>0</u>	107c2 <u>0</u>
Well (Injection)	107d1	<u>0</u>	107d2 <u>0</u>
Other	107e1	<u>0</u>	107e2 <u>0</u>
Total Item 7	107f1	<u>2</u>	107f2 <u>291</u>
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	<u>0</u>	
b. Facility Overflow Points Indicate the number of overflow points to a surface water for the facility (see instructions).	108b	<u>0</u>	
c. Seasonal or Periodic Discharge Points Indicate the number of points where seasonal discharges occur from holding ponds, lagoons, etc.	108c	<u>0</u>	
9. Collection System Type Indicate the type and length (in miles) of the collection system used by this facility. (see instructions)			
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		<u>99.21</u> miles (MWRD interceptors only - does not include local sewers)	
10. Municipalities or Areas Served (see instructions)			
		Name	Actual Population Served
110a		North Side Facility Area	110b <u>1,257,602</u>
110a		(See attached list of	110b
110a		municipalities served and map	110b
110a		of facility area)	110b
110a			110b
			110b
Total Population Served			110c <u>1,257,602</u>

NORTH SIDE WATER RECLAMATION PLANT

SECTION I.10

Municipalities or Areas Served

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

11. Average Daily Industrial Flow Total estimated average daily waste flow from all industrial sources.	111	<u>16.3</u> mgd
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Note: All major industries (as defined in Section IV) discharging to the municipal system must be listed in Section IV.

12. Permits, Licenses and Applications

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

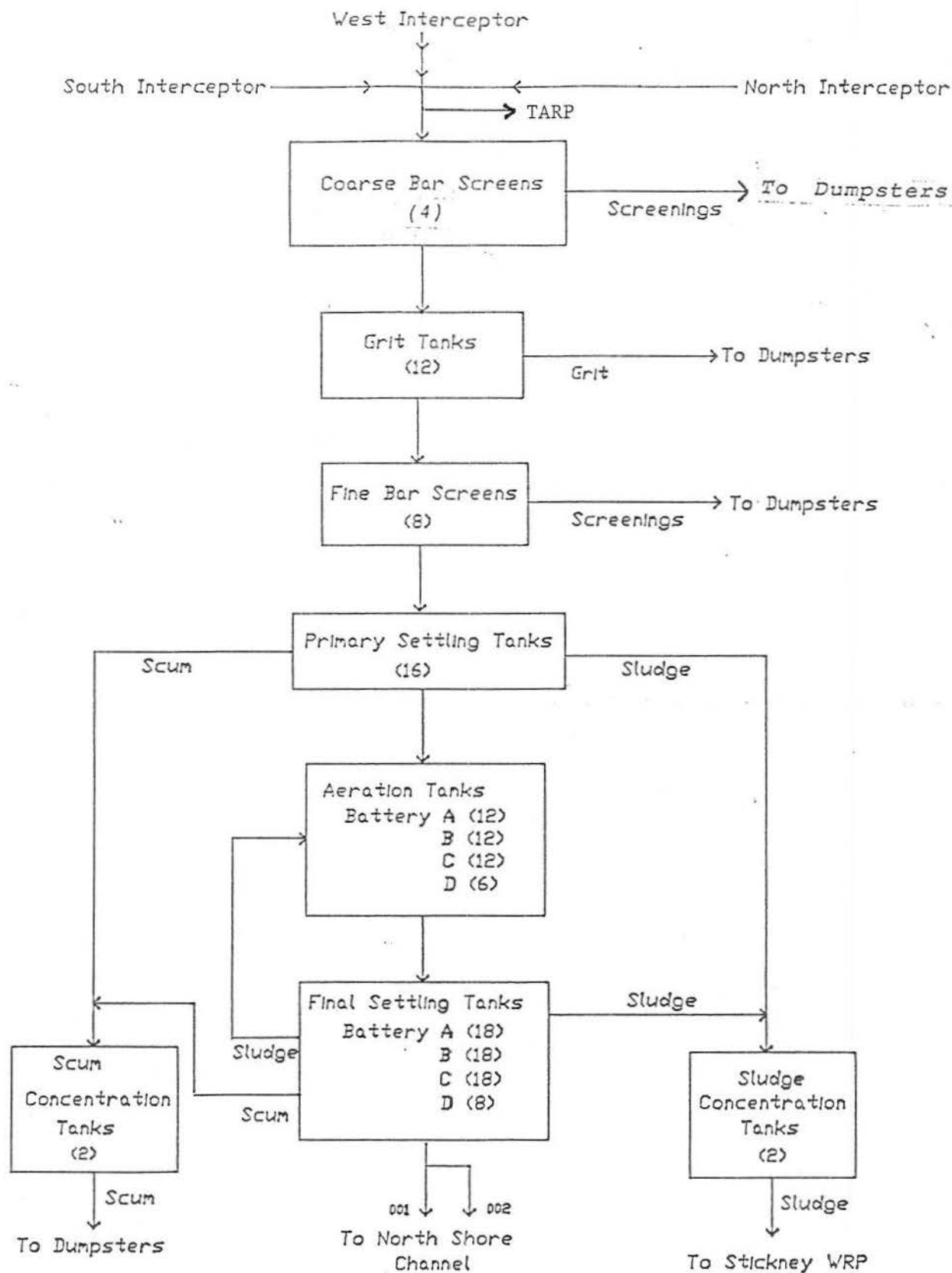
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13. Maps and Drawings

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

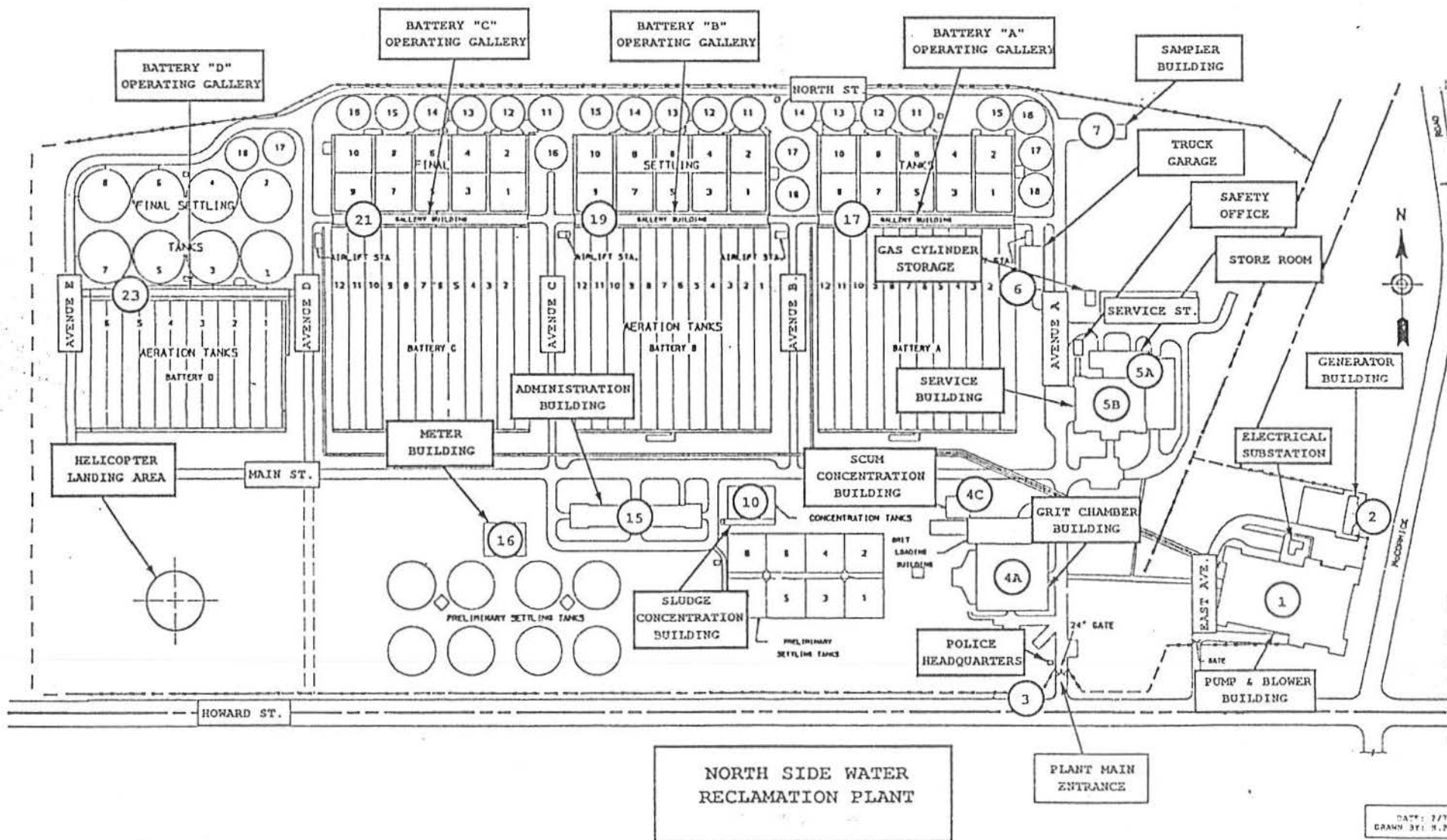
14. Additional Information

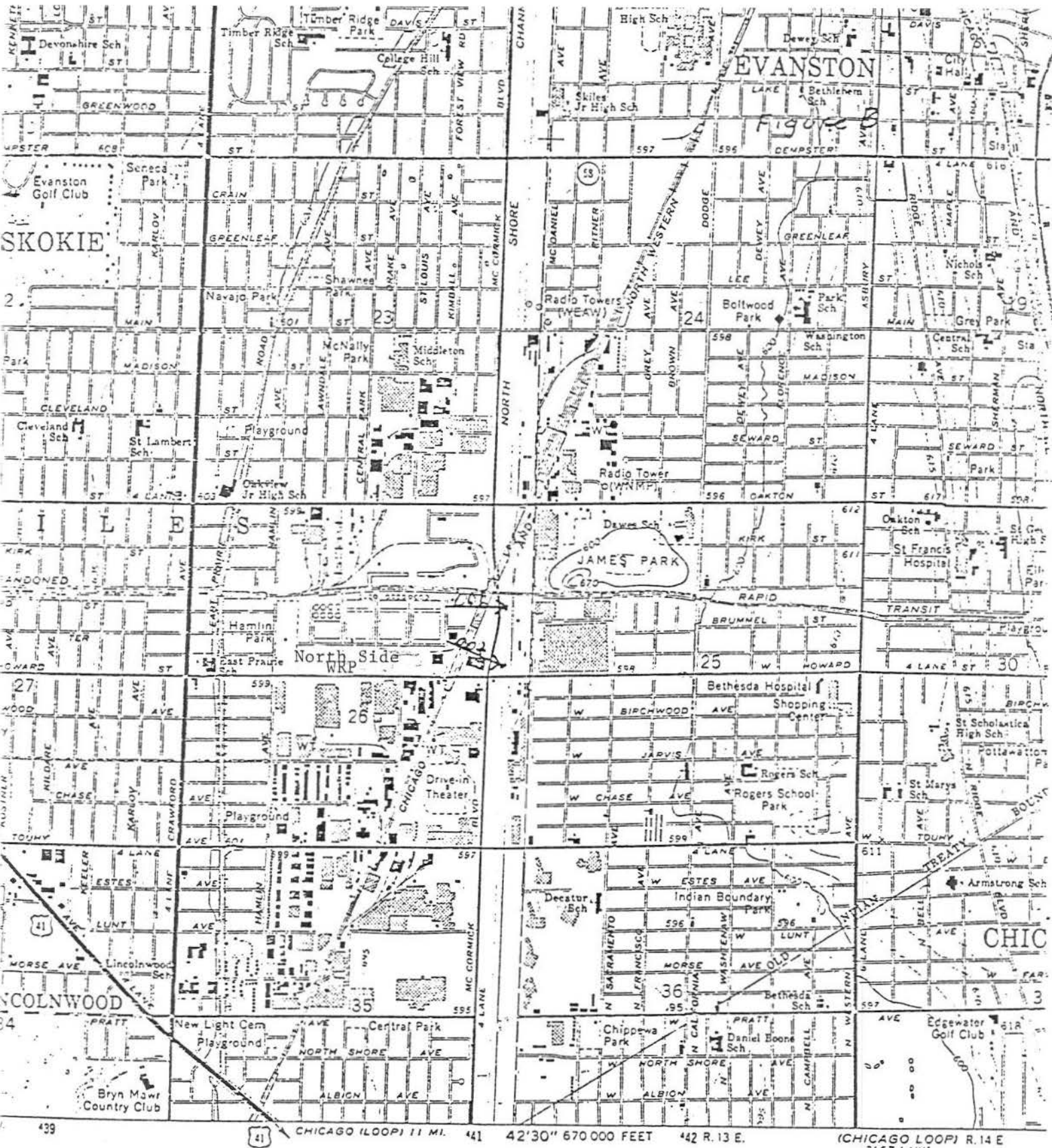
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Flow Diagram
North Side WRP

Note: () represents number of units

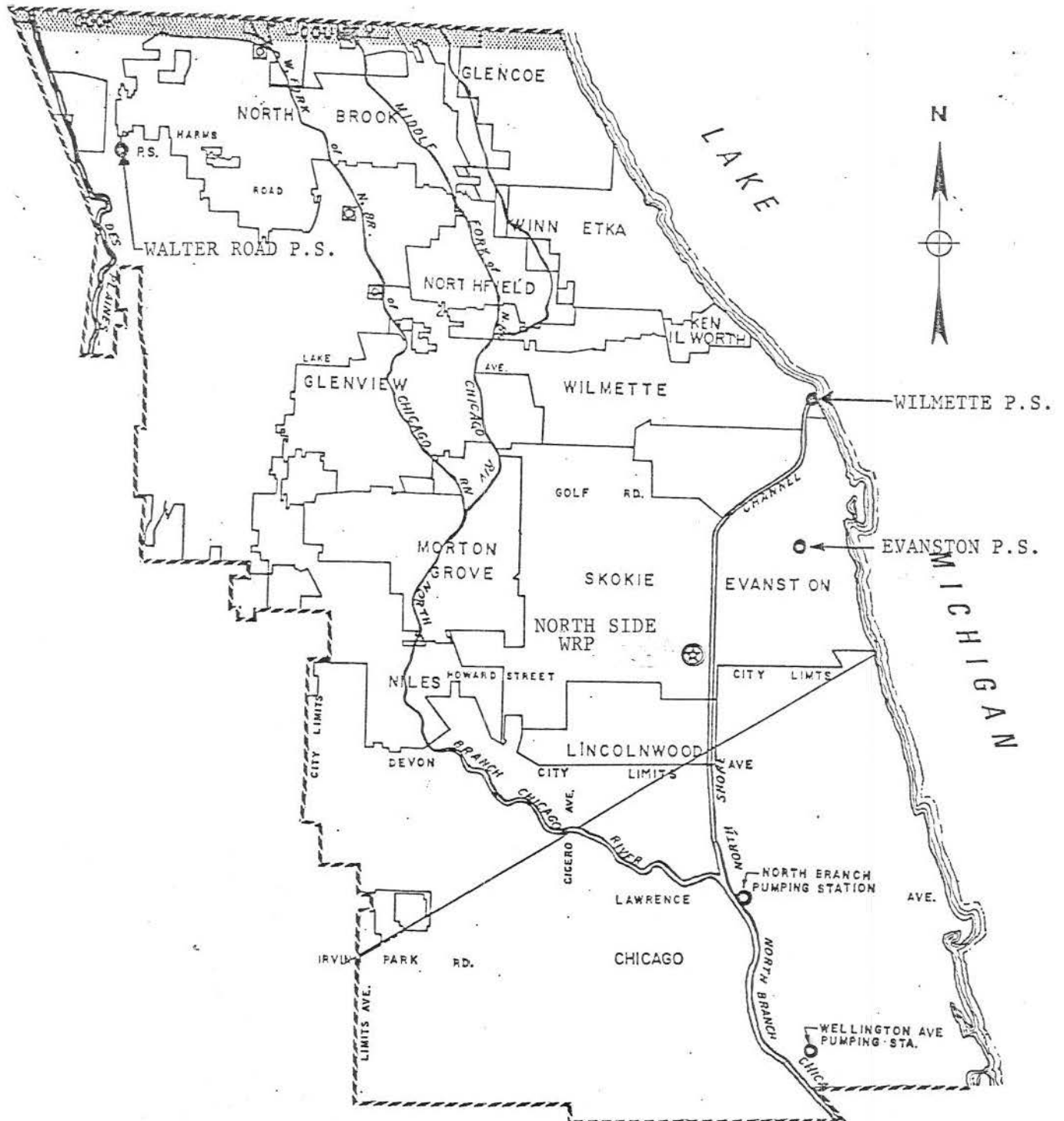




LOCATION MAP
FROM U.S. GEOL. SURVEY MAP,
REV. 1972
EVANSTON, ILL. QUADRANGLE
NORTH SIDE WRP
SKOKIE, COOK, ILLINOIS
JULY, 1986
PAGE 1 OF 1

UTM GRID AND 1972 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

NORTH SIDE FACILITY AREA



THE METROPOLITAN SANITARY DISTRICT
OF GREATER CHICAGO

ENGINEERING DEPARTMENT

S.P. & F.J.K.

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.

1. Discharge Serial No. and Name	201a	<u>001</u>	
a. Discharge Serial No. (see instructions)			
b. Discharge Name Give name of discharge, if any - (see instructions)	201b	<u>Main Effluent Outfall</u>	
c. Previous Discharge Serial No. If a previous NPDES permit application was made for this dis- charge (Item 4, Section I) provide previous discharge serial number.	201c	<u>001</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 dis- charge is scheduled to be discon- tinued within the next 5 years, give the date (within best estimate) the discharge will end. Give rea- son 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:			Agency Use
State	203a	<u>Illinois</u>	203d
County	203b	<u>Cook</u>	203e
(if applicable) City or Town	203c	<u>Skokie</u>	203f
4. Discharge Point Description (see instructions) Discharge is into (check one)			
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR	
Estuary		☐ EST	
Lake		☐ LKE	
Ocean		☐ OCE	
Well (Injection)		☐ WEL	
Other		☐ OTH	
If 'other' is checked, specify type	204b	<u></u>	
5. Discharge Point - Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)			
Latitude	205a	<u>42</u> DEG. <u>01</u> MIN. <u>21</u> SEC	
Longitude	205b	<u>87</u> DEG. <u>42</u> MIN. <u>38</u> SEC	

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

- 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

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

001

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/G/S/C/WNA/N/T/

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

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

- a. Engineering Design Report
- 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

333 mgd

213b

81 %

213c

93 %

213d

NA %

213e

78 %

213f

1928

213g

1985

[illegible]EPA Form 7550-22 (7-73)



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

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

DISCHARGE SERIAL NUMBER

North Side WRP, 001

FOR AGENCY USE

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15. Additional Wastewater Characteristics

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

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

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

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

216

☒ ALM[illegible]

217

[illegible]

STANDARD FORM A-MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

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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	002		
a. Discharge Serial No. (see instructions)				
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Cooling Tank Discharge		
c. Previous Discharge Serial No. If a previous NPDES permit application was made for this dis- charge (Item 4, Section I) provide previous discharge serial number.	201c	002		
2. Discharge Operating Dates				
a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA YR MO		
b. Discharge to End Date If the dis- charge is scheduled to be discon- tinued within the next 5 years, give the date (within best estimate) the discharge will end. Give rea- son for discontinuing this discharge in Item 17.	202b	NA YR MO		
3. Discharge Location Name the political boundaries within which the point of discharge is located:				Agency Use
State	203a	Illinois	203d	
County	203b	Cook	203e	
(If applicable) City or Town	203c	Skokie	203f	
4. Discharge Point Description (see instructions) Discharge is into (check one)				
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR		
Estuary		☐ EST		
Lake		☐ LKE		
Ocean		☐ OCE		
Well (Injection)		☐ WEL		
Other		☐ OTH		
If 'other' is checked, specify type	204b			
5. Discharge Point - Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)				
Latitude	205a	42 DEG. 01 MIN. 10 SEC		
Longitude	205b	87 DEG. 42 MIN. 38 SEC		

002

FOR AGENCY USE

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

206a

North Shore 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

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)

NA

- a. Bypass Occurrence
Check when bypass occurs
Wet weather

208a1

☐ Yes ☐ No

Dry weather

208a2

☐ Yes ☐ No

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

Wet Weather

208b1

_____ times per year

Dry weather

208b2

_____ times per year

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

Wet weather

208c1

_____ hours

Dry weather

208c2

_____ hours

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

Wet weather

208d1

_____ thousand gallons per incident

Dry weather

208d2

_____ thousand gallons per incident

- e. Bypass Reasons Give reasons why bypass occurs.

208e

Proceed to Item 11.

9. Overflow Discharge (see instructions)

NA

- a. Overflow Occurrence Check when overflow occurs.

Wet weather

209a1

☐ Yes ☐ No

Dry weather

209a2

☐ Yes ☐ No

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

Wet weather

209b1

_____ times per year

Dry weather

209b2

_____ times per year

DISCHARGE SERIAL NUMBER

002

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 Same as 001

002

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

211b

Same as 001

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

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

- a. Engineering Design Report

212a

☒

- b. Operation and Maintenance Manual

212b

☒

13. Plant Design Data (see instructions)

- a. Plant Design Flow (mgd)

213a

333 mgd

- b. Plant Design BOD Removal (%)

213b

81 %

- c. Plant Design N Removal (%)

213c

93 %

- d. Plant Design P Removal (%)

213d

NA %

- e. Plant Design SS Removal (%)

213e

78 %

- f. Plant Began Operation (year)

213f

1928

- g. Plant Last Major Revision (year)

213g

1985

North Side WRP, 002

14. Description of Influent and Effluent (see instructions)

FOR AGENCY USE

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

DISCHARGE SERIAL NUMBER

North Side WRP, 002

FOR AGENCY USE

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

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

DISCHARGE SERIAL NUMBER

North Side WRP, 002

FOR AGENCY USE									

15. Additional Wastewater Characteristics

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

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

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

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

Alarm for power or equipment failure

216☒ ALM[illegible]

217

[illegible]

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>101</u>	
b. Discharge Name Give name of discharge, if any (see instructions)	201b	<u>Sheridan Road</u>	
c. Previous Discharge Serial No. If a previous NPDES permit application was made for this dis- charge (Item 4, Section I) provide previous discharge serial number.	201c	<u>101</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 dis- charge is scheduled to be discon- tinued within the next 5 years, give the date (within best estimate) the discharge will end. Give rea- son 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:			Agency Use
State	203a	<u>Illinois</u>	203d
County	203b	<u>Cook</u>	203e
(If applicable) City or Town	203c	<u>Wilmette</u>	203f
4. Discharge Point Description (see instructions) Discharge is into (check one)			
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR	
Estuary		☐ EST	
Lake		☐ LKE	
Ocean		☐ OCE	
Well (Injection)		☐ WEL	
Other		☐ OTH	
If 'other' is checked, specify type	204b	<u></u>	
5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)			
Latitude	205a	<u>42</u> DEG. <u>04</u> MIN. <u>32</u> SEC	
Longitude	205b	<u>87</u> DEG. <u>41</u> MIN. <u>07</u> SEC	

101

FOR AGENCY USE

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

206a

North Shore 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

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)

NA

- 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

208b1

_____ times per year

Dry weather

208b2

_____ times per year

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

Wet weather

208c1

_____ hours

Dry weather

208c2

_____ hours

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

Wet weather

208d1

_____ thousand gallons per incident

Dry weather

208d2

_____ thousand gallons per incident

- e. Bypass Reasons Give reasons why bypass occurs.

208e

Proceed to Item 11.

9. Overflow Discharge (see instructions)

- a. Overflow Occurrence Check when overflow occurs.

Wet weather

209a1

☒ Yes ☐ No

Dry weather

209a2

☐ Yes ☒ No

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

Wet weather

209b1

10 times per year

Dry weather

209b2

0 times per year

DISCHARGE SERIAL NUMBER

101

FOR AGENCY USE

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

Wet weather

209c1 6.4 hours

Dry weather

209c2 _____ Hours

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

Wet weather

209d1 900 thousand gallons per incident

Dry weather

209d2 _____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

- a. Seasonal/Periodic Discharge Frequency If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year.
- b. Seasonal/Periodic Discharge Volume Give the average volume per discharge occurrence in thousand gallons.
- c. Seasonal/Periodic Discharge Duration Give the average duration of each discharge occurrence in days.
- d. Seasonal/Periodic Discharge Occurrence—Months Check the months during the year when the discharge normally occurs.

210a _____ times per year

210b _____ thousand gallons per discharge occurrence

210c _____ days

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

101

FOR AGENCY USE

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

211b

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

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

NA

- a. Engineering Design Report

212a

☐

- b. Operation and Maintenance Manual

212b

☐

NA

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

101

14. Description of Influent and Effluent (see instructions)

FOR AGENCY USE

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

Parameter and Code

214

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

DISCHARGE SERIAL NUMBER

101

FOR AGENCY USE

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15. Additional Wastewater Characteristics

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

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

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

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

FOR AGENCY USE

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

216

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

Alarm for power or equipment failure

☐ APS☐ ALM

17. Additional Information

[illegible]

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>102</u>	
a. Discharge Serial No. (see instructions)			
b. Discharge Name Give name of discharge, if any (see instructions)	201b	<u>Greenbay Road</u>	
c. Previous Discharge Serial No. If a previous NPDES permit application was made for this dis- charge (Item 4, Section I) provide previous discharge serial number.	201c	<u>102</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 dis- charge is scheduled to be discon- tinued 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:			Agency Use
State	203a	<u>Illinois</u>	203d
County	203b	<u>Cook</u>	203e
(If applicable) City or Town	203c	<u>Evanston</u>	203f
4. Discharge Point Description (see instructions) Discharge is into (check one)			
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR	
Estuary		☐ EST	
Lake		☐ LKE	
Ocean		☐ OCE	
Well (Injection)		☐ WEL	
Other		☐ OTH	
If 'other' is checked, specify type	204b	<u></u>	
5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)			
Latitude	205a	<u>42</u> DEG. <u>03</u> MIN. <u>33</u> SEC	
Longitude	205b	<u>87</u> DEG. <u>41</u> MIN. <u>40</u> SEC	

102

FOR AGENCY USE

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

206a

North Shore Channel

206b

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

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)

NA

- a. Bypass Occurrence
Check when bypass occurs

Wet weather

208a1

☐ Yes ☐ No

Dry weather

208a2

☐ Yes ☐ No

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

Wet Weather

208b1

_____ times per year

Dry weather

208b2

_____ times per year

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

Wet weather

208c1

_____ hours

Dry weather

208c2

_____ hours

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

Wet weather

208d1

_____ thousand gallons per incident

Dry weather

208d2

_____ thousand gallons per incident

- e. Bypass Reasons Give reasons why bypass occurs.

208e

Proceed to Item 11.

9. Overflow Discharge (see instructions)

- a. Overflow Occurrence Check when overflow occurs.

Wet weather

209a1

☒ Yes ☐ No

Dry weather

209a2

☐ Yes ☒ No

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

Wet weather

209b1

10 times per year

Dry weather

209b2

_____ times per year

DISCHARGE SERIAL NUMBER

102

FOR AGENCY USE

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

Wet weather

209c1 6.4 hours

Dry weather

209c2 _____ Hours

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

Wet weather

209d1 476 thousand gallons per incident

Dry weather

209d2 _____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

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

210a _____ times per year

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

210b _____ thousand gallons per discharge occurrence

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

210c _____ days

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

210d ☐ JAN ☐ FEB ☒ MAR
☒ APR ☒ MAY ☒ JUN
☒ JUL ☒ AUG ☒ SEP
☒ OCT ☒ NOV ☐ DEC

11. Discharge Treatment

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

211a None

- 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

102

14. Description of Influent and Effluent (see instructions)

FOR AGENCY USE

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

Parameter and Code

214

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

DISCHARGE SERIAL NUMBER

102

FOR AGENCY USE

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15. Additional Wastewater Characteristics

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

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

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

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

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- 215

☐ APS☐ ALM

217

[illegible]

STANDARD FORM A-MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

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

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

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

103

FOR AGENCY USE

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

206a

North Shore Channel

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

7. Offshore Discharge

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

206b

For Agency Use		
Major	Minor	Sub

206c

For Agency Use

303e

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)

NA

- a. Bypass Occurrence
Check when bypass occurs

Wet weather

208a1

☐ Yes ☐ No

Dry weather

208a2

☐ Yes ☐ No

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

Wet Weather

208b1

_____ times per year

Dry weather

208b2

_____ times per year

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

Wet weather

208c1

_____ hours

Dry weather

208c2

_____ hours

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

Wet weather

208d1

_____ thousand gallons per incident

Dry weather

208d2

_____ thousand gallons per incident

- e. Bypass Reasons Give reasons why bypass occurs.

208e

Proceed to Item 11.

9. Overflow Discharge (see instructions)

- a. Overflow Occurrence Check when overflow occurs.

Wet weather

209a1

☒ Yes ☐ No

Dry weather

209a2

☐ Yes ☒ No

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

Wet weather

209b1

10 times per year

Dry weather

209b2

_____ times per year

DISCHARGE SERIAL NUMBER

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FOR AGENCY USE

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

Wet weather

209c1 6.4 hours

Dry weather

209c2 _____ Hours

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

Wet weather

209d1 585 thousand gallons per incident

Dry weather

209d2 _____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

- a. Seasonal/Periodic Discharge Frequency If discharge is intermittent from a holding pond, lagoon, etc., give the actual or approximate number of times this discharge occurs per year.
- b. Seasonal/Periodic Discharge Volume Give the average volume per discharge occurrence in thousand gallons.
- c. Seasonal/Periodic Discharge Duration Give the average duration of each discharge occurrence in days.
- d. Seasonal/Periodic Discharge Occurrence—Months Check the months during the year when the discharge normally occurs.

210a _____ times per year

210b _____ thousand gallons per discharge occurrence

210c _____ days

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

[illegible]

- 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.

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

- Engineering Design Report
- Operation and Maintenance Manual

13. Plant Design Data (see instructions)

- Plant Design Flow (mgd)
- Plant Design BOD Removal (%)
- Plant Design N Removal (%)
- Plant Design P Removal (%)
- Plant Design SS Removal (%)
- Plant Began Operation (year)
- Plant Last Major Revision (year)

211b

NA

212a

212b



NA

213a

_____ mgd

213b

_____ %

213c

_____ %

213d

_____ %

2130

_____ %

213f

213g

103

14. Description of Influent and Effluent (see instructions)

FOR AGENCY USE

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

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

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

DISCHARGE SERIAL NUMBER

103

FOR AGENCY USE

15. Additional Wastewater Characteristics

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

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

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

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

103

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

216

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

Alarm for power or equipment failure

☐ APS☐ ALM

FOR AGENCY USE

17. Additional Information

217

Item
Number

Information

9

Approximately 60% of overflow intercepted by Mainstream TARP, Phase I, and subsequently treated at Stickney WRP.

- 206a

For Agency Use		
Major	Minor	Sub

303e

206b

- 207a

NA _____ feet

- 207b

NA feet

NA

- 208a

☐ Yes ☐ No

208a

☐ Yes ☐ No

- 208b

_____times per year

208b

_____times per year

- 208c

_____ hours

208c

_____ hours

- 208d

_____thousand gallons per incident

208 च

_____thousand gallons per incident

- 208-

203a

☒ Yes ☐ No

2052

☐ Yes ☒ No

- 209b

10 times per year

209b:

_____times per year

DISCHARGE SERIAL NUMBER

104

FOR AGENCY USE

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

Wet weather

209c1 6.4 hours

Dry weather

209c2 _____ Hours

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

Wet weather

209d1 281 thousand gallons per incident

Dry weather

209d2 _____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

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

210a _____ times per year

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

210b _____ thousand gallons per discharge occurrence

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

210c _____ days

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

210d ☐ JAN ☐ FEB ☒ MAR
☒ APR ☒ MAY ☒ JUN
☒ JUL ☒ AUG ☒ SEP
☒ OCT ☐ NOV ☐ DEC

11. Discharge Treatment

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

211a None

Separate all codes with commas except where slashes are used to designate parallel operations.

g. Plant Last Major Revision (year)

104

14. Description of Influent and Effluent (see instructions)

FOR AGENCY USE

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

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

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

DISCHARGE SERIAL NUMBER

104

FOR AGENCY USE

15. Additional Wastewater Characteristics

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

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

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

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

Alarm for power or equipment failure

215

☐ ALM

FOR AGENCY USE

217

[illegible]

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

105

FOR AGENCY USE

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

206a

North Shore 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)

NA

a. Bypass Occurrence

Check when bypass occurs

Wet weather

208a1

☐ Yes ☐ No

Dry weather

208a2

☐ Yes ☐ No

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

Wet Weather

208b1

_____ times per year

Dry weather

208b2

_____ times per year

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

Wet weather

208c1

_____ hours

Dry weather

208c2

_____ hours

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

Wet weather

208d1

_____ thousand gallons per incident

Dry weather

208d2

_____ thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs.

208e

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather

209a1

☐ Yes ☒ No

Dry weather

209a2

☐ Yes ☒ No

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

Wet weather

209b1

0 times per year

Dry weather

209b2

0 times per year

DISCHARGE SERIAL NUMBER

108

FOR AGENCY USE

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

206a

Wheeling Drainage Ditch

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

206b

For Agency Use		
Major	Minor	Sub

206c

For Agency Use
303e

7. Offshore Discharge

- a. Discharge Distance from Shore

207a

NA feet

- b. Discharge Depth Below Water Surface

207b

NA feet

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

8. Bypass Discharge (see instructions)

NA

- a. Bypass Occurrence
Check when bypass occurs

Wet weather

208a1

☐ Yes ☐ No

Dry weather

208a2

☐ Yes ☐ No

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

Wet Weather

208b1

_____ times per year

Dry weather

208b2

_____ times per year

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

Wet weather

208c1

_____ hours

Dry weather

208c2

_____ hours

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

Wet weather

208d1

_____ thousand gallons per incident

Dry weather

208d2

_____ thousand gallons per incident

- e. Bypass Reasons Give reasons why bypass occurs.

208e

Proceed to Item 11.

9. Overflow Discharge (see instructions)

- a. Overflow Occurrence Check when overflow occurs.

Wet weather

209a1

☒ Yes ☐ No

Dry weather

209a2

☐ Yes ☒ No

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

Wet weather

209b1

2 times per year

Dry weather

209b2

_____ times per year

DISCHARGE SERIAL NUMBER

FOR AGENCY USE

105

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

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.

218d ☐ 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

105

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

105

FOR AGENCY USE

14. Description of Influent and Effluent (see instructions)

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

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

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

DISCHARGE SERIAL NUMBER

105

FOR AGENCY USE

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15. Additional Wastewater Characteristics

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

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

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

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

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FOR AGENCY USE

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

216

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

☐ APS

Alarm for power or equipment failure

☐ ALM

17. Additional Information

217

Item
Number

Information

9

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

STANDARD FORM A-MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

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

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

1. Discharge Serial No. and Name

a. Discharge Serial No.
(see instructions)

201a 106

b. Discharge Name
Give name of discharge, if any -
(see instructions)

201b Morse Avenue

c. Previous Discharge Serial No.
If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number.

201c 106

2. Discharge Operating Dates

a. Discharge to Begin Date
If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.

202a NA
YR MO

b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.

202b NA
YR MO

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

State

203a Illinois

County

203b Cook

(if applicable) City or Town

203c Lincolnwood

Agency Use

203d	
203e	
203f	

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

Stream (includes ditches, arroyos, and other watercourses)

204a ☒ STR

Estuary

☐ EST

Lake

☐ LKE

Ocean

☐ OCE

Well (Injection)

☐ WEL

Other

☐ OTH

If 'other' is checked, specify type

204b

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

Latitude

205a 42 DEG. 00 MIN. 24 SEC

Longitude

205b 87 DEG. 42 MIN. 38 SEC

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FOR AGENCY USE

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

206a

North Shore 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

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)

NA

- a. Bypass Occurrence
Check when bypass occurs

Wet weather

208a1

☐ Yes ☐ No

Dry weather

208a2

☐ Yes ☐ No

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

Wet Weather

208b1

_____ times per year

Dry weather

208b2

_____ times per year

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

Wet weather

208c1

_____ hours

Dry weather

208c2

_____ hours

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

Wet weather

208d1

_____ thousand gallons per incident

Dry weather

208d2

_____ thousand gallons per incident

- e. Bypass Reasons Give reasons why bypass occurs.

208e

Proceed to Item 11.

9. Overflow Discharge (see instructions)

- a. Overflow Occurrence Check when overflow occurs.

Wet weather

209a1

☒ Yes ☐ No

Dry weather

209a2

☐ Yes ☒ No

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

Wet weather

209b1

10 times per year

Dry weather

209b2

_____ times per year

DISCHARGE SERIAL NUMBER

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

Wet weather

209c1 6.4 hours

Dry weather

209c2 _____ Hours

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

Wet weather

209d1 358 thousand gallons per incident

Dry weather

209d2 _____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

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

210a _____ times per year

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

210b _____ thousand gallons per discharge occurrence

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

210c _____ days

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

210d ☐ JAN ☐ FEB ☒ MAR
☒ APR ☒ MAY ☒ JUN
☒ JUL ☒ AUG ☒ SEP
☒ OCT ☒ NOV ☐ DEC

11. Discharge Treatment

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

211a None

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

211b

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

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

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

NA

NA

106

14. Description of Influent and Effluent (see instructions)

FOR AGENCY USE									

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							
pH Units 00400							
Temperature (winter) ° F 74028							
Temperature (summer) ° F 74027							
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)							
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)							
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)							
BOD 5-day mg/l 00310							
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)							
OR Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine--Total Residual mg/l 50060							

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

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

DISCHARGE SERIAL NUMBER

106

FOR AGENCY USE

15. Additional Wastewater Characteristics

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

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

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

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

FOR AGENCY USE							

- ☐
- ALM

217

[illegible]

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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.

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

DISCHARGE SERIAL NUMBER

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FOR AGENCY USE

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

206a

North Branch of Chicago River

If the discharge is through an 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)

NA

- a. Bypass Occurrence

Check when bypass occurs

Wet weather

208a1

☐ Yes ☐ No

Dry weather

208a2

☐ Yes ☐ No

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

Wet Weather

208b1

_____ times per year

Dry weather

208b2

_____ times per year

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

Wet weather

208c1

_____ hours

Dry weather

208c2

_____ hours

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

Wet weather

208d1

_____ thousand gallons per incident

Dry weather

208d2

_____ thousand gallons per incident

- e. Bypass Reasons Give reasons why bypass occurs.

208e

Proceed to Item 11.

9. Overflow Discharge (see instructions)

- a. Overflow Occurrence Check when overflow occurs.

Wet weather

209a1

☒ Yes ☐ No

Dry weather

209a2

☐ Yes ☒ No

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

Wet weather

209b1

10 times per year

Dry weather

209b2

_____ times per year

DISCHARGE SERIAL NUMBER

107

FOR AGENCY USE

[illegible]

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

Wet weather

209c1 6.4 hours

Dry weather

209c2 _____ Hours

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

Wet weather

209d1 657 thousand gallons per incident

Dry weather

209d2 _____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

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

210a _____ times per year

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

210b _____ thousand gallons per discharge occurrence

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

210c _____ days

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

2104 ☐ 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)

2113 None

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FOR AGENCY USE

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

211b

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

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

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

212a

☐

212b

☐

NA

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

NA

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14. Description of Influent and Effluent (see instructions)

FOR AGENCY USE

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

FOR AGENCY USE									

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

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

DISCHARGE SERIAL NUMBER

107

FOR AGENCY USE									

15. Additional Wastewater Characteristics

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

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

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

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

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Alarm for power or equipment failure

216

☐ APS☐ ALM

FOR AGENCY USE

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Item
Number

Information

9

Approximately 60% of overflow intercepted by Mainstream TARP, Phase I, and subsequently treated at Stickney WRP.

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FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

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

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

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

DISCHARGE SERIAL NUMBER

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FOR AGENCY USE

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

Wet weather

209c1 _____ hours

Dry weather

209c2 _____ Hours

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

Wet weather

209d1 _____ thousand gallons per incident

Dry weather

209d2 _____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

- 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

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FOR AGENCY USE

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

211b

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

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

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

108

14. Description of Influent and Effluent (see instructions)

FOR AGENCY USE									

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							
pH Units 00400							
Temperature (winter) ° F 74028							
Temperature (summer) ° F 74027							
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)							
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)							
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)							
BOD 5-day mg/l 00310							
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)							
OR Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine-Total Residual mg/l 50060							

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

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

DISCHARGE SERIAL NUMBER

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FOR AGENCY USE									

15. Additional Wastewater Characteristics

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

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

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

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

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215

☐ APS☐ ALM

FOR AGENCY USE

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[illegible]

STANDARD FORM A-MUNICIPAL

SECTION II. BASIC DISCHARGE DESCRIPTION

FOR AGENCY USE									

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

109b. Discharge Name
Give name of discharge, if any -
(see instructions)

201b

Rand Roadc. Previous Discharge Serial No.
If a previous NPDES permit
application was made for this dis-
charge (Item 4, Section I) provide
previous discharge serial number.

201c

109

2. Discharge Operating Dates

a. Discharge to Begin Date
If the discharge has never
occurred but is planned for some
future date, give the date the
discharge will begin.

202a

NA
YR MOb. Discharge to End Date If the dis-
charge is scheduled to be discon-
tinued within the next 5 years,
give the date (within best estimate)
the discharge will end. Give rea-
son for discontinuing this discharge
in Item 17.

202b

NA
YR MO3. Discharge Location Name the
political boundaries within which
the point of discharge is located:

State

203a

Illinois

County

203b

Cook

(If applicable) City or Town

203c

DesPlaines

Agency Use

203d

203e

203f

4. Discharge Point Description

(see instructions)
Discharge is into (check one)Stream (includes ditches, arroyos,
and other watercourses)

204a

☒ STR

Estuary

☐ EST

Lake

☐ LKE

Ocean

☐ OCE

Well (Injection)

☐ WEL

Other

☐ OTH

If 'other' is checked, specify type

204b

5. Discharge Point - Lat/Long.

State the precise location of the
point of discharge to the nearest
second. (see instructions)

Latitude

205a

42 DEG. 02 MIN. 39 SEC

Longitude

205b

87 DEG. 52 MIN. 41 SEC

DISCHARGE SERIAL NUMBER

109

FOR AGENCY USE

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

206a

DesPlaines River

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
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)

NA

- a. Bypass Occurrence
Check when bypass occurs

Wet weather

208a1

☐ Yes ☐ No

Dry weather

208a2

☐ Yes ☐ No

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

Wet Weather

208b1

_____ times per year

Dry weather

208b2

_____ times per year

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

Wet weather

208c1

_____ hours

Dry weather

208c2

_____ hours

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

Wet weather

208d1

_____ thousand gallons per incident

Dry weather

208d2

_____ thousand gallons per incident

- e. Bypass Reasons Give reasons
why bypass occurs.

208e

Proceed to Item 11.

9. Overflow Discharge (see instructions)

- a. Overflow Occurrence Check
when overflow occurs.

Wet weather

209a1

☒ Yes ☐ No

Dry weather

209a2

☐ Yes ☒ No

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

Wet weather

209b1

96 times per year

Dry weather

209b2

_____ times per year

109

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

Wet weather

209c1 | 15.9 hours

Dry weather

209c2 _____ Hours

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

Wet weather

209d1 899 thousand gallons per incident

Dry weather

209d2 _____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

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

210a. _____ times per year

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

210b _____ thousand gallons per discharge occurrence

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

210c _____ days

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

2184 ☐ JAN ☐ FEB ☒ MAR
☒ APR ☒ MAY ☒ JUN
☒ JUL ☒ AUG ☒ SEP
☒ OCT ☒ NOV ☒ DEC

11. Discharge Treatment

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

211a None

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

211b

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

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

a. Engineering Design Report

212a

NA

☐

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

109

14. Description of Influent and Effluent (see instructions)

FOR AGENCY USE									

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

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

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

DISCHARGE SERIAL NUMBER

109

FOR AGENCY USE

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15. Additional Wastewater Characteristics

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

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

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

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

DISCHARGE SERIAL NUMBER

109

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

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

Alarm for power or equipment failure

216

☐ APS☐ ALM

FOR AGENCY USE

17. Additional Information

217

Item
Number

Information

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

001 002

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

INT

3-character specific action descriptions

301d

SEC

2. Implementation Schedule and 3. Actual Completion Dates *

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

Implementation Steps

2. Schedule (Yr / Mo / Day)

3. Actual Completion (Yr / Mo / Day)

a. Preliminary plan complete NA

302a

___/___/___

303a

___/___/___

b. Final plan complete

302b

___/___/___

303b

86 / 4 / 30

c. Financing complete & contract awarded

302c

86 / 7 / 17

303c

86 / 7 / 17

d. Site acquired NA

302d

___/___/___

303d

___/___/___

e. Begin construction

302e

86 / 7 / 30

303e

86 / 7 / 30

f. End construction

302f

88 / 7 / 29

303f

89 / 12 / 12

g. Begin Discharge

302g

88 / 7 / 29

303g

88 / 12 / 15

h. Operational level attained

302h

88 / 7 / 29

303h

88 / 12 / 15

* Under Contract 78-020-CP

SECTION III. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION

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

1. Improvements Required

a. Discharge Serial Numbers

Affected List the discharge serial numbers, assigned in Section II, that are covered by this implementation schedule

300

FOR AGENCY USE

Sched. No. _____

b. Authority Imposing Requirement

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

301a

109

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

Tunnel and Reservoir Plan,

Mainstream; North Branch Leg -

Phase I

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

3-character general action description

301c

MOD

3-character specific action descriptions

301d

OUT / IPU / CSC /

2. Implementation Schedule and 3. Actual Completion Dates

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

Implementation Steps

2. Schedule (Yr / Mo / Day)

3. Actual Completion (Yr / Mo / Day)

a. Preliminary plan complete

302a

75 / 2 / 1

303a

75 / 2 / 1

b. Final plan complete

302b

76 / 10 / 1

303b

92 / 4 / 1

c. Financing complete & contract awarded

302c

77 / 2 / 1

303c

92 / 4 / 1

d. Site acquired

302d

77 / 2 / 1

303d

92 / 4 / 1

e. Begin construction

302e

77 / 3 / 1

303e

92 / 7 / 6

f. End construction

302f

83 / 1 / 1

303f

/ /

g. Begin Discharge

302g

/ /

303g

/ /

h. Operational level attained

302h

/ /

303h

/ /

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

Quantity

Units (See
Table III)

403c

403e

Raw Material

403b

403d

403f

4. Flow Indicate the volume of water
discharged into the municipal sys-
tem in thousand gallons per day
and whether this discharge is inter-
mittent 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							