EXHIBIT G

Protecting Our Water Environment

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

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

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

December 2, 1992

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

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

Dear Mr. McSwiggin:

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

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

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

Very truly yours

Earl W. Knight
Chief of Maintenance and Operations

MBE:FK:OZ:qt
Encl.
cc: Dalton/DiVita/Lue-Hing/Michuda

FORM [illegible]
OMB No. [illegible]

FOR AGENCY USE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER

STANDARD FORM A – MUNICIPAL

SECTION I. APPLICANT AND FACILITY DESCRIPTION

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

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

Please Print or Type

1. Legal Name of Applicant (see instructions)	101	Metropolitan Water Reclamation District of Greater Chicago
2. Mailing Address of Applicant (see instructions) Number & Street	102a	100 E. Erie Street
City	102b	Chicago
State	102c	Illinois
Zip Code	102d	60611
3. Applicant's Authorized Agent (see instructions) Name and Title	103a	Earl W. Knight Chief of Maintenance & Operations
Number & Street	103b	100 E. Erie
City	103c	Chicago
State	103d	Illinois
Zip Code	103e	60611
Telephone	103f	312 751-5101 (Area Code / Number)
4. Previous Application If a previous application for a permit under the National Pollutant Discharge Elimination System has been made, give the date of application.	104	87 07 14 (YR MO DAY)

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

Frank E. Dalton Printed Name of Person Signing	102e	General Superintendent Title
Frank E. Dalton Signature of Applicant or Authorized Agent	102f	92 12 03 (YR MO DAY) Date Application Signed

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

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

FOR AGENCY USE

Received ___ ___ ___
YR MO DAY

OFFICE: ___ EPA Region Number
___ State

FORM APPROVED
OMB No. 158-R0100

FOR AGENCY USE

		Number of Discharge Points		Total Volume Discharged, Million Gallons Per Day
To: Surface Water	107a1	1	107a2	292
Surface Impoundment with no Effluent	107b1		107b2	
Underground Percolation	107c1		107c2	
Well (injection)	107d1		107d2	
Other	107e1		107e2	
Total Item 7	107f1	1	107f2	292 (1991 Data)
If 'other' is specified, describe	107g1			

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

8. Intermittent Discharges

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

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

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

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

- ☐ Separate Storm — SST
- ☐ Separate Sanitary — SAN
- ☐ Combined Sanitary and Storm — CSS
- ☐ Both Separate Sanitary and Combined Sewer Systems — BSC
- ☐ Both Separate Storm and Combined Sewer Systems — SSC (109b)

Length: 175.5 miles (MWRD Interceptors only)

10. Municipalities or Areas Served (see instructions)

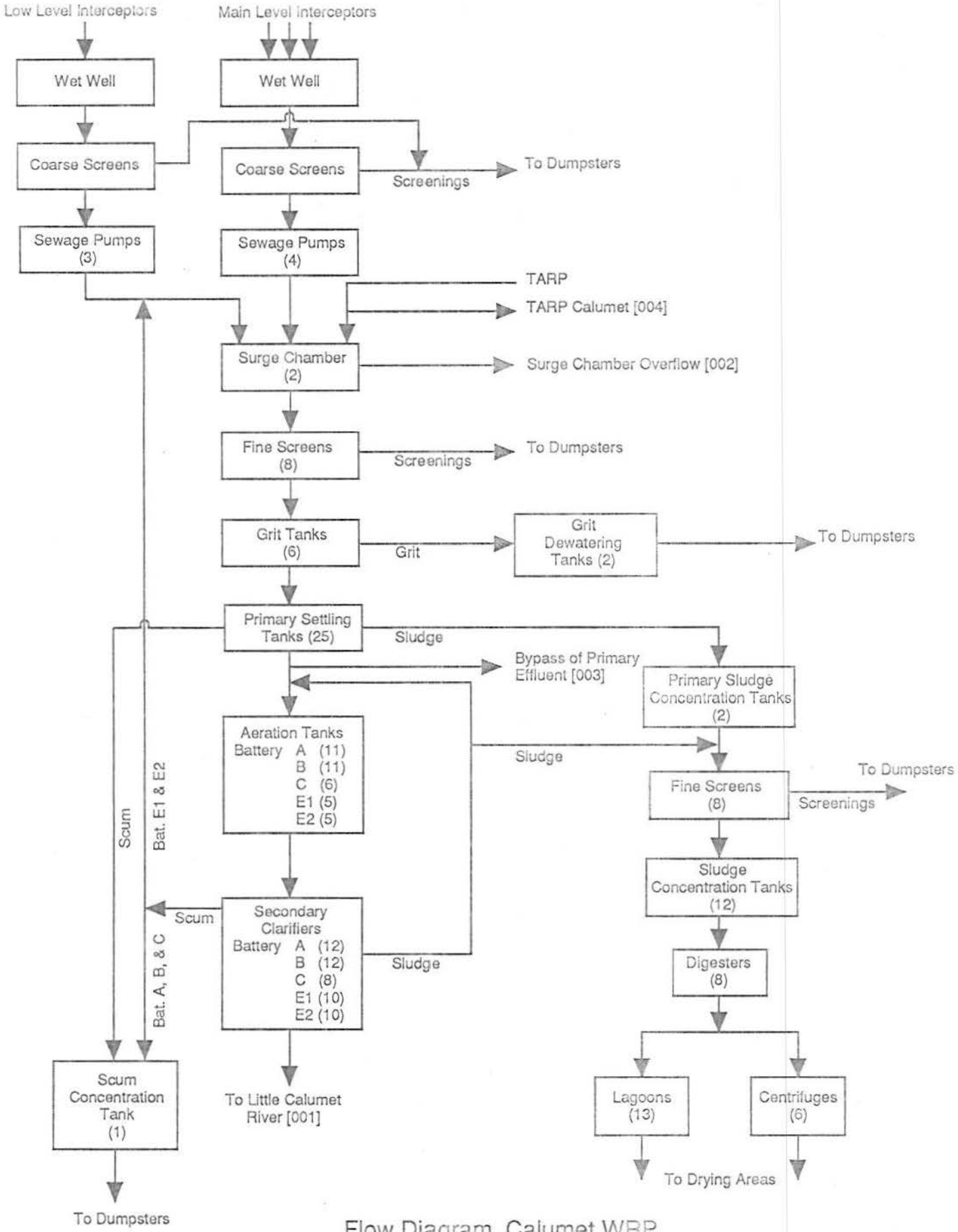
	Name		Actual Population Served
110a	South Facility Area (Calumet)	110b	1,145,301
110a	See attached list of communities	110b	
110a		110b	
110a		110b	
110a		110b	
Total Population Served		110c	

CALUMET WATER RECLAMATION PLANT

SECTION I.10

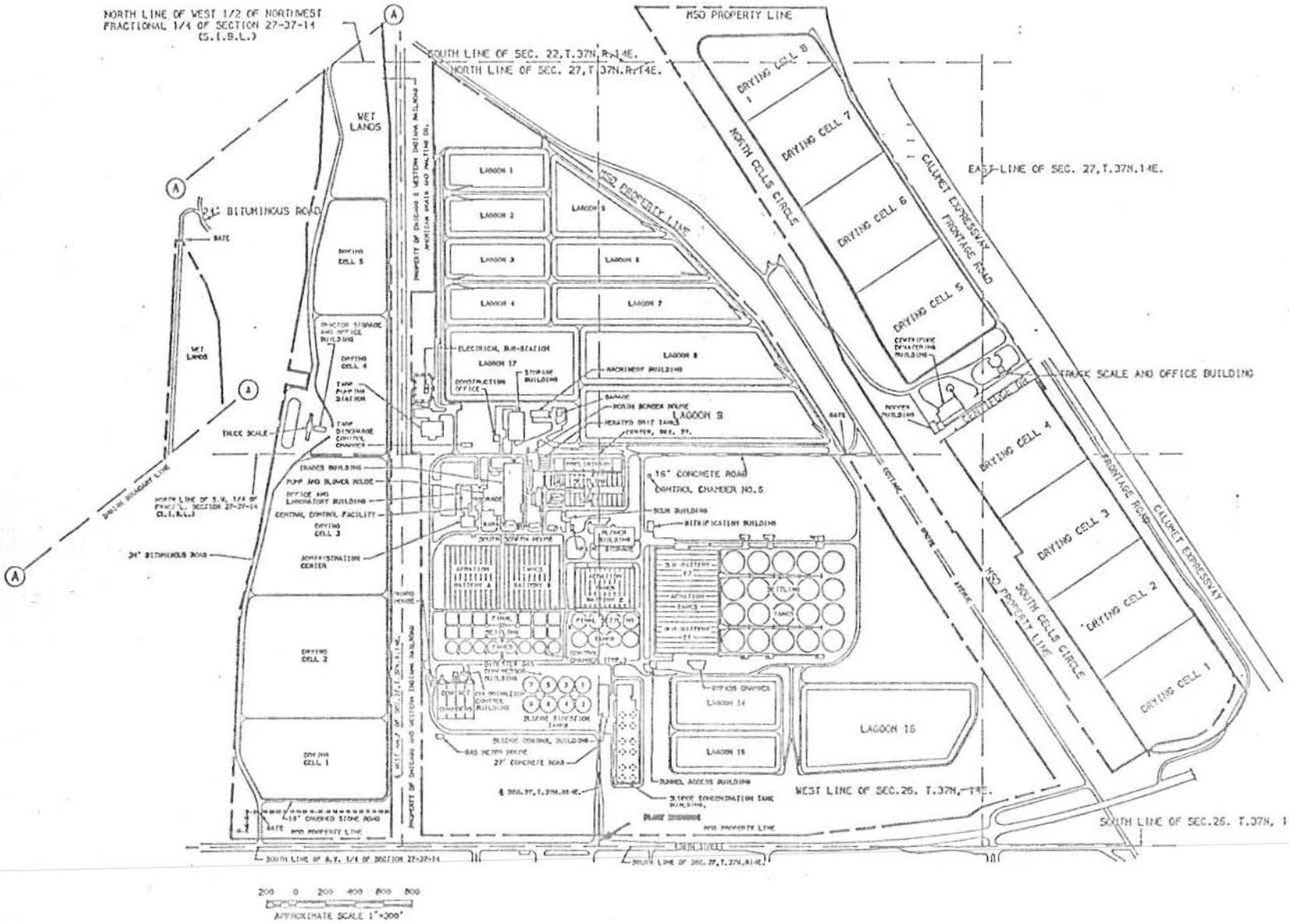
Municipalities or Areas Served

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



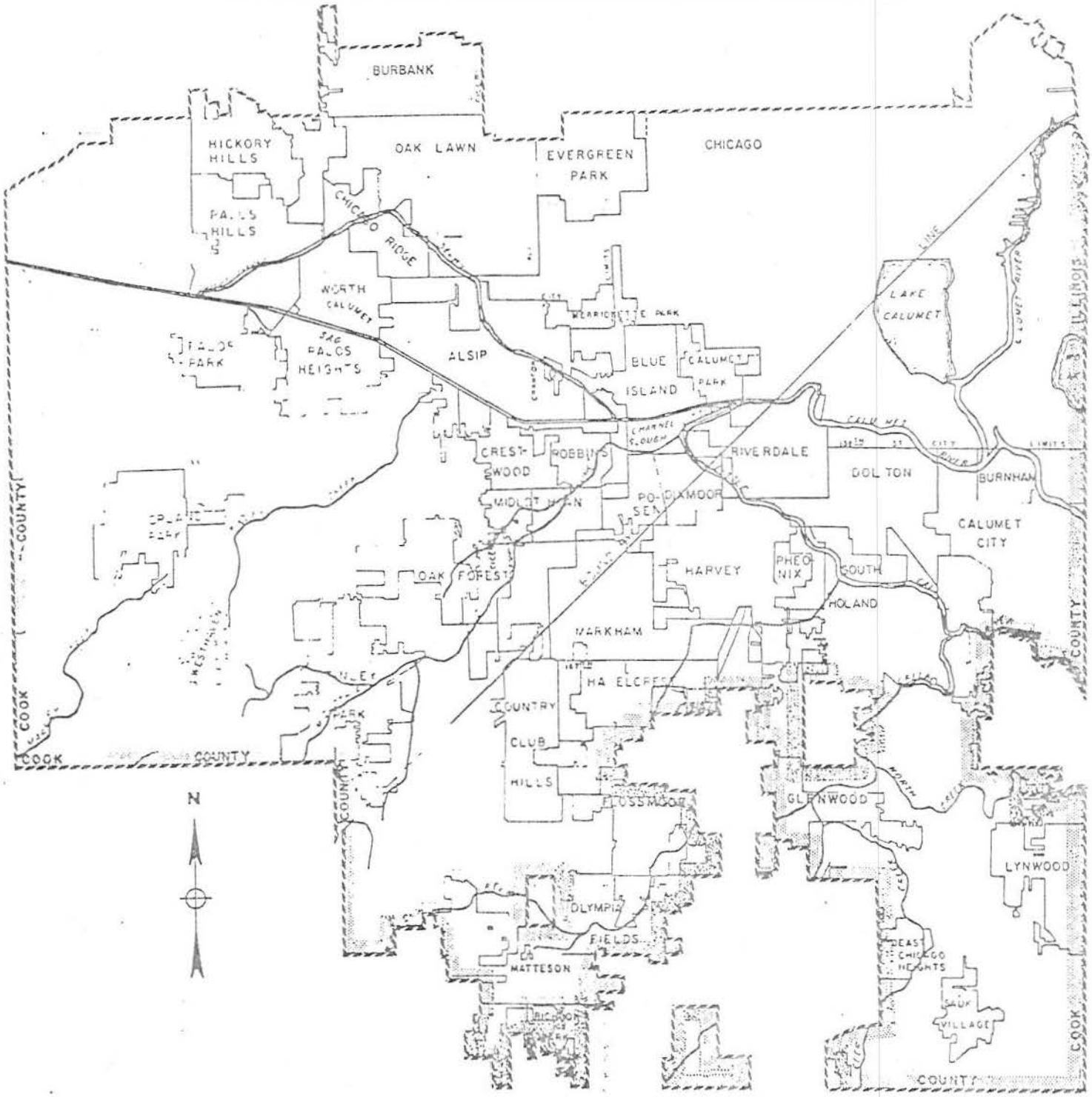
Flow Diagram, Calumet WRP

Note: ( ) Represents number of units



CALUMET WATER RECLAMATION PLANT

SOUTH FACILITY AREA



THE METROPOLITAN SANITARY DISTRICT
OF GREATER CHICAGO

ENGINEERING DEPARTMENT

S.P. & D.F.M. SEPT. 1974

STANDARD FORM A—MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

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

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

1. Discharge Serial No. and Name a. Discharge Serial No. (see instructions)	201a	001
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Calumet WRP Outfall
c. Previous Discharge Serial No If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number.	201c	001
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA YR MO
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d
County	203b	Cook — 203e
(if applicable) City or Town	203c	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. 39 MIN. 45 SEC
Longitude	205b	87 DEG. 37 MIN. 09 SEC

DISCHARGE SERIAL NUMBER

001

FOR AGENCY USE

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

Wet weather	209c1	_____hours
Dry weather	209c2	_____Hours

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

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

Proceed to item 11

10. Seasonal/Periodic Discharges

NA

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

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

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

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

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

11. Discharge Treatment

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

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

DISCHARGE SERIAL NUMBER

Calumet WRP, 001

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	292	292	236	352	7/7	365	
pH Units 00400			7.0	7.4	7/7	365	G
Temperature (winter) ° F 74028 Nov. - Mar.		53	50	59	7/7	151	G
Temperature (summer) ° F 74027 Apr. - Oct.		67	55	73	7/7	214	G
Fecal Streptococci Bacteria Number/100 ml 74054 (Provide if available)							
Fecal Coliform Bacteria Number/100 ml 74055 (Provide if available)				260,000	1/7	53	G
Total Coliform Bacteria Number/100 ml 74056 (Provide if available)							
BOD 5-day mg/l 00310	141	17	15	22	7/7	363	24
Chemical Oxygen Demand (COD) mg/l 00340 (Provide if available)	305	43	37	54	7/7	365	24
OR							
Total Organic Carbon (TOC) mg/l 00680 (Provide if available) (Either analysis is acceptable)							
Chlorine--Total Residual mg/l 50060							

DISCHARGE SERIAL NUMBER

Calumet WRP, 001

FOR AGENCY USE

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

Parameter and Code 214	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	Number of Analyses (6)	Sample Type (7)
Total Solids mg/l 00500	994	799	680	967	7/7	365	24
Total Dissolved Solids mg/l 70300							
Total Suspended Solids mg/l 00530	166	9	7	13	7/7	364	24
Settleable Matter (Residue) ml/l 00545							
Ammonia (as N) mg/l 00610 (Provide if available)	11.97	6.24	3.26	8.97	7/7	365	24
Kjeldahl Nitrogen mg/l 00625 (Provide if available)	22.03	8.36	4.61	13.14	7/7	365	24
Nitrate (as N) mg/l 00620 (Provide if available)	0.20	2.68	1.75	3.85	7/7	365	24
Nitrite (as N) mg/l 00615 (Provide if available)	0.14	0.54	0.23	1.04	7/7	365	24
Phosphorus Total (as P) mg/l 00665 (Provide if available)	6.48	3.11	2.20	4.43	7/7	365	24
Dissolved Oxygen (DO) mg/l 00300	X	6.6	5.9	7.2	7/7	364	G

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

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

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

DISCHARGE SERIAL NUMBER

001

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

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

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	002
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Calumet WRP Surge Chamber Overflow
c. Previous Discharge Serial No If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number.	201c	002
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA YR MO
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d
County	203b	Cook — 203e
(if applicable) City or Town	203c	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. 39 MIN. 45 SEC
Longitude	205b	87 DEG. 37 MIN. 09 SEC

DISCHARGE SERIAL NUMBER

002

FOR AGENCY USE

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

206a: Little Calumet River

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

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

7. Offshore Discharge

a. Discharge Distance from Shore — 207a: 0 feet

b. Discharge Depth Below Water Surface — 207b: 16.8 feet

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

8. Bypass Discharge (see instructions)

a. Bypass Occurrence
Check when bypass occurs

Wet weather — 208a1: ☒ Yes ☐ No

Dry weather — 208a2: ☐ Yes ☒ No

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

Wet Weather — 208b1: 0-1 times per year Extremely rare occurrence; zero occurrences in 1991.

Dry weather — 208b2: 0 times per year

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

Wet weather — 208c1: 0.25 hours

Dry weather — 208c2: 0 hours

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

Wet weather — 208d1: 0 - 200 thousand gallons per incident

Dry weather — 208d2: 0 thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs. — 208e: Equipment (Fine Screens) failure causing a short duration bottle neck in flow pattern allowing flow to surcharge. Result is possibly a bypass (overflow) of surge chamber.

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather — 209a1: ☒ Yes ☐ No

Dry weather — 209a2: ☐ Yes ☒ No

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

1991 Data:

Wet weather — 209b1: 0 times per year

Dry weather — 209b2: 0 times per year

DISCHARGE SERIAL NUMBER

002

FOR AGENCY USE

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

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

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

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

Proceed to item 11

10. Seasonal/Periodic Discharges

N/A

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

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

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

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

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

11. Discharge Treatment

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

None - Should the capacity of the surge be exceeded, influent overflow would be diverted to a bypass conduit and to a storm water outfall (to the Little Calumet River).

DISCHARGE SERIAL NUMBER

002

FOR AGENCY USE

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

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

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

a. Engineering Design Report	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	0 %
c. Plant Design N Removal (%)	213c	0 %
d. Plant Design P Removal (%)	213d	0 %
e. Plant Design SS Removal (%)	213e	0 %
f. Plant Began Operation (year)	213f	1935
g. Plant Last Major Revision (year)	213g	1989

APPROVED
OMB No. 158-R0186

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	003
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Bypass of Primary effluent
c. Previous Discharge Serial No If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number.	201c	003
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	NA YR MO
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	NA YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d
County	203b	Cook — 203e
(if applicable) City or Town	203c	Chicago — 203f
4. Discharge Point Description (see instructions) Discharge is into (check one)		
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ STR
Estuary		☐ EST
Lake		☐ LKE
Ocean		☐ OCE
Well (Injection)		☐ WEL
Other		☐ OTH
If 'other' is checked, specify type	204b	
5. Discharge Point — Lat/Long. State the precise location of the point of discharge to the nearest second. (see instructions)		
Latitude	205a	41 DEG. 39 MIN. 45 SEC
Longitude	205b	87 DEG. 37 MIN. 09 SEC

DISCHARGE SERIAL NUMBER

003

FOR AGENCY USE

6. Discharge Receiving Water Name
Name the waterway at the point of discharge.(see instructions) — 206a: Little Calumet River

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

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

7. Offshore Discharge

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

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

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

8. Bypass Discharge (see instructions) — 1991 Data:

a. Bypass Occurrence
Check when bypass occurs

Wet weather — 208a1: ☒ Yes ☐ No

Dry weather — 208a2: ☐ Yes ☒ No — No occurences in 1991 Use 91 data

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

Wet Weather — 208b1: 0-1 times per year

Dry weather — 208b2: 0 times per year

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

Wet weather — 208c1: 0.25 hours

Dry weather — 208c2: 0 hours

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

Wet weather — 208d1: 0-200 thousand gallons per incident

Dry weather — 208d2: 0 thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs. — 208e: During high flow/high pumpage conditions, occasionally a small percentage of the primary effluent cannot be processed in the secondary system, thus necessitating a bypass.

Proceed to Item 11.

9. Overflow Discharge (see instructions) — 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

003

FOR AGENCY USE

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

Wet weather	209c1	_____hours
Dry weather	209c2	_____Hours

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

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

Proceed to Item 11

10. Seasonal/Periodic Discharges

NA

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

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

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

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

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

11. Discharge Treatment

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

Wastewater receives complete primary treatment prior to bypassing:

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

DISCHARGE SERIAL NUMBER

003

FOR AGENCY USE

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

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

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

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OMB No. 158-R

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: 004
   b. Discharge Name Give name of discharge, if any (see instructions) — 201b: TARP-Calumet
   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: 004

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

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

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

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

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

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

Latitude	205a	41 DEG. 39 MIN. 45 SEC
Longitude	205b	87 DEG. 37 MIN. 09 SEC

DISCHARGE SERIAL NUMBER

004

FOR AGENCY USE

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

206a: Little Calumet River

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

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

7. Offshore Discharge

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

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

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

8. Bypass Discharge (see instructions)

a. Bypass Occurrence
Check when bypass occurs

Wet weather — 208a1: ☒ Yes ☐ No

Dry weather — 208a2: ☐ Yes ☒ No

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

Zero occurences since '88

Wet Weather — 208b1: 0-1 times per year

Dry weather — 208b2: 0 times per year

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

Wet weather — 208c1: 0.25 hours

Dry weather — 208c2: 0 hours

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

Wet weather — 208d1: 0- 200 thousand gallons per incident

Dry weather — 208d2: _____ thousand gallons per incident

e. Bypass Reasons Give reasons why bypass occurs. — 208e: Mechanical failure of raw sewage pumps and/or power interruption. No such situation for more than four years.

Proceed to Item 11.

9. Overflow Discharge (see instructions)

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

004

FOR AGENCY USE

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

Wet weather	209c1	_____hours
Dry weather	209c2	_____Hours

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

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

Proceed to Item 11

10. Seasonal/Periodic Discharges

NA

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

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

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

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

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

11. Discharge Treatment

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

None

DISCHARGE SERIAL NUMBER

004

FOR AGENCY USE

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

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

12. Plant Design and Operation Manuals Check which of the following are currently available		NA
a. Engineering Design Report	212a	☐
b. Operation and Maintenance Manual	212b	☐
13. Plant Design Data (see instructions)		NA
a. Plant Design Flow (mgd)	213a	_____ mgd
b. Plant Design BOD Removal (%)	213b	_____ %
c. Plant Design N Removal (%)	213c	_____ %
d. Plant Design P Removal (%)	213d	_____ %
e. Plant Design SS Removal (%)	213e	_____ %
f. Plant Began Operation (year)	213f	_____
g. Plant Last Major Revision (year)	213g	_____

FORM APPROVED
OMB No. 158-R0156

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	151	
b. Discharge Name Give name of discharge, if any (see instructions)	201b	94th Pl. (Ext. C2)	
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	151	
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	____ ____ YR MO	
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	None YR MO	
3. Discharge Location Name the political boundaries within which the point of discharge is located:			Agency Use
State	203a	Illinois	203d ____
County	203b	Cook	203e ____
(if applicable) City or Town	203c	Chicago	203f ____
4. Discharge Point Description (see instructions) Discharge is into (check one)			
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ 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. 49 MIN. 02 SEC	
Longitude	205b	87 DEG. 45 MIN. 12 SEC	

DISCHARGE SERIAL NUMBER

151

FOR AGENCY USE

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

206a Calumet River

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

206b

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

7. Offshore Discharge

a. Discharge Distance from Shore 207a NA feet

b. Discharge Depth Below Water Surface 207b NA feet

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

8. Bypass Discharge (see instructions)

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) 1991 Data

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1 ☒ Yes ☐ No

Dry weather 209a2 ☐ Yes ☒ No

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

Wet weather 209b1 6 times per year

Dry weather 209b2 0 times per year

DISCHARGE SERIAL NUMBER

151

FOR AGENCY USE

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

Wet weather — 209c1 — 1.81 hours

Dry weather — 209c2 — _____ Hours

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

Wet weather — 209d1 — 10,500 thousand gallons per incident

Dry weather — 209d2 — _____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

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

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

c. Seasonal/Periodic Discharge Duration Give the average duration of each discharge occurrence in days. — 21Dc — _____ days

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

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

11. Discharge Treatment

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

Chlorination

DISCHARGE SERIAL NUMBER

151

FOR AGENCY USE

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

211b PH

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

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

a. Engineering Design Report 212a ☐

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 _____

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OMB [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** 152
   b. Discharge Name. Give name of discharge, if any (see instructions) — **201b** 122nd St Pumping Station C5
   c. Previous Discharge Serial No. If a previous NPDES permit application was made for this discharge (Item 4, Section I) provide previous discharge serial number. — **201c** 152

2. Discharge Operating Dates
   a. Discharge to Begin Date. If the discharge has never occurred but is planned for some future date, give the date the discharge will begin. — **202a** ___ ___ YR MO
   b. Discharge to End Date. If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17. — **202b** None YR MO

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

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

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

Stream (includes ditches, arroyos, and other watercourses)	204a	☒ 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. 40 MIN. 26 SEC
Longitude	205b	87 DEG. 33 MIN. 06 SEC

DISCHARGE SERIAL NUMBER

152

FOR AGENCY USE

6. Discharge Receiving Water Name
Name the waterway at the point of discharge.(see instructions) — 206a: Calumet River

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

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

7. Offshore Discharge

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

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

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

8. Bypass Discharge (see instructions)

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)

1991 Data

a. Overflow Occurrence Check when overflow occurs.

Wet weather — 209a1: ☒ Yes ☐ No

Dry weather — 209a2: ☐ Yes ☒ No

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

Wet weather — 209b1: 1 times per year

Dry weather — 209b2: 0 times per year

DISCHARGE SERIAL NUMBER

152

FOR AGENCY USE

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

Wet weather	209c1	2.33 hours
Dry weather	209c2	_____ Hours

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

Wet weather	209d1	9,400 thousand gallons per incident
Dry weather	209d2	_____ thousand gallons per incident

Proceed to Item 11

10. **Seasonal/Periodic Discharges**

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

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

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

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

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

11. **Discharge Treatment**

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

DISCHARGE SERIAL NUMBER

152

FOR AGENCY USE

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

211b PH

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

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

a. Engineering Design Report 212a ☐

b. Operation and Maintenance Manual 212b ☐

13. Plant Design Data (see instructions)

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

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

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

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

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

f. Plant Began Operation (year) 213f _____

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

STANDARD FORM A–MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

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

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

1. Discharge Serial No. and Name a. Discharge Serial No. (see instructions)	201a	153	
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Edbrook Ave (C28)	
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	153	
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	____ ____ YR MO	
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	None YR MO	
3. Discharge Location Name the political boundaries within which the point of discharge is located:			Agency Use
State	203a	Illinois	203d
County	203b	Cook	203e
(if applicable) City or Town	203c	Chicago	203f
4. Discharge Point Description (see instructions) Discharge is into (check one)			
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ 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. 40 MIN. 15 SEC	
Longitude	205b	87 DEG. 37 MIN. 49 SEC	

DISCHARGE SERIAL NUMBER

153

FOR AGENCY USE

6. Discharge Receiving Water Name
Name the waterway at the point of discharge.(see instructions) 206a: Little Calumet River

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

206b

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

7. Offshore Discharge

a. Discharge Distance from Shore 207a: NA feet

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

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

8. Bypass Discharge (see instructions)

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: 14 times per year

Dry weather 209b2: _____ times per year

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DISCHARGE SERIAL NUMBER

153

FOR AGENCY USE

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

Wet weather — 209c1 — 9.3 hours

Dry weather — 209c2 — _____ Hours

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

Wet weather — 209d1 — 24,190 thousand gallons per incident

Dry weather — 209d2 — _____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

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

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

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

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

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

11. Discharge Treatment

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

DISCHARGE SERIAL NUMBER

153

FOR AGENCY USE

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

211b _____

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

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

a. Engineering Design Report — 212a ☐

b. Operation and Maintenance Manual — 212b ☐

13. Plant Design Data (see instructions)

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

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

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

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

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

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

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

STANDARD FORM A—MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

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

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

1. Discharge Serial No. and Name a. Discharge Serial No. (see instructions)	201a	154
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Throop St (C78,C79)
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	154
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	____ ____ YR MO
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	None YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d ____
County	203b	Cook — 203e ____
(if applicable) City or Town	203c	Chicago — 203f ____
4. Discharge Point Description (see instructions) Discharge is into (check one)		
Stream (includes ditches, arroyos, and other watercourses)	204a	☒ 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. 38 MIN. 24 SEC
Longitude	205b	87 DEG. 38 MIN. 15 SEC

DISCHARGE SERIAL NUMBER

154

FOR AGENCY USE

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

206a Calumet Sag Channel

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

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

7. Offshore Discharge

a. Discharge Distance from Shore 207a _____feet

b. Discharge Depth Below Water Surface 207b _____feet

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

8. Bypass Discharge (see instructions)

a. Bypass Occurrence
Check when bypass occurs

Wet weather 208a1 ☐ Yes ☐ No

Dry weather 208a2 ☐ Yes ☐ No

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

Wet Weather 208b1 _____times per year

Dry weather 208b2 _____times per year

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

Wet weather 208c1 _____hours

Dry weather 208c2 _____hours

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

Wet weather 208d1 _____thousand gallons per incident

Dry weather 208d2 _____thousand gallons per incident

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

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1 ☒ Yes ☐ No

Dry weather 209a2 ☐ Yes ☒ No

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

Wet weather 209b1 96 times per year

Dry weather 209b2 _____times per year

DISCHARGE SERIAL NUMBER

154

FOR AGENCY USE

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

Wet weather	209c1	15.9 hours
Dry weather	209c2	_____ Hours

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

Wet weather	209d1	1,020 thousand gallons per incident
Dry weather	209d2	_____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

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

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

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

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

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

11. Discharge Treatment

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

DISCHARGE SERIAL NUMBER

154

FOR AGENCY USE

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

211b _____

_____

_____

_____

_____

_____

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

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

a. Engineering Design Report 212a ☐

b. Operation and Maintenance Manual 212b ☐

13. Plant Design Data (see instructions)

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

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

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

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

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

f. Plant Began Operation (year) 213f _____

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

FORM APPROVED
OMB No. 158-R0100

STANDARD FORM A—MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

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

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

1. Discharge Serial No. and Name a. Discharge Serial No. (see instructions)	201a	155
b. Discharge Name Give name of discharge, if any · (see instructions)	201b	California Ave (C87)
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	155
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	____ ____ YR MO
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	None YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d ____
County	203b	Cook — 203e ____
(if applicable) City or Town	203c	Blue Island — 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. 39 MIN. 08 SEC
Longitude	205b	87 DEG. 41 MIN. 15 SEC

DISCHARGE SERIAL NUMBER

155

FOR AGENCY USE

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

206a Calumet Sag Channel

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

206b

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

7. Offshore Discharge

a. Discharge Distance from Shore 207a _____feet

b. Discharge Depth Below Water Surface 207b _____feet

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

8. Bypass Discharge (see instructions)

a. Bypass Occurrence
Check when bypass occurs

Wet weather 208a1 ☐ Yes ☐ No

Dry weather 208a2 ☐ Yes ☐ No

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

Wet Weather 208b1 _____times per year

Dry weather 208b2 _____times per year

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

Wet weather 208c1 _____hours

Dry weather 208c2 _____hours

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

Wet weather 208d1 _____thousand gallons per incident

Dry weather 208d2 _____thousand gallons per incident

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

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1 ☒ Yes ☐ No

Dry weather 209a2 ☐ Yes ☒ No

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

Wet weather 209b1 96 times per year

Dry weather 209b2 _____times per year

DISCHARGE SERIAL NUMBER

155

FOR AGENCY USE

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

Wet weather — 209c1 — 15.9 hours

Dry weather — 209c2 — _____ Hours

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

Wet weather — 209d1 — 162 thousand gallons per incident

Dry weather — 209d2 — _____ thousand gallons per incident

Proceed to item 11

10. Seasonal/Periodic Discharges

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

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

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

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

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

11. Discharge Treatment

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

None

DISCHARGE SERIAL NUMBER

155

FOR AGENCY USE

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

211b _____

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

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

a. Engineering Design Report — 212a ☐

b. Operation and Maintenance Manual — 212b ☐

13. Plant Design Data (see instructions)

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

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

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

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

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

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

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

STANDARD FORM A—MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

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

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

1. Discharge Serial No. and Name a. Discharge Serial No. (see instructions)	201a	156
b. Discharge Name Give name of discharge, if any · (see instructions)	201b	Francisco Ave (C88)
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	'156
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	___ ___ YR MO
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	None YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d ___
County	203b	Cook — 203e ___
(if applicable) City or Town	203c	Blue Island — 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. 39 MIN. 09 SEC
Longitude	205b	87 DEG. 41 MIN. 23 SEC

DISCHARGE SERIAL NUMBER

156

FOR AGENCY USE

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

206a Calumet Sag Channel

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

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

7. Offshore Discharge

a. Discharge Distance from Shore 207a _____ feet

b. Discharge Depth Below Water Surface 207b _____ feet

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

8. Bypass Discharge (see instructions)

a. Bypass Occurrence
Check when bypass occurs

Wet weather 208a1 ☐ Yes ☐ No

Dry weather 208a2 ☐ Yes ☐ No

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

Wet Weather 208b1 _____ times per year

Dry weather 208b2 _____ times per year

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

Wet weather 208c1 _____ hours

Dry weather 208c2 _____ hours

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

Wet weather 208d1 _____ thousand gallons per incident

Dry weather 208d2 _____ thousand gallons per incident

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

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1 ☒ Yes ☐ No

Dry weather 209a2 ☐ Yes ☒ No

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

Wet weather 209b1 96 times per year

Dry weather 209b2 _____ times per year

DISCHARGE SERIAL NUMBER

156

FOR AGENCY USE

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

Wet weather	209c1	15.9 hours
Dry weather	209c2	_____ Hours

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

Wet weather	209d1	337 thousand gallons per incident
Dry weather	209d2	_____ thousand gallons per incident

Proceed to Item 11

10. **Seasonal/Periodic Discharges**

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

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

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

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

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

11. **Discharge Treatment**

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

DISCHARGE SERIAL NUMBER

156

FOR AGENCY USE

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

211b _____

_____

_____

_____

_____

_____

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

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

a. Engineering Design Report 212a ☐

b. Operation and Maintenance Manual 212b ☐

13. Plant Design Data (see instructions)

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

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

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

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

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

f. Plant Began Operation (year) 213f _____

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

FORM APPROVED
OMB No. 158-R0100

STANDARD FORM A—MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

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

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

1. Discharge Serial No. and Name a. Discharge Serial No. (see instructions)	201a	157
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Central Park (C90)
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	157
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	____ ____ YR MO
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	None YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d ____
County	203b	Cook — 203e ____
(if applicable) City or Town	203c	Alsip — 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. 39 MIN. 07 SEC
Longitude	205b	87 DEG. 42 MIN. 32 SEC

DISCHARGE SERIAL NUMBER

157

FOR AGENCY USE

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

206a Calumet Sag Channel

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

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

7. Offshore Discharge

a. Discharge Distance from Shore 207a _____feet

b. Discharge Depth Below Water Surface 207b _____feet

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

8. Bypass Discharge (see instructions)

a. Bypass Occurrence
Check when bypass occurs

Wet weather 208a1 ☐ Yes ☐ No

Dry weather 208a2 ☐ Yes ☐ No

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

Wet Weather 208b1 _____times per year

Dry weather 208b2 _____times per year

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

Wet weather 208c1 _____hours

Dry weather 208c2 _____hours

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

Wet weather 208d1 _____thousand gallons per incident

Dry weather 208d2 _____thousand gallons per incident

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

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1 ☒ Yes ☐ No

Dry weather 209a2 ☐ Yes ☒ No

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

Wet weather 209b1 96 times per year

Dry weather 209b2 _____times per year

DISCHARGE SERIAL NUMBER

157

FOR AGENCY USE

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

Wet weather — 209c1 — 15.9 hours

Dry weather — 209c2 — _____ Hours

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

Wet weather — 209d1 — 56 thousand gallons per incident

Dry weather — 209d2 — _____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

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

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

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

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

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

11. Discharge Treatment

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

None

DISCHARGE SERIAL NUMBER

157

FOR AGENCY USE

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 _____

FORM APPROVED
OMB No. 158-R0180

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	158
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Pulaski Road (C93)
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	158
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	75 (YR) 01 (MO)
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	None YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d
County	203b	Cook — 203e
(if applicable) City or Town	203c	Alsip — 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. 39 MIN. 06 SEC
Longitude	205b	87 DEG. 43 MIN. 11 SEC

DISCHARGE SERIAL NUMBER

158

FOR AGENCY USE

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

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

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

7. Offshore Discharge

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

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

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

8. Bypass Discharge (see instructions)

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: 5 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	3.2 hours
Dry weather	209c2	_____ Hours

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

Wet weather	209d1	17,340 thousand gallons per incident
Dry weather	209d2	_____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

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

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

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

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

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

11. Discharge Treatment

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

None

DISCHARGE SERIAL NUMBER

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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 _____ 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 _____

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OMB No. 158-R0306

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	159
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Central Ave
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	159
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	___ ___ YR MO
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	None YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d ___
County	203b	Cook — 203e ___
(if applicable) City or Town	203c	Alsip — 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. 40 MIN. 01 SEC
Longitude	205b	87 DEG. 45 MIN. 24 SEC

DISCHARGE SERIAL NUMBER

159

FOR AGENCY USE

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

206a Calumet Sag Channel

For Agency Use		
Major	Minor	Sub

206b

206c

For Agency Use
303e

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

7. Offshore Discharge

a. Discharge Distance from Shore 207a _____feet

b. Discharge Depth Below Water Surface 207b _____feet

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

8. Bypass Discharge (see instructions)

a. Bypass Occurrence
Check when bypass occurs

Wet weather 208a1 ☐ Yes ☐ No

Dry weather 208a2 ☐ Yes ☐ No

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

Wet Weather 208b1 _____times per year

Dry weather 208b2 _____times per year

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

Wet weather 208c1 _____hours

Dry weather 208c2 _____hours

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

Wet weather 208d1 _____thousand gallons per incident

Dry weather 208d2 _____thousand gallons per incident

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

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1 ☒ Yes ☐ No

Dry weather 209a2 ☐ Yes ☒ No

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

Wet weather 209b1 96 times per year

Dry weather 209b2 _____times per year

DISCHARGE SERIAL NUMBER

159

FOR AGENCY USE

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

Wet weather — 209c1 — 15.9 hours

Dry weather — 209c2 — _____ Hours

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

Wet weather — 209d1 — 192 thousand gallons per incident

Dry weather — 209d2 — _____ thousand gallons per incident

Proceed to Item 11

10. **Seasonal/Periodic Discharges**

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

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

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

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

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

11. **Discharge Treatment**

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

None

DISCHARGE SERIAL NUMBER

159

FOR AGENCY USE

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

211b _____

_____

_____

_____

_____

_____

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

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

a. Engineering Design Report 212a ☐

b. Operation and Maintenance Manual 212b ☐

13. Plant Design Data (see instructions)

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

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

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

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

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

f. Plant Began Operation (year) 213f _____

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

FORM APPROVED
OMB No. 158-R0100

STANDARD FORM A–MUNICIPAL

FOR AGENCY USE

SECTION II. BASIC DISCHARGE DESCRIPTION

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

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

1. Discharge Serial No. and Name a. Discharge Serial No. (see instructions)	201a	160
b. Discharge Name Give name of discharge, if any (see instructions)	201b	Ridgeland Ave
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	160
2. Discharge Operating Dates a. Discharge to Begin Date If the discharge has never occurred but is planned for some future date, give the date the discharge will begin.	202a	____ ____ YR MO
b. Discharge to End Date If the discharge is scheduled to be discontinued within the next 5 years, give the date (within best estimate) the discharge will end. Give reason for discontinuing this discharge in Item 17.	202b	None YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d ____
County	203b	Cook — 203e ____
(if applicable) City or Town	203c	Palos Heights — 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. 40 MIN. 51 SEC
Longitude	205b	87 DEG. 48 MIN. 54 SEC

DISCHARGE SERIAL NUMBER

160

FOR AGENCY USE

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

206a Calumet Sag Channel

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

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

7. Offshore Discharge

a. Discharge Distance from Shore 207a NA feet

b. Discharge Depth Below Water Surface 207b NA feet

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

8. Bypass Discharge (see instructions)

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

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DISCHARGE SERIAL NUMBER

160

FOR AGENCY USE

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

Wet weather	209c1	15.9 hours
Dry weather	209c2	_____ Hours

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

Wet weather	209d1	556 thousand gallons per incident
Dry weather	209d2	_____ thousand gallons per incident

Proceed to Item 11

10. Seasonal/Periodic Discharges

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

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

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

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

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

11. Discharge Treatment

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

DISCHARGE SERIAL NUMBER

160

FOR AGENCY USE

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

211b _____

_____

_____

_____

_____

_____

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

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

a. Engineering Design Report 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 _____

FORM APPROVED
OMB NO. 158-R0180

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	161
b. Discharge Name Give name of discharge, if any (see instructions)	201b	80th Ave (West)
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	161
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	None YR MO
3. Discharge Location Name the political boundaries within which the point of discharge is located:		Agency Use
State	203a	Illinois — 203d
County	203b	Cook — 203e
(if applicable) City or Town	203c	Palos Park — 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. 40 MIN. 50 SEC
Longitude	205b	87 DEG. 48 MIN. 58 SEC

DISCHARGE SERIAL NUMBER

161

FOR AGENCY USE

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

206a Calumet Sag Channel

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

206b

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

7. Offshore Discharge

a. Discharge Distance from Shore 207a NA feet

b. Discharge Depth Below Water Surface 207b NA feet

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

8. Bypass Discharge (see instructions)

a. Bypass Occurrence
Check when bypass occurs

Wet weather 208a1 ☐ Yes ☐ No

Dry weather 208a2 ☐ Yes ☐ No

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

Wet Weather 208b1 _____ times per year

Dry weather 208b2 _____ times per year

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

Wet weather 208c1 _____ hours

Dry weather 208c2 _____ hours

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

Wet weather 208d1 _____ thousand gallons per incident

Dry weather 208d2 _____ thousand gallons per incident

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

Proceed to Item 11.

9. Overflow Discharge (see instructions)

a. Overflow Occurrence Check when overflow occurs.

Wet weather 209a1 ☒ Yes ☐ No

Dry weather 209a2 ☐ Yes ☒ No

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

Wet weather 209b1 96 times per year

Dry weather 209b2 _____ times per year

DISCHARGE SERIAL NUMBER

161

FOR AGENCY USE

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

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

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

a. Engineering Design Report **212a** ☐

b. Operation and Maintenance Manual **212b** ☐

13. Plant Design Data (see instructions)

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

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

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

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

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

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

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

DISCHARGE SERIAL NUMBER

161

FOR AGENCY USE

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

Wet weather	209c1	_____hours
Dry weather	209c2	_____Hours

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

Wet weather	209d1	1920 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

OR AC

SECTION III. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION

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

FOR AGENCY USE -
Sched. No. _____

1. Improvements Required

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

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

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

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

3-character general action description	301c	ICT
3-character specific action descriptions	301d	SEC /WNB / TER / _____ /

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

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

Implementation Steps		2. Schedule (Yr /Mo /Day)		3. Actual Completion (Yr /Mo /Day)
a. Preliminary plan complete	302a	____/____/____	303a	____/____/____
b. Final plan complete	302b	____/____/____	303b	____/____/____
c. Financing complete & contract awarded	302c	____/____/____	303c	____/____/____
d. Site acquired	302d	____/____/____	303d	____/____/____
e. Begin construction	302e	____/____/____	303e	____/____/____
f. End construction	302f	____/____/____	303f	____/____/____
g. Begin Discharge	302g	____/____/____	303g	____/____/____
h. Operational level attained	302h	____/____/____	303h	____/____/____

2. Implementation Schedule and
3. Actual Completion Dates

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

( ) Actual Completion Dates
* Grant funding not yet available
N.A. Not Applicable

SECTION III, STANDARD FORM A - MUNICIPAL NPDES PERMIT RENEWAL APPLICATION FOR CALUMET WRP

2. Implementation Schedule and
3. Actual Completion Dates

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

( ) Actual Completion Dates
* Grant funding not yet available
N.A. Not Applicable

STANDARD FORM A–MUNICIPAL

FOR AGENCY USE

SECTION III. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION

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

1. Improvements Required

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

300 Sched. No. _____

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

301a 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161 Tunnel and Reservoir Plan; Calumet Tunnel System - Phase I

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

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

3-character general action description	301c	ICT
3-character specific action descriptions	301d	OUT, IPU, CSC, ____,

2. Implementation Schedule and 3. Actual Completion Dates

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

Implementation Steps		2. Schedule (Yr /Mo /Day)		3. Actual Completion (Yr /Mo /Day)	
a. Preliminary plan complete	302a	75/1/1	*	303a	75/1/1
b. Final plan complete	302b	___/___/___		303b	77/5/29
c. Financing complete & contract awarded	302c	___/___/___		303c	77/7/15
d. Site acquired	302d	___/___/___		303d	77/5/29
e. Begin construction	302e	___/___/___		303e	77/15/1
f. End construction	302f	___/___/___		303f	86/7/1
g. Begin Discharge	302g	___/___/___		303g	86/9/1
h. Operational level attained	302h	___/___/___		303h	86/9/1 (System Partially Complete & Operational)

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

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This section contains 1 page.

GPO 865-707

FOR AGENCY USE

SECTION III. SCHEDULED IMPROVEMENTS AND SCHEDULES OF IMPLEMENTATION

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

FOR AGENCY USE
Sched. No. ____

1. Improvements Required

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

300 NA (No associated discharge serial number)

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

301b

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

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

3-character general action description	301c	NEW
3-character specific action descriptions	301d	___/___/___/___/ No code applicable; new technology; dissolved oxygen replenishment.

2. Implementation Schedule and 3. Actual Completion Dates

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

Implementation Steps		2. Schedule (Yr /Mo /Day)		3. Actual Completion (Yr /Mo /Day)	
a. Preliminary plan complete	302a	88/4/1	303a	88/4/1
b. Final plan complete	302b	89/4/1	303b	89/4/1
c. Financing complete & contract awarded	302c	___/___/___	303c	___/___/___
d. Site acquired	302d	___/___/___	303d	___/___/___
e. Begin construction	302e	89/7/1	303e	89/7/27
f. End construction	302f	___/___/___	303f	93/4/31
g. Begin Discharge	302g	___/NA/___	303g	___/___/___
h. Operational level attained	302h	92/5/15	303h	95/31/5

FORM APPROVED
OMB No. 158-R0100

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)

See attached sheets

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

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

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

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

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

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

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

406a	Parameter Name							
	Parameter Number							
406b	Value							

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GPO 865-706

This section contains 1 page.

POST OFFICE TO ADDRESSEE

EXPRESS MAIL
NEXT DAY SERVICE

IB777583279 U

ORIGIN	Date In:	Postage $
Post Office ZIP Code	Time In: A.M. P.M.	FEES: Return Receipt $
Initials of Receiving Clerk	Weight ___ lbs. ___ oz.	FEES: C.O.D. $
ACCEPTANCE	☐ International Country Code ___ ___	
☐ Next Day Delivery or ☐ Second Day Delivery		
☐ By 12 Noon or ☐ By 3:00 P.M.		Total Postage & Fees $
☐ Military 2nd Day or ☐ Military 3rd Day		

Express Mail Corporate Account No.:

Federal Agency Account No.:

FROM:

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

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

Insurance Coverage: (See ... Domestic Mail Manual for exclusions of coverage; excl... and consequential loss.) (1) Merchandise insurance is ... against loss, damage or rifling up to a maximum of $... be paid for coverage of perishable items. (2) Docu... ...ion insurance. Non-negotiable documents are insured ... damage or rifling up to $50,000 per piece subject to a limit o... ...00 per occurrence. (3) The maximum indemnity payable for negotiable items, cash, currency, or bullion is $15.

Claims:
- Claims for delay, loss, damage or rifling must be made within 90 days.
- Claim forms may be obtained and filed at any post office.
- The Customer Receipt must be presented when a claim is filed.

Waiver of Signature and Indemnity (Domestic Only)

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

SIGNED: _____

CUSTOMER RECEIPT

TO: Telephone Number: _____

MR THOMAS F. MCSWIGGIN
PERMIT SECTION, DWPC
IEPA
2200 CHURCHILL ROAD
SPRINGFIELD, IL 62794-9274

Label 11-B (April 1990)

Thank You For Using Express Mail Service