

PUBLIC UTILITIES
Plant Operations
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**150 WEST JEFFERSON STREET
JOLIET, ILLINOIS 60432-4158**

INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

Section I – Applicant and Facility Description

Date of Application: _____

1. Name of Facility: _____

2. Facility Phone: _____ Fax No.: _____

3. Mailing Address: _____

4. Physical Address of Facility: _____

5. Standard Industrial Classification Code (SIC): _____

6. Categorical Classification Number: _____

7. Categorical Description: _____

8. Certified Pretreatment Plant Operator: Yes _____ No _____

Name of Certified Treatment Plant Operator: _____

Section I – Applicant and Facility Description (continued)

9. Applicant's Authorized Official

I certify under penalty of law that I have personally examined and I am familiar with the information in this application and all attachments and that, based on my inquiry report, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment. (See 1/28/81 Federal Register, Section 403.12 (k) for information on signatory.) Additionally, I certify that the sampling and analysis conducted is representative of normal work cycles and expected pollutant discharges to the POTW.

Printed Name of Authorized Official

Title

Signature of Authorized Official

Date

Applicant's Duly Authorized Representative Or Contact Representative:

For New Applicants: Will you have a:

- Duly Authorized Representative Facility Contact Representative

If a representative other than the Authorized Official will be preparing and signing reports for the facility, then a Duly Authorized Representative form must be completed. The City of Joliet will provide this form to you.

For Existing Permitted Users: If a representative other than the Authorized Official will be preparing and signing reports for the facility or if there has been a change in staff and you have a new Duly Authorized Representative, then a new Duly Authorized Representative form must be completed. The City of Joliet will provide this form to you.

Check the following if applicable. This facility has a:

- Duly Authorized Representative Changed Duly Authorized Representative
 Facility Contact Representative only

Printed Name of Duly Authorized Rep
or Contact Rep

Title

Signature of Duly Authorized Rep
or Contact Rep

Phone

Section II – Facility Operations

- 1. Provide a detailed description of the manufacturing process or service activity provided on the premises (use additional sheets if necessary):**

- 2. Principal raw materials used:**

- 3. Chemicals and compounds used:**

- 4. Description of products or service:**

- 5. List any environmental control permits held by or for the facility:**

- 6. Source(s) of Process Wastewater:**

Section III – Wastewater Flows

1. Measured Flow of Individual Waste Streams (MGD):

Fill in discharge flowrates where applicable and write in individual process wastewater sources and flowrates. If the operation has more than one categorical waste stream, indicate individual categorical waste streams and flows.

NAME OF PROCESS	TYPE OF DISCHARGE (Batch or Continuous) or LOSS (Hauled, Evaporated)	AVERAGE	MAXIMUM	Is flow Measured or Estimated
Total Categorical Discharge				
Total Process Flow				
Total Contact Cooling Water				
Total Non-Contact Cooling Water				
Total Boiler Blowdown				
Total RO or Water Softening Regen				
Total Domestic Sanitary Discharge				
Total Facility Discharge				

Section III – Wastewater Flows (Continued)

2. Describe how each process waste stream is generated:

Does your process wastewater discharge combine with domestic sanitary or any other non-process discharge streams prior to the existing (or proposed) sampling location?

No ___ Yes ___

If Yes, describe the type of waste stream and the flowrate of each that combines with the process wastewater discharge:

3. Provide a schematic of the plant flow showing process, sanitary and cooling streams with their point of entry into the sewer system. Indicate on the schematic the location where sampling will occur. Also include a North Arrow.

Section IV – Pretreatment

1. Describe any wastewater treatment equipment or processes in use:
(Description of Treatment Facilities)

2. Exact sampling location: _____

3. Are pretreatment standards being met on a consistent basis?

Yes _____ No _____

4. Describe any additional pretreatment facilities and/or proposed processes under consideration. Include a specific time schedule for completion:

5. **If a treatment system exists, what method is utilized to dispose of pretreatment sludge/residuals?**

4. **Does your facility have an Accidental Discharge Spill/Slug Control (ADSCP) Plan?**

Yes _____ No _____

If Yes, provide the date of the current plan: _____

8. **Does your facility have a Spill Prevention Counter Measure and Control (SPCC) Plan?**

Yes _____ No _____

If Yes, provide the date of the current plan: _____

Section V – Wastewater Characteristics

For first time industrial user applicants: Please complete Items 1 through 5 below.

For industrial users re-applying for a discharge permit: Wastewater data submitted in your self-monitoring reports and collected by the City of Joliet will be evaluated and no additional monitoring data is required to be submitted, unless requested by the City of Joliet during the re-application period.

- 1. Sampling for the purposes of this discharge permit application shall be according to the directions below or the City may allow the use of historical data so long as the data provides information sufficient to determine your facility's wastewater characteristics and evaluate the need for industrial pretreatment measures.**
- 2. Sampling and analysis shall be performed in accordance with 40 CFR 136.**
- 3. Samples shall be taken:**
 - a. Immediately downstream from pretreatment facilities if such exist; or
 - b. Immediately downstream from the regulated process if no pretreatment exists.
 - c. If other wastewater streams are mixed with regulated wastewater prior to pretreatment or the point of sampling, measured discharge flowrates and pollutant concentrations will be used in the Combined Waste Stream Formula (CWF) (40 CFR Section 403.6(e) of the General Pretreatment Regulations) to adjust applicable categorical effluent limits.
- 4. If flow is less than 250,000 gpd, sample a minimum of 3 times within a two week period. If flow is greater than 250,000 gpd, sample a minimum of 6 times within a two-week period.**
- 5. Submit the results of sampling and analysis identifying the nature and concentration of regulated pollutants being discharged to the sanitary sewer system.**

NOTE: Please use additional sheets if necessary.