



Fox Metro

Water Reclamation District

682 State Route 31 • Oswego, Illinois 60543-8500
(630) 892-4378 • FAX (630) 892-4394

GROUNDWATER REMEDIATION DISCHARGE PERMIT APPLICATION

1. Company Name: _____

2. Remediation Site Address: _____

3. Company Mailing Address: _____

4. User Fee Billing Address : _____
(where to send bills for
user fees & other permit
related charges) _____

5. Company Contact Person: _____

6. Company Contact Person Phone: _____

7. Company Contact Person Address: _____

9. Employees/Shift At Remediation Site: First:_____ Second:_____ Third:_____

10. Indicate which weekday(s) remediation activity related discharges are expected to occur:

S M T W Th F Sa

11. Is treatment provided to remediation activity related discharges prior to them entering the sanitary sewer system leading to the Fox Metro Water Reclamation District wastewater treatment plant?

No _____ Yes _____

If the answer to Item 11 is "Yes", then complete the following:

a) Has the IEPA issued a permit for the treatment system? No _____ Yes _____

If yes, IEPA Permit number: _____

b) Does a Certified Class K Operator run the treatment system? No _____ Yes _____

If yes, indicate the name(s) of the Class K Operators running the treatment system:

12. Remediation Site Diagrams:

a) Provide a site drawing of the premises. Show and identify: area(s) needing remediation, site buildings, flow meters, sanitary and storm sewer lines, manholes, and proposed remediation activity discharge points into the sanitary sewer.

Label this drawing **Attachment A: Remediation Site Map.**

b) Provide a schematic drawing of each remediation and treatment process. Use multiple pages, if needed. Show and identify: process stages, tank volumes, chemicals and media used and the direction of flow through each process.

Label this (these) drawing(s) **Attachment B: Remediation Processes.**

13. Proposed Remediation Site Discharges Into The Sanitary Sewer System:

Source Description	Estimated
	Gallons / Day

Explain how the flows indicated above were measured, estimated or otherwise calculated and how they will be measured in the future:

14. Will this site have batch wastewater discharges into the sewer collection system?

No_____ Yes_____

If the answer to Item 14 is "Yes", complete the following table:

Batch Description	Volume	Frequency	
	Gallons	Number	Time

Explain how the flows indicated above were measured, estimated or otherwise calculated and how they will be measured in the future:

15. Will this facility **generate** any hazardous wastes as defined by 40-CFR-261?

No_____ Yes_____

If the answer to Item 15 is "Yes", then attach a listing of those wastes. Specify EPA Identification Numbers and quantities generated per year. Label this material as:
Attachment C: Listing of Hazardous Wastes to be Generated at Site.

16. Will this facility **discharge** any substance **to the sanitary sewer** which might otherwise be considered a hazardous wastes as defined by 40-CFR-261? No_____ Yes_____

If the answer to Item 16 is "Yes", attach a listing of those substances specifying EPA Identification Number, quantities, and type (batch or continuous) discharged per year. Label this material as:

Attachment D: Listing of Hazardous Wastes to be Discharged into Sewer

17. Will this facility submit an annual "Toxic Chemical Release Form (Form R) to EPA in accordance with Section 313 of SARA Title III? No _____ Yes _____

If the answer to Item 17 is "Yes", then attach the most recent copy of Form R(s). Label these forms as: **Attachment E: SARA Form R(s)**.

18. Describe the disposal method of any hazardous and/or special wastes (chemical byproducts, treatment sludges, spent solvents, oils, etc.) generated by this facility. Include the names of the transporters and final disposal sites.

19. List any other Environmental Control Permits held by this facility.

Permit Number	Issuing Agency	Permit Description

20. Does this facility have an inspection/sampling manhole? No_____ Yes_____

If the answer to Item 20 is "Yes", where is the inspection/sampling manhole located?

21. Will any of this facility's wastewaters contain, or possibly could contain one or more of the priority pollutants listed in **Appendix A** of this application? If the answer to Item 21 is "Yes", place a check mark in the box to the left of the pollutant(s).

22. _____
Name of person completing this Application Title

Signature of person completing this Application Date

23. _____
Name of Authorized Representative for Site Remediation Title

"I have personally examined and am familiar with the information submitted in this report and any attachments herein. I believe the submitted information is true, accurate, and complete."

Signature of Authorized Representative for Site Remediation Date

Signature of Notary Public Date

24. ATTACH APPLICATION FEE PAYMENT HERE.

**APPENDIX A:
TOTAL TOXIC ORGANIC POLLUTANTS**

Volatile Organic Compounds (VOC) Sub-Group						
√	Effluent Parameter	Storet #		√	Effluent Parameter	Storet #
	Acrolein	34210			cis-1,3-Dichloropropylene (cis-1,3-Dichloropropene)	34704
	Acrylonitrile	34215			trans-1,3-Dichloropropylene (trans-1,3-Dichloropropene)	34699
	Benzene	34030			Ethyl benzene	37371
	Bromoform (Tribromomethane)	32104			Methyl bromide (Bromomethane)	34413
	Carbon tetrachloride (Tetrachloromethane)	32102			Methyl chloride (Chloromethane)	34418
	Chlorobenzene	34301			Methylene chloride (Dichloromethane)	34423
	Chlorodibromomethane (Dibromochloromethane)	32105			1,1,2,2-Tetrachloroethane	34516
	Chloroethane	34311			Tetrachloroethylene (Tetrachloroethene)	34475
	2-Chloroethylvinyl ether (mixed)	34576			Toluene	34010
	Chloroform (Trichloromethane)	32106			trans-1,2-Dichloroethene (1,2-trans-Dichloroethylene)	34546
	Dichlorobromomethane (Bromodichloromethane)	32101			1,1,1-Trichloroethane	34506
	1,1-Dichloroethane	34496			1,1,2-Trichloroethane	34511
	1,2-Dichloroethane	34531			Trichloroethene (Trichloroethylene)	39180
	1,1-Dichloroethylene (1,1-Dichloroethene)	34501			Vinyl chloride (Chloroethylene)	39175
	1,2-Dichloropropane	34541				

Acid Extractable Organic Compounds Sub-Group						
√	Effluent Parameter	Storet #		√	Effluent Parameter	Storet #
	2-Chlorophenol	34586			4-Nitrophenol	34646
	2,4-Dichlorophenol	34601			Parachlorometacresol (4-Chloro-3-methylphenol)	34452
	2,4-Dimethylphenol	34606			Pentachlorophenol	39032
	4,6-Dinitro-o-cresol (2,Methyl-4,6-dinitrophenol)	34657			Phenol	34694
	2,4-Dinitrophenol	34616			2,4,6-Trichlorophenol	34621
	2-Nitrophenol	34591				

APPENDIX A:
TOTAL TOXIC ORGANIC POLLUTANTS
 (--continued--)

Base/Neutral Extractable Organic Compounds Sub-Group						
√	Effluent Parameter	Storet #		√	Effluent Parameter	Storet #
	Acenaphthene	34205			Diethyl phthalate	34336
	Acenaphthylene	34200			Dimethyl phthalate	34341
	Anthracene	34220			Di-n-butyl phthalate	39110
	Benzidine	39120			2,4-Dinitrotoluene	34611
	Benzo(a)anthracene (1,2-Benzanthracene)	34526			2,6-Dinitrotoluene	34626
	Benzo(a)pyrene (3,4-Benzopyrene)	34247			Di-n-octyl phthalate	34596
	3,4-Benzofluoranthene (Benzo(b)fluoroanthene)	34230			1,2-Diphenylhydrazine (as Azobenzene)	34346
	Benzo(g,h,i)perylene (1,12-Benzoperylene)	34521			Fluoranthene	34376
	Benzo(k)fluoranthene (11,12-Benzofluoroanthene)	34242			Fluorene	34381
	Bis(2-chloroethoxy) methane	34278			Hexachlorobenzene	39700
	Bis(2-chloroethyl)ether	34273			Hexachlorobutadiene	34391
	Bis(2-chloroisopropyl) ether	34283			Hexachlorocyclopentadiene	34386
	Bis(2-ethylhexyl)phthalate	39100			Hexachloroethane	34396
	4-Bromophenyl phenyl ether	34636			Indeno(1,2,3-cd)pyrene (2,3-o-phenylene pyrene)	34403
	Butylbenzyl phthalate	34292			Isophorone	34408
	2-Chloronaphthalene	34581			Naphthalene	34696
	4-Chlorophenyl phenyl ether	34641			Nitrobenzene	34447
	Chrysene	34320			N-Nitrosodimethylamine	34438
	Dibenzo(a,h)anthracene (1,2,5,6-Dibenzanthracene)	34556			N-Nitrosodi-n-propylamine	34428
	1,2-Dichlorobenzene	34536			N-Nitrosodiphenylamine	34433
	1,3-Dichlorobenzene	34566			Phenanthrene	34461
	1,4-Dichlorobenzene	34571			Pyrene	34469
	3,3'-Dichlorobenzidine	34631			1,2,4-Trichlorobenzene	34551

**APPENDIX A:
TOTAL TOXIC ORGANIC POLLUTANTS**
(--continued--)

Pesticide & Polychlorinatedbiphenyl Organic Compounds
(Pesticide/PCB) Sub-Group

√	Effluent Parameter	Storet #	√	Effluent Parameter	Storet #
	Aldrin	39330		Endrin	39390
	α(Alpha)-BHC (BHC-hexachlorocyclohexane)	39337		Endrin aldehyde	34366
	β(Beta)-BHC (BHC-hexachlorocyclohexane)	39338		Heptachlor	39410
	δ(Delta)-BHC (BHC-hexachlorocyclohexane)	34259		Heptachlor epoxide (BHC-hexachlorocyclohexane)	39420
	γ(Gamma)-BHC (Lindane)	39340		PCB-1242 (Arochlor 1242)	39496
	Chlordane (technical mixture& metabolites)	39350		PCB-1254 (Arochlor 1254)	39504
	4,4'-DDT	39300		PCB-1221 (Arochlor 1221)	39488
	4,4'-DDE (p,p'-DDX or p,p'-DDE)	39320		PCB-1232 (Arochlor 1232)	39492
	4,4'-DDD (p,p'-TDE or p,p'-DDD)	39310		PCB-1248 (Arochlor 1248)	39500
	Dieldrin	39380		PCB-1260 (Arochlor 1260)	39508
	α(Alpha)-endosulfan (Endosulfan I)	34361		PCB-1016 (Arochlor 1016)	34671
	β(Beta)-endosulfan (Endosulfan II)	34356		Toxaphene	39400
	Endosulfan sulfate	34351			

Dioxin Organic Compound Sub-Group

√	Effluent Parameter	Storet #	√	Effluent Parameter	Storet #
	2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD)	34675			

**FOX METRO WATER RECLAMATION DISTRICT
GROUNDWATER REMEDIATION DISCHARGE PERMIT
APPLICATION INSTRUCTIONS**

USE BLUE OR BLACK INK when completing this permit application. **PRINT OR TYPE** all permit application information requested, except where signatures are required.

1. Indicate the complete name of the company or the organization which is incurring the costs and which is ultimately responsible for the remediation activities at the site.
2. Indicate the complete address (street/city/state/zip) of the remediation site .
3. If different from the address of the remediation site, indicate the complete mailing address (street/city/state/zip) of the company or the organization which is incurring the costs and which is ultimately responsible for the remediation activities at the site. If the company mailing address is the same as that of the remediation site, write "same as above".
4. Enter the complete billing address (street/city/state/zip) of where Fox Metro is to send user fee billings every six months. If the billing address is the same as the Company Mailing Address shown in Item 3, indicate "same as above". If the billing address is the same as the Company Contact Person Address shown in Item 7, indicate "same as below".

User fee billings are for groundwater and/or other permitted flows that are discharged from the remediation site into the sewer system. The user fee billings are based upon meter readings which the Permittee submits to Fox Metro every six months, in accordance with conditions found in the permit issued. The user fee, which is charged to all who use the sanitary sewer system, is periodically adjusted by the Fox Metro Board of Trustees. The current user fee may be found on the Fox Metro website and may change during the life of the permit.

5. Indicate the name and the title of the person Fox Metro is to contact regarding groundwater remediation discharges from the site and Fox Metro Groundwater Remediation Discharge Permits issued for the remediation site. This may be a person from a company hired to oversee or conduct the remediation activities.
6. Indicate the telephone number, including area code, of the Company Contact Person.
7. Indicate the mailing address (street/city/state/zip) of the Company Contact Person.
8. Give a brief description of the nature of the remediation activities to be conducted at the site. Be specific. Indicate what activities caused the need for the remediation; what pollutant(s) and concentration(s) are involved, what remediation processes are being used to treat or remove the pollutant(s), and the final disposition of the pollutant(s) removed.
9. Indicate the average number of persons performing remediation activities at the site during each eight hour shift. If the remediation process(es) at the site run(s) unattended, with the exception of periodic maintenance, sampling and meter reading visits, enter the estimated frequency of such visits (1/day; 1/week; 1/6 weeks; 1/month; etc.) for the shift on which they take place.

10. Check the day(s) of the week on which remediation site related discharges into the sanitary sewer are normally expected to occur.
11. These questions only apply to remediation process related discharges and do not pertain to domestic waste and storm water discharges. Treatment activities include, but are not necessary limited to: air-stripping, pH adjustment, skimming, settling, coagulation, filtration precipitation, or any other means of pollutant reduction prior to discharge into the sanitary sewer.
12. Self-explanatory.

If this is an application for the renewal of an existing permit and the attachments required under this section were previously submitted as part of the application for the existing permit and the information shown on those attachments is still accurate, then indicate:

“No change from Attachment (indicate A or B) submitted (indicate month/day/year).”

If anything shown on a previously submitted *Attachment A* or *Attachment B* has changed, then an update of the affected attachment(s) showing the changes needs to be submitted.

13. If the flows were metered, indicate in the explanation section what unit(s) of volume the meter(s) measure(s) in (gallons, 100 gallons, cubic feet, 100 cubic feet, etc.). If the flows were not metered, explain how they were calculated, attaching supporting documentation. Use additional sheets if necessary.

It is to be noted that the installation, use and maintenance of metering equipment to measure the groundwater discharged from the remediation site and into the sanitary sewer is the responsibility of the Permittee and is a standard condition placed in all groundwater remediation discharge permits issued by Fox Metro.

14. A batch discharge is a discharge that occurs cyclically every so many minutes, hours, days, or months as opposed to a discharge that is fairly continuous in nature. An examples of a batch discharges would be an ion-exchange system that self-regenerates every two days.

If the flows were metered, indicate in the explanation section what unit(s) of volume the meter(s) measure(s) in (gallons, 100 gallons, cubic feet, 100 cubic feet, etc.). If the flows were not metered, explain how they were calculated, attaching supporting documentation. Use additional sheets if necessary.

15. Self-explanatory.
16. Self-explanatory.
17. Self-explanatory.
18. Self-explanatory.

19. This would include any air, water, and ground permits issued by USEPA, IEPA, any units of local government, such as a municipality or a county, or Fox Metro.
20. Self-explanatory.
21. Carefully review **Appendix A** of this application to determine if any of the pollutants listed are among those being used or remediated at this site. Place a check mark in the blank provided in front of those pollutants listed which are among those being used or remediated at this site.
22. Self-explanatory.
23. Fox Metro defines "*Authorized Representative*" as:
 - A. A principal executive officer at least of the level of vice president if the party responsible for the remediation is a corporation;
 - B. A general partner or proprietor if the party responsible for the remediation is a partnership or proprietorship, respectively;
 - C. A duly authorized representative of the individual designated above. A person is duly authorized only if the authorization is made in writing to Fox Metro by any person described in 23(A) or 23(B) above.
24. The current Fox Metro Groundwater Remediation Permit application may be found on the Fox Metro website under the Pretreatment Department:

In addition, the permit maybe subject to a service connection fee, if required by the Fox Metro Engineering Department. This one-time fee is normally only required for a long-term hard hook-up.

The above fees do not include any User Fee charges for groundwater discharged from the remediation site into the sanitary sewer system. (See Item 4 of these instructions for a brief description of User Fee charges.)