



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

INDUSTRIAL PRETREATMENT PROGRAM PERMIT APPLICATION

1. Company Name: _____
2. Service Address: _____
3. Company Phone: _____
4. Primary Standard Industrial Classification Code (SIC): _____
5. Nature of business: _____

6. Employees/Shift: First: _____ Second: _____ Third: _____ Total: _____
7. Indicate days of week discharge occurs : S M T W Th F Sa
8. Is pretreatment provided prior to the discharge entering the sanitary sewer system leading to the Fox Metro publicly owned treatment works?

No _____ Yes _____

If yes, then complete the following:
 - a) Does this facility hold an IEPA Permit for the system? No _____ Yes _____
 - b) Does a Certified Class K Operator run the system? No _____ Yes _____
 - c) Indicate system's IEPA Permit number: _____
9. Facility Diagrams:
 - a) Provide "*as built*" drawings of each building on the premises. Show and identify the location of all water meters, sewerage flow meters, sanitary and storm sewer lines, floor drains, and manholes. Label this drawing ***Attachment A: Collection System Map***.
 - b) On a separate sheet, provide a drawing of each building on the premises. Indicate: the regulated and nonregulated processes; and location and volumes of stored process chemicals. Label this drawing ***Attachment B: Process and Chemical Storage Areas***.
 - c) For each regulated process, provide a drawing of each process. Indicate the stages, tank volumes and contents, direction of flow, and product path through the process.

10. Water Usage:

a) Regulated Wastestream(s)

Description	Supplied From		Discharges To	
	Gal./Day	Source	Gal./Day	Place

Explain how these flows were calculated: _____

b) Non-regulated Wastestream(s)

Description	Supplied From		Discharges To	
	Gal./Day	Source	Gal./Day	Place
Domestic (sanitary)				
Non-contact Cooling				
Evaporation Losses				
Lawn Sprinkling				

Explain how these flows were calculated: _____

11. Does this facility have batch discharges into the sewer collection system?

No _____ Yes _____

If yes, complete the following table:

Batch Description	Frequency		Discharge	
	Number	Time	Volume	Location

Explain how these flows were calculated: _____

12. Does this facility have a Batch, Spill, or Slug Plan to prevent, control, or countermeasure such discharges to the sanitary collection system?

No _____ Yes _____

If yes, submit a copy of the Plan with this application. Label this material as: **Attachment C: Batch, Spill, or Slug Plan.**

13. Does this facility generate any hazardous wastes as defined by 40-CFR-261 ?

No _____ Yes _____

If yes, then attach a listing of those wastes. Specify EPA Identification Numbers and quantities generated per year. Label this material as: **Attachment D: Hazardous Waste Listing.**

14. Does this facility discharge any substance to the sanitary sewer which otherwise might be considered a hazardous wastes as defined by 40 CFR 261?

No _____ Yes _____

If 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 E.**

15. Does 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 yes, then attach the most recent copy of Form R(s). Label these forms as: **Attachment F: SARA Form R(s).**

16. Describe the disposal method of any hazardous and/or special wastes (chemical byproducts, pretreatment sludges, spent solvents, oils) generated by this facility. Include the names of the haulers and disposal sites.

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

Permit Number	Issuing Agency	Permit Description

18. Does this facility have an inspection manhole? No_____ Yes_____

19. Does this facility have an automatic sampler? No_____ Yes_____

20. Do any of your facility's wastewaters contain, or are suspected of containing any of the priority pollutants listed in Appendix A of this application? If so, highlight that pollutant.

21. Have the results of a Total Toxic Organics (TTO) analysis or a biannual TTO Certification Statement been included with this report?

No _____ Yes _____ Not Applicable _____

22. _____
Name of person completing this Report Title

Signature of person completing this Report Date

23. _____
Name of SIU Authorized Representative 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. I am aware that there are significant penalties for submitting false information, as indicated by 40-CFR-403.12(m) and Fox Metro Water Reclamation District Pretreatment Ordinance 359, Section 600.110."

Signature of Authorized Representative Date