



DISCHARGE CONTROL DOCUMENT CERTIFICATION FOR APPLICATION

Return Completed Form to: North Shore Water Reclamation District
Attn: Compliance Department
PO Box 750, 14770 W. Wm. Koepsel Dr.
Gurnee, IL 60031-0750 Phone: (847) 623-6060

SECTION I: GENERAL

COMPANY NAME: _____

Location Address: _____

City: _____

Mailing Address (if different): _____

City, State, and Zip Code: _____

The authorized representative must meet the following qualifications (40 CFR 403.12):

- 1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or
- 2) The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations
- 3) a duly authorized representative of the individual designated in paragraph 1) or 2) of this section if:
 - (i) The authorization is made in writing by the individual described in paragraph 1) or 2);
 - (ii) The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
 - (iii) the written authorization is submitted to the Control Authority.

AUTHORIZED REPRESENTATIVE (AR): _____

Title of AR: _____

Telephone Number: _____ Email Address of AR: _____

Contact Representative (CR): _____

Title of CR: _____

Firm Name (if different): _____

Telephone Number: _____ Email Address of CR: _____

CERTIFICATION STATEMENT (Please circle correct number for applicable statement):

- 1) The changes attached to this application are familiar to me to the best of my knowledge and belief, such information is true, complete, and accurate.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

SECTION II: DESCRIPTION OF ROUTINE DISCHARGES

DESCRIPTION OF OPERATION: with standard industrial code (SIC). Include production equipment layout on a blueprint. Stamp blueprint CONFIDENTIAL.

SAMPLING SITE(S): NSSD Manhole code (if known), outfall number (if known). Include end-of-process sampling locations if firm is Class I05 Categorical Industrial User. Show outfall location(s) on a site map.

CATEGORY - 40 CFR: _____
(I05 only)

FLOW (gpd): use 5-year average unless new process has been added. In that case, use average of flow since process change affective. Please indicate source of flow data.

Time Frame (year)	_____	_____	_____	_____
Average (gpd)	_____	_____	_____	_____
Maximum (gpd)	_____	_____	_____	_____
Minimum (gpd)	_____	_____	_____	_____

SURVEY INFORMATION (please check appropriate):

_____ Include Compliance Survey submitted _____ (date) as part of the application

_____ Attached is a completed Compliance Survey

BASELINE MONITORING REPORT -- I05 only (please check appropriate):

_____ Include Baseline Monitoring Report submitted _____ (date) as part of the application

_____ Attached is a completed Compliance Survey

SECTION III: DESCRIPTION OF BATCH DISCHARGES - ROUTINE

If ROUTINE batch discharges do not occur, sign here:

if routine batch discharges occur, or will occur, indicate the following:

(note: please provide additional sheets if more than one type of batch discharge exists.)

DESCRIPTION OF SPECIFIC BATCH WASTE

Number of batch discharges: _____ per day.

Average discharge volume per batch: _____ gallons

Time of batch discharge: _____ at _____
(days per week) (hour of day)

Duration of batch discharge: _____

Flow rate: _____ gallons per minute.

Is this batch discharge seasonal? Yes _____ No _____

if yes, describe: _____

PRETREATMENT:

Batch is pretreated: Yes _____ No _____

Describe the Pretreatment method:

Percentage of total discharge: _____ percent

SECTION IV: DESCRIPTION OF BATCH DISCHARGES - NON-ROUTINE

If NON-ROUTINE batch discharges do not occur, sign here:

if non-routine batch discharges occur, or will occur, indicate the following:

(note: please provide additional sheets if more than one type of batch discharge exists.)

DESCRIPTION OF SPECIFIC BATCH WASTE

Number of batch discharges: _____ per day.

Frequency of discharge: _____

Average discharge volume per batch: _____ gallons

Time of batch discharge: _____ at _____
(days per week) (hour of day)

Duration of batch discharge: _____

Flow rate: _____ gallons per minute.

Is this batch discharge seasonal? Yes _____ No _____

if yes, describe: _____

PRETREATMENT:

Batch is pretreated: Yes _____ No _____

Describe the Pretreatment method:

Percentage of total discharge: _____ percent