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CITY OF GENEVA
INDUSTRIAL PRETREATMENT PROGRAM
DISCHARGE PERMIT APPLICATION

1. Company Name: _____
2. Service Address: _____
3. Primary Standard Industrial Classification Code (NAICS): _____
4. Description of Operations (products produced, manufacturing processes & production rates):

5. Employee/Shift: First: ____, Second: ____, Third: ____, Total _____
6. Indicate the days of the week that discharge occurs: S M T W Th F Sa
7. Is pretreatment provided prior to the discharge entering the CITY POTW collection system?
___ No ___ Yes, if yes then complete the following:
 - a) Does this facility hold an IEPA Permit for this system? ___ Yes ___ No
 - b) Certified Class K Operator employed? ___ Yes ___ No
 - c) Indicate IEPA Permit Number(s): _____
8. 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 & storm sewer lines, floor drains and manholes. Label this drawing *Diagram 1: 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 *Diagram 2: Process and Chemical Storage Areas*.
 - c) For each regulated process, provide a drawing of each process. Indicate the stages, tank volumes & contents, direction of flow, and product path through the process.

9. Water Usage:

a) Regulated Wastestream(s)

Description	Supplied From		Discharge To	
	Gallons/Day	Source	Gallons/Day	Source

Explain how these flows were calculated: _____

b) Nonregulated Wastestream(s)

Description	Supplied From		Discharge To	
	Gallons/Day	Source	Gallons/Day	Source
Domestic (sanitary)				
Noncontact Cooling				
Evaporation Loss				
Lawn Sprinkling				

Explain how these flows were calculated: _____

10. 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: _____

11. Measurement of Pollutants: Attached the most recent results from the sampling and analysis during normal working hours of all regulated and non-regulated process streams including the following information:

- a. Sample Type (i.e., flow proportional, composite, grab)
- b. Frequency of Samples
- c. Time, date and location of sampling event
- d. Method of analysis (i.e., 40 CFR Part 136)
- e. Comparison of results with applicable pretreatment standards or City of Geneva local limits.
- f. If alternate limits (i.e., combined wastestream formula or weighted average flow) are calculated, include the limit and all supporting data.

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.

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

No, Yes, if yes attach a listing of those wastes, specifying EPA Identification Number and quantities per year generated as *Attachment D*.

14. Does this facility discharge any substance to the sanitary sewer, which, otherwise be disposed of 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 as *Attachment E*.

15. Does this facility annually submit a "Toxic Chemical Release Form" (Form R) to EPA in accordance with Section 313 of SARA Title III?

No, not applicable. Yes, if yes attach the most recent copy of Form R (s).

15. 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.

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

Permit Number	Issuing Agency	Permit Description

17. Does this facility have an inspection manhole for regulated and unregulated wastewater discharges? Yes No

18. 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.

19. Total Toxic Organics (TTO) monitoring results or biannual TTO Certification Statement has been included in this Report?

Yes, No, Not Applicable

20. Name of person completing this Report: _____

Title: _____

Signature of person completing this Report: _____

21. Name of Authorized Representative: _____

Title: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations, as indicated in 40 CFR 403.12 (l).

Signature of Authorized Representative

Date

