



North Shore Water Reclamation District

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**DISCHARGE CONTROL
DOCUMENT REMEDIATION
SITE APPLICATION**

SECTION I: GENERAL

DISCHARGER NAME: _____

Location Address: _____

City: _____

Mailing Address (if different): _____

City, State and Zip Code: _____

Telephone Number: _____

The authorized representative must be (see 40 CFR 403.12 (L)):

- 1) A principle executive officer of at least the level of vice president,
- 2) A general partner or proprietor if company is a partnership or sole proprietorship respectively, or
- 3) A duly authorized representative if such representative is responsible for the overall operation of the facility.

AUTHORIZED REPRESENTATIVE (AR): _____

Title of AR: _____

Telephone Number: _____

Contact Representative (CR) _____

Title of CR: _____

Firm Name (if different) _____

Telephone Number: _____

The information contained in this application is familiar to me and to the best of my knowledge and belief, such information is true, complete and accurate.

SIGNATURE of _____ **DATE** _____
Authorized Representative

SECTION II: DESCRIPTION OF ROUTINE CONTINUOUS DISCHARGES

DESCRIPTION OF OPERATION: Attach study performed which defines remediation site. Describe flow, duration of flow, rate of flow, pollutants and their magnitude prior to and after pretreatment. Include remediation pretreatment equipment layout on a blueprint.

SAMPLING SITE(S): Show outfall location(s) on a site map.

FLOW (gpd): Please indicate source of data. Include a location designation.

Loc_____	Background	At Start-up	Routine	At closure
Source	_____	_____	_____	_____
Time Frame (year)	_____	_____	_____	_____
Average (gpd)	_____	_____	_____	_____
Maximum (gpd)	_____	_____	_____	_____
Minimum (gpd)	_____	_____	_____	_____

NSWRD COMPLIANCE SURVEY INFORMATION (please check appropriate):

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

_____ Attached is the Compliance Survey.

DISTRICT USE ONLY:

Remediation Class _____

WRF: Waukegan WRF Clavey WRF Gurnee WRF

NSWRD sampling code(s): _____ _____ _____ _____

NOTES:

SECTION III: DESCRIPTION OF BATCH DISCHARGES - ROUTINE

If no batch discharge occurs, sign here: _____

If batch discharge occurs or will occur, indicate the following:

DESCRIPTION OF BATCH WASTE:

Number of batch discharges: _____ per day

Average discharge amount per batch: _____ (gal)

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

Duration of batch discharge: _____

Flow rate: _____ gallons per minute

PRETREATMENT

Batch is pretreated: Yes _____ No _____

Pretreatment method:(please describe)

Percent of total discharge: _____ percent

Please provide additional sheets if more than one type of batch discharge exists.

SECTION IV: DESCRIPTION OF BATCH DISCHARGES (continued) - NON-ROUTINE

If non-routine batch discharge does not occur, sign here: _____

If non-routine batch discharge occurs or will occur, indicate the following:

DESCRIPTION OF NON-ROUTINE BATCH WASTE:

Number of batch discharges: _____ per year

Frequency of discharge: _____

Average discharge per batch: _____ gallons

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

Duration of batch discharge: _____

Flow rate: _____ gallons per minute

PRETREATMENT

Batch is pretreated: Yes _____ No _____

Pretreatment method:(please describe)

Percent of total discharge: _____ percent

Please provide additional sheets if more than one type of non-routine batch exists.