City of Crystal Lake Wastewater Discharge Regulations and Questionnaire (Form A)

To All Sewer Users:

Pursuant to the Clean Water Act (P. L. 95-217) as amended, and the requirements in 40 CFR 403 (General Pretreatment Regulations for Existing and New Sources of Pollution), the City of Crystal Lake has a federally-approved pretreatment program. The objectives of this program are to:

- Prevent the introduction of pollutants into Publicly-Owned Treatment Works (POTW) that will interfere with treatment operations and the use or disposal of municipal sludge.
- Prevent the introduction of pollutants to the POTW that will pass through the treatment works or be incompatible.
- Improve the feasibility of recycling and reclaiming municipal and industrial wastewater, including bio-solids.
- Enforce applicable federal, state and local categorical pretreatment standards.

The pretreatment and local sewer discharge regulations can be found in the City of Crystal Lake's Sewer Use Ordinance (No. 3827-A). This Ordinance may be viewed or obtained through the City of Crystal Lake website, www.crystallake.org. All current and future dischargers are regulated by the Sewer Use Ordinance. A Wastewater Discharge Questionnaire has been enclosed with this notice. Additional Ouestionnaires may be downloaded from the City's website. After reviewing the completed Questionnaire, the City will determine if a Wastewater Discharge Permit is required. The City of Crystal Lake Wastewater Division will notify you in writing whether a permit will be required or if no permit will be required. Unless this Ouestionnaire is a part of your Building Permit Application package, please complete and return the questionnaire to:

City of Crystal Lake 100 W. Municipal Complex Crystal Lake, IL 60014

Attn: Jim Huchel, Wastewater Superintendent

Fax: (815) 477-0849

If this Questionnaire is part of your Building Permit Application package, please return this form with your application to the City of Crystal Lake Building Department.

Should you have any questions or require any assistance, please feel free to contact me at (815) 459-2020, extension 4168.

Sincerely,

James L. Theelel James L. Huchel

Wastewater Department Superintendent

City of Crystal Lake Wastewater Discharge Questionnaire Form A

This questionnaire is to be completed for all **non-domestic** sources proposed for discharge into the City of Crystal Lake's wastewater treatment system. The results of this questionnaire will determine the suitability of the proposed discharge, applicable regulations and pretreatment requirements necessary to meet the city's "Use of Public Sewers Ordinance". Please respond to each question to the best of your ability. If you have any questions, please contact the Superintendent of Wastewater Treatment at (815) 459-2020, ext. 4168.

1. Address of proposed discharge:		
2. Name of Property Owner:		
3. Address (if different from above) and phone number of property owner:		
4. Name of Business owner, if differen	nt from above:	
5. Name of Business being (to be) ope	erated at this address:	
6. Phone number of business at this ac	ldress, (if available):	
7. Name of responsible Official for Bu	usiness at this address:	
8. Address and phone number of Resp	onsible Official, (if different from above):	
9. What is the primary SIC code for the	nis business:	
10. Is this an existing facility or a new	one?	
11. Describe nature of business (office	e, manufacture, etc.):	
following certification: "I hereby certify that the above referen	other than sanitary wastewater) please complete the need discharge is of a "dry" nature, that there are no process the discharge of wastes other than sanitary wastes does not	
Signed:	Date:	
Print Name:	Title:	

(Note: If this certification can be completed, skip items #13 through #24. If a discharge other than sanitary wastewater, complete items #13 through #24)

To be completed if a discharge other than sanitary wastewater.

13. Describe, in detail, any source of non-sanitary wastewater discharges (cooling tower blow down, food preparation wastes, manufacturing process wastes, etc.):	
14. List any environmental permits presently held waste permits, etc.):	
15. Describe any Federal Categorical Pretreatment to meet, if known:	
16. List any pollutants known or expected to be in	n discharge:
17. List raw materials employed:	
18. List flow volumes anticipated to be generated Process wastewater flow volume: Sanitary wastewater flow volume: Non-contact cooling water discharge volu Other discharge volume:	me:
19. Describe proposed (or present) pretreatment e	equipment or techniques, if any:
20. Provide process wastes discharge analysis, if	available:
21. Provide expected waste characterization:	
22. Please provide the Name and Address of your applicable:	
23. List any special or unusual items associated w	vith this discharge:
24. "I certify that to the best of my knowledge, the accurate and true."	ne above information is complete,
Signed:	Date:
Printed Name:	Title: