

**METROPOLITAN WATER RECLAMATION DISTRICT
OF GREATER CHICAGO
Industrial Waste Division / Enforcement Section
Final Compliance Report Instructions**

RD-114

In accordance with the Metropolitan Water Reclamation District's (District) Sewage and Waste Control Ordinance (Ordinance) and the Code of Federal Regulations [40 CFR 403.12(d)(g)], each significant industrial user subject to categorical pretreatment standards shall submit a completed Final Compliance Report (RD-114) within 90 days following the date for final compliance, as set forth in Appendix C, Article III of the Ordinance. New significant industrial users shall submit a completed RD-114 immediately upon the commencement of discharge to the sewerage system.

Each significant industrial user required to submit an RD-114 shall sample, analyze, and report on all pollutants listed in Appendix B, Sections 1 and 2(i) of the Ordinance and on all pollutants listed in the categorical pretreatment standards applicable to the significant industrial user.

At each sampling point where the average discharge flow rate is less than or equal to 200,000 gallons per day (GPD), samples shall be collected for a minimum of three (3) days within a two-week period. At each sampling point where the average discharge flow rate exceeds 200,000 GPD, samples shall be collected for six (6) days within a two-week period.

All samples shall be representative of the standard operating conditions occurring at the facility during the reporting period and shall be collected in accordance with the requirements of 40 CFR 403.12(g) and the District's Ordinance.

For hexavalent chromium, pH, cyanide, total phenols, FOG, sulfide, and VOC, grab samples shall be collected each sampling day. For all other parameters, 24-hour composite samples shall be collected each sampling day through flow-proportional sampling techniques.

If composite samples are less than 24 hours in duration, a statement shall be provided that certifies that the samples were collected for the duration of the facility's daily production discharges.

A certification statement from the laboratory performing the analyses shall be included with the RD-114. The statement shall contain, in addition to the results of the analyses, the name and address of the laboratory, the dates that the analyses were performed, the name(s) of the person(s) performing the analyses, and the analytical techniques and methods used. The statement shall certify that all sampling and analyses were performed in accordance with 40 CFR 136.

If analyzed samples were not collected by laboratory personnel, a statement from the person who collected the samples, certifying that all sampling was performed in accordance with 40 CFR 136, shall be included with the RD-114. Chain of custody documentation for all samples shall be included with the RD-114.

All violations identified as a result of self monitoring shall be reported to the District in accordance with 40 CFR 403.12(g) and Article V, Section 8 of the District's Ordinance.

Supporting data (i.e. water bills, meter readings, calculations) shall be provided for all daily flow rates and daily flow volumes that are reported as being measured.

The signatory to the report shall complete the certified statement portion of the RD-114, indicating whether applicable pretreatment discharge standards or other requirements are being met on a consistent basis, and, if not, whether additional operation & maintenance, and/or additional pretreatment facilities, are required to meet those standards or other requirements.

The RD-114 certification statement shall be signed by an authorized representative of the industrial user after adequate completion and review of the information in the report by the signing official. Also, the RD-114 shall be certified by a Registered Professional Engineer licensed by the State of Illinois.

Any person who fails to submit a required report to the District by the due date, or who submits a deficient report, shall be assessed a late filing fee as set forth in Article V, Section 10, of the District's Ordinance: \$100 for a report up to 15 calendar days late; \$500 for a report 16 to 45 days late; \$1000 for a report more than 45 days late. Failure to submit a required report, submission of a deficient report, or submission of a report more than 45 days after the filing due date, may constitute a significant violation pursuant to 40 CFR 403.8(f)(2)(viii) and the District's Ordinance.

For users required to submit an RD-114 in response to a Cease and Desist Order pertaining to effluent discharge violations.

In addition to the reporting requirements specified in the first paragraph of these instructions, any user that has been ordered by the District's Executive Director to cease and desist actions contrary to the provisions of the Ordinance shall submit a completed RD-114, indicating that compliance has been achieved.

For any RD-114 submitted in response to a Cease and Desist Order:

1. The report shall be submitted not later than 15 days after the final compliance date specified in the Compliance Schedule (RD-112).
2. Reported wastewater flows are limited to the total facility discharge flow volume for each day of the final compliance sampling period.
3. Sample collection and analyses are limited to the sampling point(s) and pollutant(s) indicated in the Cease and Desist Order.
4. The report shall be certified by a Registered Professional Engineer only if additional operation and maintenance, and/or additional pretreatment, were required to meet applicable pretreatment discharge standards or other requirements.

**METROPOLITAN WATER RECLAMATION DISTRICT
OF GREATER CHICAGO
Industrial Waste Division / Enforcement Section
Final Compliance Report Instructions**

RD-114

Item 1 – FACILITY IDENTIFICATION

a. Provide the complete name and address of the facility. As applicable, provide the facility's Discharge Authorization (DA) Number, the DA Effective Date, and the DA Expiration Date. Include the facility's telephone number, FAX number, Federal Tax ID number, and website. Provide the name, title, telephone number, and e-mail address of the person that has been designated as the District's primary contact. For the entire report, all dates must be entered in the MM/DD/YYYY format.

- b. Indicate the reason for the submittal of the RD-114.
- c. Provide the report due date.

Item 2 – NATURE OF WASTEWATER FLOWS

a. Provide the total facility daily average and daily maximum discharge flow rates, in gallons per day, for each flow type (regulated process, unregulated process, or dilutional) during the preceding six month period.. Indicate whether the provided discharge flow rates are measured or estimated. For any estimated discharge flow rate, a verifiable basis for the estimate shall be provided. Indicate whether the discharge of each flow type occurs on a continuous or batch basis.

b. Provide the total facility discharge flow volume, in gallons, for each day of the final compliance sampling period. Measured daily discharge flow volumes, with supporting data, shall be provided. Estimates are not acceptable.

Item 3 – NATURE OF WASTEWATER DISCHARGE

TO BE COMPLETED BY ALL FACILITIES

a. Provide the sampling point designation. A separate page shall be provided for each sampling point, as necessary.

b. Indicate whether the sampling point discharge is from a categorically regulated process, and, if applicable, provide the categorically regulated process(es).

c. Indicate the method of composite sampling. For composite samples, provide the sampling dates and the composite duration, in hours. For grab samples, provide the sampling date and the sample collection time.

Provide the daily sampling results and the average concentration for the sampling period, in milligrams per liter, for each pollutant. As applicable, provide the pollutant concentration limits (maximum and average), in milligrams per liter, for each pollutant as established in the user's DA.

TO BE COMPLETED ONLY BY FACILITIES SUBJECT TO
PRODUCTION-BASED DISCHARGE STANDARDS

d. Provide the sampling point designation. A separate page shall be provided for each sampling point, as necessary.

e. Provide the name and category of the categorically regulated process. Provide the average production rate of the process for the preceding six month period.

f. Provide the sampling dates and the sampling point daily discharge volumes, in gallons. Provide the daily sampling results, in milligrams per liter, for each pollutant. Provide the daily mass loadings and the average mass loading for the sampling period, in grams per day, for each pollutant. Provide the mass loading limits (maximum and average), in grams per day, for each pollutant as provided in the user's DA.

Item 4 - Provide the name of the preparer of the RD-114.

Item 5 – CERTIFIED STATEMENT

a. State whether all applicable pretreatment discharge standards are being met on a consistent basis.

b. If applicable pretreatment discharge standards are not being met, state whether additional operation and maintenance and/or additional pretreatment are required.

c. If applicable pretreatment discharge standards are not being met, a properly completed Compliance Schedule (RD-112) shall be submitted, together with the RD-114, to the District.

The RD-114 certification statement shall be signed by an authorized representative of the industrial user after adequate completion and review of the information in the report by the signing official. The authorized representative, as signatory, shall verify, upon oath or affirmation before a notary public, that the certification statement is true.

As required, the RD-114 shall be certified as to accuracy and completeness by a Registered Professional Engineer licensed by the State of Illinois.

A completed Final Compliance Report (RD-114) shall be submitted to:

Metropolitan Water Reclamation District of Greater Chicago
Industrial Waste Division - Enforcement Section

USPS delivery
Post Office Box 10654
Chicago, Illinois 60610

All other delivery
111 East Erie Street
Chicago, Illinois 60611-2802

For additional information, contact the industrial Waste Division / Enforcement Section at 312-751-3044.

**METROPOLITAN WATER RECLAMATION DISTRICT
OF GREATER CHICAGO
Industrial Waste Division / Enforcement Section**

RD-114

Final Compliance Report

1. FACILITY IDENTIFICATION:

a. Facility Name: _____ Facility DA Number: _____
 Address: _____ DA Effective Date: _____
 City: _____ Zip Code: _____ DA Expiration Date: _____
 Telephone: _____ FAX: _____ Federal Tax ID Number: _____
 Website: _____
 Facility Contact Person: _____
NAME

_____ TITLE TELEPHONE / EXTENSION E-MAIL ADDRESS

b. Reason for submittal of Final Compliance Report: In response to Cease and Desist Order No. _____
 Existing facility now subject to newly promulgated categorical pretreatment discharge standards.
 New facility subject to existing categorical pretreatment discharge standards.

c. Report Due Date: _____
MONTH / DAY / YEAR

2. NATURE OF WASTEWATER FLOWS:

a. Provide the total facility daily average and daily maximum discharge flow rates during the preceding six month period.
Note: For any estimated discharge flow rate, a verifiable basis for the estimate shall be provided.

| Flow Type | Average Flow Rate (GPD) | Maximum Flow Rate (GPD) | Type of Discharge |
|----------------------------|---|-------------------------|--|
| Regulated Process: _____ | <input type="checkbox"/> Measured <input type="checkbox"/> Estimated | _____ | <input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Continuous <input type="checkbox"/> Batch |
| Unregulated Process: _____ | <input type="checkbox"/> Measured <input type="checkbox"/> Estimated | _____ | <input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Continuous <input type="checkbox"/> Batch |
| Dilutional: _____ | <input type="checkbox"/> Measured <input type="checkbox"/> Estimated | _____ | <input type="checkbox"/> Measured <input type="checkbox"/> Estimated <input type="checkbox"/> Continuous <input type="checkbox"/> Batch |
| Total: _____ | _____ | _____ | |

b. Provide the total facility discharge flow volume during each day of the final compliance sampling period.

| | | | | | | |
|-------------------|-------|--|--|--|--|--|
| Sampling Dates | From: | | | | | |
| | To: | | | | | |
| Volume (gallons): | | | | | | |

Note: Measured daily discharge flow volumes, with supporting data, shall be provided. Estimates are not acceptable.

Facility Name: _____

DA # _____

RD-114

3. NATURE OF WASTEWATER DISCHARGE:

TO BE COMPLETED BY ALL FACILITIES

a. **Sampling Point:** _____ **Note:** A separate page shall be provided for each sampling point, as necessary.

b. Categorically regulated process discharge? Yes No If Yes: 40 CFR _____ 40 CFR _____

| <u>COMPOSITE SAMPLES</u> | | | | | | | | | |
|---|-------------------------|--|--|--|--|--|------------------------------------|-------------------------------------|----------------|
| Indicate method of composite sampling: <input type="checkbox"/> Flow-Proportional <input type="checkbox"/> Time-Based | | | | | | | | | |
| Sampling Dates | From: | | | | | | Average for Sampling Period (mg/L) | Pollutant Concentration (DA) Limits | |
| | To: | | | | | | | Daily Maximum (mg/L) | Average (mg/L) |
| Composite Duration (hours): | | | | | | | | | |
| Pollutants | Sampling Results (mg/L) | | | | | | | | |
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| <u>GRAB SAMPLES</u> | | | | | | | | | |
|---------------------|-------------------------|--|--|--|--|--|------------------------------------|-------------------------------------|----------------|
| Sampling Date: | | | | | | | Average for Sampling Period (mg/L) | Pollutant Concentration (DA) Limits | |
| | Sample Collection Time: | | | | | | | Daily Maximum (mg/L) | Average (mg/L) |
| Pollutants | Sampling Results (mg/L) | | | | | | | | |
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TO BE COMPLETED ONLY BY FACILITIES SUBJECT TO PRODUCTION-BASED DISCHARGE STANDARDS

d. **Sampling Point:** _____ **Note:** A separate page shall be provided for each sampling point, as necessary.

| | | | |
|----|--------------------------|------------------|---|
| e. | <u>Regulated Process</u> | | Average Production Rate For the Reporting Period |
| | Process Name | Process Category | |
| | | 40 CFR | |

- f. The daily mass loading must be calculated according to the following equation: $M = C \times V \times (3.79/1000)$
 where M = daily mass loading (grams/day) of the pollutant
 C = daily sampling result concentration (milligrams/liter) of the pollutant
 V = sampling point daily discharge volume (gallons) corresponding to the daily sampling period

| <u>COMPOSITE SAMPLES</u> | | | | | | | | | |
|---|------------------------------|----------------------------------|------------------------------|----------------------------------|------------------------------|----------------------------------|--|-------------------------------------|--------------------|
| Indicate method of composite sampling: <input type="checkbox"/> Flow-Proportional <input type="checkbox"/> Time-Based | | | | | | | Average Mass Loading for Sampling Period (g/day) | <u>Mass Loading (DA) Limits</u> | |
| Sampling Dates | | From: | | To: | | | | | |
| Composite Duration (hours): | | | | | | | | | |
| Daily Volume (gallons): | | | | | | | | | |
| Pollutants | Sampling Result (mg/L) | Daily Mass Loading (g/day) | Sampling Result (mg/L) | Daily Mass Loading (g/day) | Sampling Result (mg/L) | Daily Mass Loading (g/day) | | Daily Maximum (g/day) | Average (g/day) |
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| <u>GRAB SAMPLES</u> | | | | | | | | | | |
|-------------------------|------------------------------|----------------------------------|------------------------------|----------------------------------|------------------------------|----------------------------------|--|-------------------------------------|--------------------|--|
| Sampling Date: | | | | | | | Average Mass Loading for Sampling Period (g/day) | <u>Mass Loading (DA) Limits</u> | | |
| Sample Collection Time: | | | | | | | | | | |
| Daily Volume (gallons): | | | | | | | | | | |
| | | | | | | | | | | |
| Pollutants | Sampling Result (mg/L) | Daily Mass Loading (g/day) | Sampling Result (mg/L) | Daily Mass Loading (g/day) | Sampling Result (mg/L) | Daily Mass Loading (g/day) | | Daily Maximum (g/day) | Average (g/day) | |
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Facility Name: _____

DA # _____

RD-114

4. Continued Compliance Report (RD-114) prepared by:

NAME OF PREPARER

EMPLOYER OF PREPARER

TELEPHONE NUMBER

5. CERTIFIED STATEMENT:

- a. The signatory to this report, who shall be an authorized representative of the industrial user, certifies that on a consistent basis all applicable pretreatment discharge standards are being met are not being met.
- b. If applicable pretreatment discharge standards are not being met on a consistent basis, the signatory to this report certifies that additional operation and maintenance, and / or additional pretreatment, are required are not required.
- c. If applicable pretreatment discharge standards are not being met on a consistent basis, a properly completed Compliance Schedule (RD-112) shall be submitted, together with this report, to the District.

THE REPORT SHALL BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE INDUSTRIAL USER AFTER ADEQUATE COMPLETION AND REVIEW OF THE INFORMATION IN THE REPORT BY THE UNDERSIGNED.

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 on 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.

Signed and sworn to
(or affirmed to) before me on _____ by _____
DATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME OF AUTHORIZED REPRESENTATIVE (Type or Print)

TITLE OF AUTHORIZED REPRESENTATIVE

NOTARY PUBLIC SEAL

SIGNATURE OF NOTARY PUBLIC

Certification by Registered Professional Engineer licensed by the State of Illinois:

I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

SIGNATURE OF PROFESSIONAL ENGINEER

DATE

NAME OF PROFESSIONAL ENGINEER (Type or Print)

TELEPHONE NUMBER

PROFESSIONAL ENGINEER STAMP

REGISTRATION NUMBER OF PROFESSIONAL ENGINEER

DATE OF REGISTRATION

For District use only:

Date Submitted (Postmark): _____

REPORT REVIEWED BY

TITLE

DATE

In Compliance: Yes No