

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO
INSTRUCTIONS FOR COMPLETING

FACILITY CLASSIFICATION QUESTIONNAIRE (FCQ)

Who must complete and return this Classification Questionnaire

All Users or potential Users of nonresidential commercial establishments and industrial facilities or tax-exempt entities who discharge or will discharge waste to sewers or sewage works of the Metropolitan Water Reclamation District of Greater Chicago (District) or into any sewer connected therewith must file the questionnaire to establish or change their classification as required under Section 4 of the **User Charge Ordinance** and Article V, Section 3 of the **Sewage and Waste Control Ordinance**.

Due Date

This questionnaire is due within 45 days after written demand by the District through a certified mailing. Overdue questionnaires are subject to penalties and enforcement actions as provided in Section 8 of the **User Charge Ordinance** and Article VI, Section 4 of the **Sewage and Waste Control Ordinance**. Overdue questionnaires are also subject to fines as provided in Article V, Section 10 of the **Sewage and Waste Control Ordinance**.

Retention of Filing Forms and Supporting Documentation

A copy of the filing forms, flow records, and any other data used in the completion of this questionnaire should be retained by the User not less than five years from the date such documentation was issued.

Line 1. User Name, Address, City, Zip Code, and Telephone Number

- a. Enter the reporting facility or plant name, address, and telephone number.
- b. Enter the legal name, mailing address, and telephone number of the parent company.

Line 2. Federal Tax I.D. Number

Enter the User's identifying number used on Internal Revenue Service tax accounts.

Lines 3 through 6. Data on User's Operation within the District's Jurisdiction dating back to January 1, 2000

Self-explanatory.

Line 7. Previous Submittals of User Charge Forms

If your facility has previously filed an FCQ, a User Charge form (RD-901, RD-923, RD-924, or RD-925) or an Industrial Category Determination Questionnaire (ICDQ) with the District, please enter the facility name and FID Number under which these forms were filed. If you are filing this form as a result of a change in ownership, please indicate who the previous owner was, and attach a letter of explanation.

Lines 8 and 9. General Facility Information

Self-explanatory.

Line 10. Annual Ad Valorem Real Estate Taxes Paid to the District During the Previous Year

- a. Enter the 14-digit Permanent Real Estate Index Number for each real estate parcel occupied by the Reporting Facility. This number will be found on the real estate tax bill. **Attach additional sheets if necessary.**
- b. Self-explanatory.

Lines 11 and 12. Processes and Materials

Self-explanatory. (Note that if the activities at the Reporting Facility are solely office or warehouse activities, then skip Lines 11 through 14.)

Line 13. Liquid Wastes or Sludges

- a. Indicate all types of waste produced by the Reporting Facility and the amounts generated per month. Check whether this waste is discharged to the sewer or disposed of off-site.
- b. Self-explanatory.
- c. Indicate if any hazardous wastes are discharged by the facility to the sanitary sewage system. Indicate by checking the appropriate box.

Line 14. Pretreatment Devices

Self-explanatory.

Line 15. Water Sources

- a. List the total number of incoming water meters to the Reporting Facility.
- b. List water sources other than municipal supply systems (wells, rivers, raw materials, etc.)
- c. **Attach copies of water bills and/or documentation for other water sources to show total water consumption at the Reporting Facility for one year.** If there are significant process or evaporation losses, please describe on a separate sheet. Upon request, the District will advise you of the procedure for documenting water losses.

Line 16. Number of Outlets

Indicate the number of connections (waste discharge outlets) to the public sewer serving the Reporting Facility.

Line 17. Types of Waste

Check all types of wastes discharged by the Reporting Facility. List average daily flow in gallons, and indicate whether the flow is measured (derived from a water meter or flowmeter) or estimated. Indicate whether the wastes are discharged on a continuous basis, or on a batch or infrequent basis.

Who Should Sign Form

This form must be signed by either a corporate officer, a partner, a fiduciary, or other duly authorized agent of the User. To expedite inquiries and review, insert the name and telephone number of the person who actually prepared the form in the space provided.

Notary Seal

Form must be notarized to ensure that the information contained therein is true, correct and complete. If the form is not notarized, it will be returned to you and considered as an incomplete submittal.

Corporate Seal

Corporate seal must be affixed where applicable.

Keep a Copy for your Records

Mail the original of this questionnaire within 45 days after written demand by the District to:

Metropolitan Water Reclamation
District of Greater Chicago
Monitoring and Research Department
Post Office Box 10689
Chicago, Illinois 60610

Failure to file, on time, an accurate and complete questionnaire, together with all required supporting documents, will subject the User to possible enforcement actions and penalties as provided by the District's Ordinances.

For inquiries, call (312) 751-3000 between 8:45 a.m. and 4:30 p.m., Monday through Friday.

METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO

FACILITY CLASSIFICATION QUESTIONNAIRE (FCQ)

For Office Use Only

- 1. a. Reporting Facility -- Location
 Name _____
 Address _____
 City, Zip Code _____
 Telephone _____
- b. Parent Company -- Mailing Address
 Name _____
 Address _____
 City, Zip Code _____
 Telephone _____

2. Federal Tax Identification No. _____

- 3. a. Facility is (Check one): Owned Rented
- b. If facility is rented, please indicate owner's name and address. _____

4. a. Operating under present name since (mo./yr.) _____ b. At this location since (mo./yr.) _____

5. If the date indicated in response to line 4b is later than January 1, 2000, provide information concerning name and location of User's operations from 2000 until today.

(If the nature of the operation in prior years at any of the above locations is different from that of the reporting facility, the User must submit a separate FCQ.)

6. Please list the names and address of other facilities in Cook County owned by your organization. (If there are none, state "none." If space provided is not sufficient, provide the information on additional pages.)

7. a. Have you filed an FCQ, Industrial Category Determination Questionnaire (ICDQ), User Charge Classification Certified Statement (RD-901) or User Charge Annual Certified Statement (RD-923, RD-924, or RD-925) with the District before? Yes No

b. If yes, indicate facility name, FID No., and the date filed. (Attach copies) _____

8. a. Number of employees _____ b. Number of shifts _____ c. Hours of operation _____ (AM/PM) to _____ (AM/PM)

d. Days of operation: S M T W T F S e. Number of workdays in reporting year _____

9. a. Type of business conducted _____

b. Principal products produced _____

c. Standard Industrial Classification Number(s) (SIC Code) for your facility _____

10. a. List below and on additional pages all real estate property index numbers and annual ad valorem taxes paid to the District in the previous calendar year, if any (Attach copies of itemized tax bills to this form).

Real Estate Property Index Number

Taxes Paid to the District

b. Is your facility exempt from paying real estate taxes? Yes No

11. Brief description and steps involved in the manufacturing, production, or service activities your firm conducts. (If the activities at the reporting facility are solely office or warehouse activities, skip to Line 15.)

12. a. Raw materials and process additives used _____

b. Does your facility use, consume, produce or store any flammable, volatile, explosive or corrosive materials in excess of 50 gallons? Yes No

c. Have you reported the type and quantity of such materials to the District within the past 12 months? Yes No

13. a. Indicate the type of liquid wastes or sludges generated from all operations and the unit of measure (gals./lbs.).

<u>Type</u>	<u>Monthly</u> <u>Volume</u>	<u>Discharge</u> <u>to Sewer</u>	<u>Off-Site</u> <u>Disposal</u>	<u>Type</u>	<u>Monthly</u> <u>Volume</u>	<u>Discharge</u> <u>to Sewer</u>	<u>Off-Site</u> <u>Disposal</u>
Acids and alkalies	_____			Solvents/thinners	_____		
Heavy metal sludges	_____			Organic compounds	_____		
Oil and/or grease	_____			Pesticides	_____		
Paints	_____			Inks/dyes	_____		
Pretreatment sludges	_____			Other, specify	_____		
Plating wastes	_____				_____		

b. If disposal is off-site, provide copies of manifest forms and/or paid receipts.

c. Are any toxic, hazardous, or injurious materials discharged to the sewer system? Yes No

14. Pretreatment devices or processes used. Check as many as appropriate.

- | | | |
|---|--|--|
| <input type="checkbox"/> Air flotation | <input type="checkbox"/> Flow equalization | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Grease or oil separation | <input type="checkbox"/> Reverse osmosis |
| <input type="checkbox"/> Chemical precipitation | <input type="checkbox"/> Grease trap | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Ion exchange | <input type="checkbox"/> Other, type _____ |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Neutralization, pH correction | _____ |

15. a. Number of incoming water meters _____ b. Other water sources (Specify) _____

c. Attach copies of water-use documentation, e.g., water bills.

16. Number of Waste Discharge Outlets to the Sewage System _____

17. Types of Waste Discharged to Sanitary Sewer. Check all that apply.

	<u>Average Gallons</u> <u>Per Day</u>	<u>Measured or Estimated</u>	<u>Batch or Continuous</u>
a. ___ Domestic Wastewater (Restrooms, Employee Showers, etc.)	_____		
b. ___ Noncontact Cooling Water	_____		
c. ___ Boiler/Tower Blowdown	_____		
d. ___ Process Water	_____		
e. ___ Equipment/Facility Washdown	_____		
f. ___ Air Pollution Control Unit	_____		
g. ___ Total	_____		

Confidential Information: Information contained herein may be claimed confidential to the extent allowed by 40 CFR Part 403.14 and 40 CFR Part 2.302 if such is requested at the time of submission. To claim confidentiality, check here

Prepared by: _____
Name Title Telephone

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

Certification: The undersigned, being first duly sworn on oath, deposes and says that he/she has examined this statement and its supporting documentation, and to the best of his/her knowledge and belief, same are true, correct, and complete.

Signature of Officer/Owner _____ Telephone _____

Officer's Name and Title (Please Print) _____

Subscribed and sworn to before me this _____ day of _____ 20____.

(Seal): _____
(Notary Public)