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|----------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inspection Entry Date/Time | 1/13/2025 10:37                                                           | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> CT <input type="checkbox"/> ET   Announced: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N      |
| Inspection Exit Date/Time  | 11:45                                                                     | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> CT <input type="checkbox"/> ET   Access Granted: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Weather                    |                                                                           |                                                                                                                                                                                                                          |
| Media                      | Water                                                                     |                                                                                                                                                                                                                          |
| Statute(s)/Program(s)      | Clean Water Act, National Pollutant Discharge Elimination System (NPDES)  |                                                                                                                                                                                                                          |
| Type of Inspection         | Industrial User Screening Inspection (Pretreatment Direct Implementation) |                                                                                                                                                                                                                          |

|                                       |                         |
|---------------------------------------|-------------------------|
| Facility or Site Name                 | Cintas Uniform Services |
| Facility/Site Physical Address        | 1025 National Parkway   |
| City, State, Zip Code                 | Schaumburg, IL 60173    |
| County/Borough/Parish                 | Cook County             |
| Facility GPS Coordinates              |                         |
| Mailing Address (If Different)        |                         |
| City, State, Zip Code                 |                         |
| Owner<br>(If Different from Facility) | Cintas Corp.            |
| Operator<br>(If Different from Owner) |                         |
| Address                               |                         |
| City, State, Zip Code                 |                         |
| Serviced by WWTP?                     |                         |

|                       |      |
|-----------------------|------|
| FRS ID                |      |
| Permit Number(s)      |      |
| SIC and/or NAICS Code | 7218 |

| Lead Inspector                                                                                                                                                                                                | Supervisor Review                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name:<br>Joseph Forth                                                                                                                                                                                         | Name:<br>Molly Smith                                                                                                                                                                                       |
| Region:<br>EPA Region 5                                                                                                                                                                                       | Region:<br>EPA Region 5                                                                                                                                                                                    |
| Email:<br><a href="mailto:Forth.Joseph@epa.gov">Forth.Joseph@epa.gov</a>                                                                                                                                      | Email:<br>Smith.Molly@epa.gov                                                                                                                                                                              |
| Phone:<br>(312) 886-7275                                                                                                                                                                                      | Phone:<br>(312) 353-8773                                                                                                                                                                                   |
| Signature & Date:<br><br>Forth,<br>Joseph<br> Digitally signed by Forth,<br>Joseph<br>Date: 2025.03.06<br>14:51:36 -06'00' | Signature & Date:<br><br>MOLLY<br>SMITH<br> Digitally signed by<br>MOLLY SMITH<br>Date: 2025.03.10<br>09:28:15 -05'00' |

**SECTION I - INTRODUCTION****Site Entry/Opening Conference and Inspection Objectives**

EPA Region 5 Inspector(s) Joseph Forth and Justin Meyers arrived at Cintas Uniform Services (the "Facility"), located at 1025 National Parkway, Schaumburg, IL 60173 at 10:37 AM CT on 1/13/2025 for an unannounced inspection.

EPA Region 5 Lead Inspector Joseph Forth [Error! Reference source not found.:](#)

- ☒ Presented credentials to the Facility.
- ☒ Informed the Facility that this was a US EPA Region 5 Industrial User Screening Inspection to gather Facility information, including on its industrial process and wastewater management as authorized by Clean Water Act (CWA) Section 308 and implementing regulations.
- ☒ Discussed the right to claim Confidential Business Information (CBI) on any document or information shared with EPA during or after the inspection.

The EPA representatives conducted an opening conference with the Facility representatives (See table below) explaining the information gathering checklist.

This report is based on information gathered prior to, during, or subsequent to the inspection. The information was either supplied by the Facility, directly observed by EPA Region 5 inspector(s), or obtained through records and reports maintained by the Facility and Region 5. Records and reports may include verbal or written statements provided by the Facility, materials, process information, data, or other documents shown, demonstrated, or submitted to the EPA Region 5 inspectors. In addition, information gathered from EPA, State, and/or public records may be included in this report.

**Attendees (US EPA, Facility, State, Local)**

| Organization | Attendee Name   | Title                           | Contact Information<br>Email                                   | Present at<br>Opening<br>Conference | Present at<br>Closing<br>Conference |
|--------------|-----------------|---------------------------------|----------------------------------------------------------------|-------------------------------------|-------------------------------------|
| EPA Region 5 | Joseph Forth    | Lead Inspector                  | <a href="mailto:Forth.Joseph@epa.gov">Forth.Joseph@epa.gov</a> | Yes                                 | Yes                                 |
| EPA Region 5 | Justin Meyers   | Inspector                       |                                                                | Yes                                 | Yes                                 |
| Cintas       | Kyle Clevinger  | General Manager                 |                                                                | Yes                                 | Yes                                 |
| Cintas       | Lily Messmore   | Plant Manager                   | <a href="mailto:MessmoreL@cintas.com">MessmoreL@cintas.com</a> | Yes                                 | Yes                                 |
| Cintas       | Stephen Koehler | Manager of Chemical Engineering |                                                                | Yes                                 | Yes                                 |
| Cintas       | Cesar Raygoza   | Maintenance Supervisor          |                                                                | No                                  | Yes                                 |

**SECTION II – INDUSTRIAL USER SCREENING CHECKLIST****SECTION II.A – Business Activity/Category**

|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 1.                                                                           | <p>Provide a brief general description of all operations at this facility (detailed process unit information noted in Section II.F).</p> <p>The facility is an industrial launderer. Soiled laundry is unloaded from trucks, cleaned and dried. The facility also performs steaming on the clothes. After the clothes are laundered the facility then ships them back to the customer.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 2.                                                                           | <p>Does the Facility have an available process diagram, flow diagram, and/or general facility diagram that can be viewed by the inspectors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 3.                                                                           | <p>If the facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside that category or business activity. <b>Check all that apply.</b></p> <table border="1"> <tbody> <tr> <td><input type="checkbox"/> Airport Deicing</td> <td><input type="checkbox"/> Leather Tanning and Finishing</td> </tr> <tr> <td><input type="checkbox"/> Aluminum Forming</td> <td><input type="checkbox"/> Meat and Poultry Products</td> </tr> <tr> <td><input type="checkbox"/> Asbestos Manufacturing</td> <td><input type="checkbox"/> Metal Finishing</td> </tr> <tr> <td><input type="checkbox"/> Battery Manufacturing</td> <td><input type="checkbox"/> Metal Molding and Casting (Foundries)</td> </tr> <tr> <td><input type="checkbox"/> Canned and Preserved Fruit and Vegetable Processing</td> <td><input type="checkbox"/> Metal Products and Machinery</td> </tr> <tr> <td><input type="checkbox"/> Canned and Preserved Seafood Processing</td> <td><input type="checkbox"/> Mineral Mining and Processing</td> </tr> <tr> <td><input type="checkbox"/> Carbon Black Manufacturing</td> <td><input type="checkbox"/> Nonferrous Metals Forming</td> </tr> <tr> <td><input type="checkbox"/> Cement Manufacturing</td> <td><input type="checkbox"/> Nonferrous Metals Manufacturing</td> </tr> <tr> <td><input type="checkbox"/> Centralized Waste Treatment</td> <td><input type="checkbox"/> Oil and Gas Extraction</td> </tr> <tr> <td><input type="checkbox"/> Coal Mining</td> <td><input type="checkbox"/> Ore Mining and Dressing</td> </tr> <tr> <td><input type="checkbox"/> Coil Coating</td> <td><input type="checkbox"/> Organic Chemicals, Plastics, and Synthetic Fibers</td> </tr> <tr> <td><input type="checkbox"/> Concentrated Animal Feeding Operation and Feedlots</td> <td><input type="checkbox"/> Paint Formulating</td> </tr> <tr> <td><input type="checkbox"/> Concentrated Aquatic Animal Production</td> <td><input type="checkbox"/> Paving and Roofing Manufacturing</td> </tr> <tr> <td><input type="checkbox"/> Construction and Development</td> <td><input type="checkbox"/> Pesticide Chemicals</td> </tr> <tr> <td><input type="checkbox"/> Copper Forming</td> <td><input type="checkbox"/> Petroleum Refining</td> </tr> <tr> <td><input type="checkbox"/> Dairy Product Processing or Manufacturing</td> <td><input type="checkbox"/> Pharmaceutical Manufacturing</td> </tr> <tr> <td><input type="checkbox"/> Dental Office</td> <td><input type="checkbox"/> Phosphate Manufacturing</td> </tr> <tr> <td><input type="checkbox"/> Electrical and Electronic Components Manufacturing</td> <td><input type="checkbox"/> Photographic Processing</td> </tr> <tr> <td><input type="checkbox"/> Electroplating</td> <td><input type="checkbox"/> Plastics Molding and Forming</td> </tr> <tr> <td><input type="checkbox"/> Explosives Manufacturing</td> <td><input type="checkbox"/> Porcelain Enameling</td> </tr> <tr> <td><input type="checkbox"/> Fertilizer Manufacturing</td> <td><input type="checkbox"/> Pulp, Paper, and Paperboard Manufacturing</td> </tr> <tr> <td><input type="checkbox"/> Ferroalloy Manufacturing</td> <td><input type="checkbox"/> Rubber Manufacturing</td> </tr> <tr> <td><input type="checkbox"/> Glass Manufacturing</td> <td><input type="checkbox"/> Soap and Detergent Manufacturing</td> </tr> </tbody> </table> |  | <input type="checkbox"/> Airport Deicing | <input type="checkbox"/> Leather Tanning and Finishing | <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Meat and Poultry Products | <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Metal Molding and Casting (Foundries) | <input type="checkbox"/> Canned and Preserved Fruit and Vegetable Processing | <input type="checkbox"/> Metal Products and Machinery | <input type="checkbox"/> Canned and Preserved Seafood Processing | <input type="checkbox"/> Mineral Mining and Processing | <input type="checkbox"/> Carbon Black Manufacturing | <input type="checkbox"/> Nonferrous Metals Forming | <input type="checkbox"/> Cement Manufacturing | <input type="checkbox"/> Nonferrous Metals Manufacturing | <input type="checkbox"/> Centralized Waste Treatment | <input type="checkbox"/> Oil and Gas Extraction | <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Ore Mining and Dressing | <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Organic Chemicals, Plastics, and Synthetic Fibers | <input type="checkbox"/> Concentrated Animal Feeding Operation and Feedlots | <input type="checkbox"/> Paint Formulating | <input type="checkbox"/> Concentrated Aquatic Animal Production | <input type="checkbox"/> Paving and Roofing Manufacturing | <input type="checkbox"/> Construction and Development | <input type="checkbox"/> Pesticide Chemicals | <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Petroleum Refining | <input type="checkbox"/> Dairy Product Processing or Manufacturing | <input type="checkbox"/> Pharmaceutical Manufacturing | <input type="checkbox"/> Dental Office | <input type="checkbox"/> Phosphate Manufacturing | <input type="checkbox"/> Electrical and Electronic Components Manufacturing | <input type="checkbox"/> Photographic Processing | <input type="checkbox"/> Electroplating | <input type="checkbox"/> Plastics Molding and Forming | <input type="checkbox"/> Explosives Manufacturing | <input type="checkbox"/> Porcelain Enameling | <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Pulp, Paper, and Paperboard Manufacturing | <input type="checkbox"/> Ferroalloy Manufacturing | <input type="checkbox"/> Rubber Manufacturing | <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Soap and Detergent Manufacturing |
| <input type="checkbox"/> Airport Deicing                                     | <input type="checkbox"/> Leather Tanning and Finishing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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  |
| <input type="checkbox"/> Aluminum Forming                                    | <input type="checkbox"/> Meat and Poultry Products                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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  |
| <input type="checkbox"/> Asbestos Manufacturing                              | <input type="checkbox"/> Metal Finishing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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  |
| <input type="checkbox"/> Battery Manufacturing                               | <input type="checkbox"/> Metal Molding and Casting (Foundries)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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  |
| <input type="checkbox"/> Canned and Preserved Fruit and Vegetable Processing | <input type="checkbox"/> Metal Products and Machinery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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  |
| <input type="checkbox"/> Canned and Preserved Seafood Processing             | <input type="checkbox"/> Mineral Mining and Processing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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  |
| <input type="checkbox"/> Carbon Black Manufacturing                          | <input type="checkbox"/> Nonferrous Metals Forming                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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  |
| <input type="checkbox"/> Cement Manufacturing                                | <input type="checkbox"/> Nonferrous Metals Manufacturing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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  |
| <input type="checkbox"/> Centralized Waste Treatment                         | <input type="checkbox"/> Oil and Gas Extraction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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  |
| <input type="checkbox"/> Coal Mining                                         | <input type="checkbox"/> Ore Mining and Dressing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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  |
| <input type="checkbox"/> Coil Coating                                        | <input type="checkbox"/> Organic Chemicals, Plastics, and Synthetic Fibers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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  |
| <input type="checkbox"/> Concentrated Animal Feeding Operation and Feedlots  | <input type="checkbox"/> Paint Formulating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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  |
| <input type="checkbox"/> Concentrated Aquatic Animal Production              | <input type="checkbox"/> Paving and Roofing Manufacturing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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  |
| <input type="checkbox"/> Construction and Development                        | <input type="checkbox"/> Pesticide Chemicals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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  |
| <input type="checkbox"/> Copper Forming                                      | <input type="checkbox"/> Petroleum Refining                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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  |
| <input type="checkbox"/> Dairy Product Processing or Manufacturing           | <input type="checkbox"/> Pharmaceutical Manufacturing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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  |
| <input type="checkbox"/> Dental Office                                       | <input type="checkbox"/> Phosphate Manufacturing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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  |
| <input type="checkbox"/> Electrical and Electronic Components Manufacturing  | <input type="checkbox"/> Photographic Processing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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  |
| <input type="checkbox"/> Electroplating                                      | <input type="checkbox"/> Plastics Molding and Forming                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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  |
| <input type="checkbox"/> Explosives Manufacturing                            | <input type="checkbox"/> Porcelain Enameling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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  |
| <input type="checkbox"/> Fertilizer Manufacturing                            | <input type="checkbox"/> Pulp, Paper, and Paperboard Manufacturing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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  |
| <input type="checkbox"/> Ferroalloy Manufacturing                            | <input type="checkbox"/> Rubber Manufacturing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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  |
| <input type="checkbox"/> Glass Manufacturing                                 | <input type="checkbox"/> Soap and Detergent Manufacturing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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  |

**SECTION II.A – Business Activity/Category (Continued)**

|                                                               |                                                                       |
|---------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Grain Mills                          | <input type="checkbox"/> Steam Electric Power Generating              |
| <input type="checkbox"/> Gum and Wood Chemicals Manufacturing | <input type="checkbox"/> Sugar Processing                             |
| <input type="checkbox"/> Hospital                             | <input type="checkbox"/> Textile Mills                                |
| <input type="checkbox"/> Ink Formulating                      | <input type="checkbox"/> Timber Products                              |
| <input type="checkbox"/> Inorganic Chemicals Manufacturing    | <input type="checkbox"/> Transportation Equipment Cleaning            |
| <input type="checkbox"/> Iron and Steel Manufacturing         | <input type="checkbox"/> Waste Combustors                             |
| <input type="checkbox"/> Landfill                             | <input checked="" type="checkbox"/> Other: Industrial Laundry Service |

|    |                                                                             |                                             |
|----|-----------------------------------------------------------------------------|---------------------------------------------|
| 4. | Date of Facility Construction:                                              | Occupied current building since late 1970s. |
|    | Start Date of Current Operations or Date(s) of Significant Process Changes: | Late 1970s                                  |
|    | Date of Last Facility Ownership Change(s):                                  | Late 1970s                                  |

**Section II.B – Facility Sewer Information**

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. | a. Is the facility connected to a public or private sanitary sewer system?<br><input type="checkbox"/> Yes (Private) <input checked="" type="checkbox"/> Yes (Public) <input type="checkbox"/> No<br>b. IF YES: Are any process wastewater streams discharged directly to the public or private sewer system?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>c. IF YES: Does the facility have a permit with a Publicly Owned Treatment Works (POTW) or are they a co-permittee on a permit to discharge process wastewater to the public sewer system?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                           |                    |
| 2. | a. Is there an on-site treatment system for process wastewater?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>(IF YES: Also See Section II.H)</b><br>IF YES:<br>b. Does the on-site treatment system effluent discharge to the public sewer system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>c. Does the on-site treatment system effluent discharge to a surface waterbody? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>d. Does the facility have a permit to discharge the effluent directly to a waterbody? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Permit Number(s):</b> |                    |
| 3. | List the location and average flow of each discharge pipe that connects to the sanitary sewer system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
|    | Location of Sewer Connection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Average Flow (gpd) |
|    | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |

## Section II.C – Facility Operational Characteristics

|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------------------------------------|-----|-----|-----|
| 1. | Hours of Operation: 5:00 AM – 10:00 PM                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    | Shift Information                                                                                                                                                | Mon                                                                                                                                                                                                                                                                                                                                                               | Tue | Wed | Thu                                    | Fri | Sat | Sun |
|    | Shifts Per Workday                                                                                                                                               | 2                                                                                                                                                                                                                                                                                                                                                                 | 2   | 2   | 2                                      | 2   |     |     |
| 2. | Indicate whether the business activity is:                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    | <input checked="" type="checkbox"/> Continuous throughout the year                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    | <input type="checkbox"/> Seasonal                                                                                                                                | Months in operation: <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D          |     |     |                                        |     |     |     |
| 3. | Indicate whether the facility discharge is:                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    | <input checked="" type="checkbox"/> Continuous throughout the year                                                                                               |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    | <input type="checkbox"/> Seasonal                                                                                                                                | Months when discharges occur: <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D |     |     |                                        |     |     |     |
| 4. | List types and amounts (mass or volume per day) of raw materials used or planned for use:                                                                        |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    | Raw Material                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                   |     |     | Amount                                 |     |     |     |
|    | Laundry                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                   |     |     | Approximately 265,000 pounds per week. |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
| 5. | List types and quantities (mass or volume per day) of chemicals used or planned for use:                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    | Chemical                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |     |     | Quantity                               |     |     |     |
|    | Conserve                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                   |     |     | 1400 gals                              |     |     |     |
|    | Motion                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                   |     |     | 550 gals                               |     |     |     |
|    | Express                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                   |     |     | 330 gals                               |     |     |     |
|    | Mitfloc                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                   |     |     | 55 gals                                |     |     |     |
|    | Coagulate                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                   |     |     | 330 gals                               |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
|    |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |
| 6. | Were copies requested of the process diagram, flow diagram, and/or general facility diagram? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                   |     |     |                                        |     |     |     |

**Section II.D – Spill Prevention**

|    |                                                                                                                                                                                                                                                                                                                    |                                                    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 1. | Does the facility have liquid storage containers onsite (tanks, drums, totes, bins, ponds, etc.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>List Types:</b>                                                                                                                        |                                                    |
| 2. | Does the facility have floor drains in the manufacturing area or where liquids are stored? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>IF YES: Describe where they drain to:                                                                                                            |                                                    |
| 3. | Could an accidental spill at the facility lead to any of the following discharges? <b>Check all that apply.</b>                                                                                                                                                                                                    |                                                    |
|    | <input type="checkbox"/> On-site disposal/treatment system                                                                                                                                                                                                                                                         | <input type="checkbox"/> Ground (outside)          |
|    | <input type="checkbox"/> Public sanitary sewer system                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Floor (inside) |
|    | <input type="checkbox"/> Storm drain                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Other <sup>Specify:</sup> |
| 4. | Does facility have a spill prevention plan to prevent spills of liquids from entering the Control Authority's collection/sewer system?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (No potential for spill to discharge to public sewer/collection system) |                                                    |

**Section II.E – Water Supply**

|    |                                                                              |                           |                                       |
|----|------------------------------------------------------------------------------|---------------------------|---------------------------------------|
| 1. | Water Source:                                                                |                           |                                       |
|    | <input checked="" type="checkbox"/> Municipal Water Utility: <b>Specify:</b> |                           |                                       |
|    | <input type="checkbox"/> Private Well                                        |                           |                                       |
|    | <input type="checkbox"/> Surface Water                                       |                           |                                       |
|    | <input type="checkbox"/> Other: <b>Specify:</b>                              |                           |                                       |
| 2. | Provide the following information for all water usage at the facility:       |                           |                                       |
|    | Type of Water Use                                                            | Average Water Usage (gpd) | Estimated or Measured                 |
|    | <input checked="" type="checkbox"/> Sanitary                                 |                           |                                       |
|    | <input checked="" type="checkbox"/> Non-contact cooling water                |                           | Total for all water usage in November |
|    | <input checked="" type="checkbox"/> Boiler feeding                           |                           | 2024 was 71,000 gallons.              |
|    | <input checked="" type="checkbox"/> Process                                  |                           |                                       |
|    | <input type="checkbox"/> Equipment/facility washdown                         |                           |                                       |
|    | <input type="checkbox"/> Contact cooling water                               |                           |                                       |
|    | <input type="checkbox"/> Air pollution control                               |                           |                                       |
|    | <input type="checkbox"/> Irrigation and lawn watering                        |                           |                                       |
|    | <input type="checkbox"/> Contained in product                                |                           |                                       |
|    | <input type="checkbox"/> Other:                                              |                           |                                       |
|    | Total:                                                                       |                           |                                       |

**Section II.F – Wastewater Discharge Information**

|    |                                                                                                                                             |                            |                      |                       |                   |                     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------|-----------------------|-------------------|---------------------|
| 1. | Provide the following information for all wastewater generated (gallons per day - GPD) at the facility:                                     |                            |                      |                       |                   |                     |
|    | Type of Wastewater                                                                                                                          | Average Volume (GPD)       | Maximum Volume (GPD) | Estimated or Measured | Type of Discharge | Where Discharges To |
|    | <input checked="" type="checkbox"/> Sanitary                                                                                                | Unknown                    |                      |                       |                   |                     |
|    | <input type="checkbox"/> Non-contact cooling water                                                                                          |                            |                      |                       |                   |                     |
|    | <input checked="" type="checkbox"/> Boiler blowdown                                                                                         | Unknown                    |                      |                       |                   |                     |
|    | <input type="checkbox"/> Equipment/facility washdown                                                                                        |                            |                      |                       |                   |                     |
|    | <input type="checkbox"/> Contact cooling water                                                                                              |                            |                      |                       |                   |                     |
|    | <input type="checkbox"/> Air pollution control                                                                                              |                            |                      |                       |                   |                     |
|    | <input type="checkbox"/> Stormwater runoff                                                                                                  |                            |                      |                       |                   |                     |
|    | <input checked="" type="checkbox"/> Process wastewater                                                                                      | Use Table Below (II.F – 2) |                      |                       |                   |                     |
|    | <input type="checkbox"/> Other:                                                                                                             |                            |                      |                       |                   |                     |
|    | <input type="checkbox"/> Other:                                                                                                             |                            |                      |                       |                   |                     |
| 2. | Provide the following information for <b>process</b> wastewater generated by each unit process:                                             |                            |                      |                       |                   |                     |
|    | Unit Process Description                                                                                                                    | Average Volume (GPD)       | Maximum Volume (GPD) | Estimated or Measured | Type of Discharge | Where Discharges To |
|    | Unknown                                                                                                                                     |                            |                      |                       |                   |                     |
|    |                                                                                                                                             |                            |                      |                       |                   |                     |
|    |                                                                                                                                             |                            |                      |                       |                   |                     |
|    |                                                                                                                                             |                            |                      |                       |                   |                     |
|    |                                                                                                                                             |                            |                      |                       |                   |                     |
|    |                                                                                                                                             |                            |                      |                       |                   |                     |
|    |                                                                                                                                             |                            |                      |                       |                   |                     |
|    |                                                                                                                                             |                            |                      |                       |                   |                     |
|    |                                                                                                                                             |                            |                      |                       |                   |                     |
| 3. | Do batch discharges to the sanitary sewer system occur (or will occur)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                            |                      |                       |                   |                     |
|    | Number of batch discharges per time period (specify per day, week, month, etc.):                                                            |                            |                      |                       |                   |                     |
|    | Average volume per batch discharge (gal):                                                                                                   |                            |                      |                       |                   |                     |
|    | Flow rate (GPM):                                                                                                                            |                            |                      |                       |                   |                     |

**Section II.F – Wastewater Discharge Information (Continued)**

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                                |       |     |     |     |     |     |     |       |       |       |       |       |  |  |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------|-------|-----|-----|-----|-----|-----|-----|-------|-------|-------|-------|-------|--|--|
| 4.                                                     | <p>a. Does the facility have (or plan to have) continuous wastewater flow metering equipment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Does the facility sample wastewater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES:</p> <p>c. Are Grab Samples Collected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Are Composite Samples Collected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>e. Are there plans to add sampling activities for process wastewater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>f. Describe the present or planned future location(s) for process wastewater sampling and describe the equipment used to sample (i.e. auto samplers/manual collection):</p> <p>Waster water holding pits before treatment, manual grab sample.</p> |                                                        |                                |       |     |     |     |     |     |     |       |       |       |       |       |  |  |
| 5.                                                     | <p>Describe the flow rates for discharge of process wastewater to the sanitary sewer system:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Average Daily Flow Rate (GPD): Approx. 70 GPM/10 hours</td> <td style="width: 50%;">Maximum Daily Flow Rate (GPD):</td> </tr> </table> <p>Hours per day of process wastewater discharge to sanitary sewer system: (e.g., 8):</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 14.28%;">Mon</td> <td style="width: 14.28%;">Tue</td> <td style="width: 14.28%;">Wed</td> <td style="width: 14.28%;">Thu</td> <td style="width: 14.28%;">Fri</td> <td style="width: 14.28%;">Sat</td> <td style="width: 14.28%;">Sun</td> </tr> <tr> <td>10-11</td> <td>10-11</td> <td>10-11</td> <td>10-11</td> <td>10-11</td> <td></td> <td></td> </tr> </table>                      | Average Daily Flow Rate (GPD): Approx. 70 GPM/10 hours | Maximum Daily Flow Rate (GPD): | Mon   | Tue | Wed | Thu | Fri | Sat | Sun | 10-11 | 10-11 | 10-11 | 10-11 | 10-11 |  |  |
| Average Daily Flow Rate (GPD): Approx. 70 GPM/10 hours | Maximum Daily Flow Rate (GPD):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |                                |       |     |     |     |     |     |     |       |       |       |       |       |  |  |
| Mon                                                    | Tue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Wed                                                    | Thu                            | Fri   | Sat | Sun |     |     |     |     |       |       |       |       |       |  |  |
| 10-11                                                  | 10-11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10-11                                                  | 10-11                          | 10-11 |     |     |     |     |     |     |       |       |       |       |       |  |  |
| 6.                                                     | <p>Has the discharge at this facility changed historically? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>IF YES: Briefly describe these changes and their effects on the wastewater volume and characteristics:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |                                |       |     |     |     |     |     |     |       |       |       |       |       |  |  |
| 7.                                                     | <p>Are there any wastewater recycling or reclamation systems in use or planned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>IF YES: Briefly describe the recovery process, substance recovered, percent recovered, and the concentration in the spent solution:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                |       |     |     |     |     |     |     |       |       |       |       |       |  |  |

**Section II.G – Slug Discharge Control**

|    |                                                                                                                                                                                                                                                                                             |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Do you have the potential for a slug discharge to the sewer system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                     |
| 2. | <p>IF YES: Describe the type of potential slug discharge including quality and content:</p> <p>Spill or failure of containment to the holding pits. Likely could contain and shut down processes and treat the wastewater. Laundry chemicals would be the makeup of the slug discharge.</p> |
| 3. | <p>Describe the current mechanisms for prevention of slug discharges.</p> <p>Secondary containment for laundry chemicals, holding pits can be shut down to not allow discharge, spill kits.</p>                                                                                             |

**Section II.H – Treatment**

|    |                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                         |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------|
| 1. | <p>Is any form of process wastewater treatment (see list below) used at this facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES: Place a check beside the treatment devices or processes that are used (or will be used) for treating wastewater or sludge at this facility. <b>Check all that apply.</b></p> |                                                                   |                                                         |
|    | <input checked="" type="checkbox"/> Air flotation                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Grease trap                              | <input type="checkbox"/> Screen                         |
|    | <input type="checkbox"/> Centrifuge                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Grinding filter                          | <input type="checkbox"/> Sedimentation                  |
|    | <input checked="" type="checkbox"/> Chemical precipitation                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Grit removal                             | <input type="checkbox"/> Septic tank                    |
|    | <input type="checkbox"/> Chlorination                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Ion exchange                             | <input type="checkbox"/> Solvent separation/recovery    |
|    | <input type="checkbox"/> Cyclone                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Neutralization, pH correction | <input type="checkbox"/> Spill protection               |
|    | <input type="checkbox"/> Filtration                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Ozonation                                | <input type="checkbox"/> Sump                           |
|    | <input type="checkbox"/> Flow equalization                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Reverse osmosis                          | <input type="checkbox"/> Rainwater diversion or storage |
|    | <input type="checkbox"/> Grease or oil separation                                                                                                                                                                                                                                                                                                      |                                                                   |                                                         |
|    | <input type="checkbox"/> Biological treatment: <small>Specify</small>                                                                                                                                                                                                                                                                                  |                                                                   |                                                         |
|    | <input checked="" type="checkbox"/> Other chemical treatment: <small>Specify</small> Floc, coagulants, clay                                                                                                                                                                                                                                            |                                                                   |                                                         |
|    | <input type="checkbox"/> Other physical treatment: <small>Specify</small>                                                                                                                                                                                                                                                                              |                                                                   |                                                         |
|    | <input type="checkbox"/> Other: <small>Specify</small>                                                                                                                                                                                                                                                                                                 |                                                                   |                                                         |

**Section II.H – Treatment (Continued)**

|    |                                                                                                                                                                                                              |                          |        |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------|
| 2. | Do you have a treatment operator(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                        |                          |        |
|    | IF YES: Provide the following information:                                                                                                                                                                   |                          |        |
|    | Name: Bert Santiago                                                                                                                                                                                          | Operator Class/Type: N/A |        |
|    | Title: Wastewater Operator                                                                                                                                                                                   | Hours:                   | Phone: |
|    | Name: Vicenta Garcia                                                                                                                                                                                         | Operator Class/Type: N/A |        |
|    | Title: Wastewater Operator                                                                                                                                                                                   | Hours:                   | Phone: |
|    | Name: Salvador Laranzo                                                                                                                                                                                       | Operator Class/Type: N/A |        |
|    | Title: Wastewater Operator                                                                                                                                                                                   | Hours:                   | Phone: |
|    | Name:                                                                                                                                                                                                        | Operator Class/Type:     |        |
|    | Title:                                                                                                                                                                                                       | Hours:                   | Phone: |
| 3. | Is any form of wastewater treatment (or changes to existing wastewater treatment) planned for this facility within the next three years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |        |
|    | IF YES: Describe any changes in treatment or disposal methods planned or under construction for the wastewater                                                                                               |                          |        |
|    |                                                                                                                                                                                                              |                          |        |

**Section II.I – Non-Discharged Wastes**

|    |                                                                                                                                                                  |                     |                   |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------|
| 1. | Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                     |                   |
|    | IF NO: <b>Skip the remainder of Section II.I.</b>                                                                                                                |                     |                   |
|    | IF YES: List in the table below:                                                                                                                                 |                     |                   |
|    | Waste Generated                                                                                                                                                  | Quantity (per year) | Disposal Method   |
|    | Waste cakes (oil, dirt, lint)                                                                                                                                    | 10 yard dumpster    | Republic Services |
|    |                                                                                                                                                                  | every 5-6 weeks     |                   |
|    |                                                                                                                                                                  |                     |                   |
|    |                                                                                                                                                                  |                     |                   |
|    |                                                                                                                                                                  |                     |                   |
|    |                                                                                                                                                                  |                     |                   |
| 2. | Describe where and how waste liquids and sludges are stored prior to disposal.                                                                                   |                     |                   |
|    | Waste cakes stored in 10 yard dumpster stored inside the building.                                                                                               |                     |                   |
|    |                                                                                                                                                                  |                     |                   |

**Section II.I – Non-Discharged Wastes (Continued)**

|    |                                                                                                                                              |            |                               |
|----|----------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|
| 3. | If any facility wastes are sent to an off-site centralized waste treatment facility, identify the facility and the wastes that it receives:  |            |                               |
|    | Unknown                                                                                                                                      |            |                               |
|    |                                                                                                                                              |            |                               |
|    |                                                                                                                                              |            |                               |
|    |                                                                                                                                              |            |                               |
| 4. | If an outside firm removes any of the wastes, list the name, address, and permit number of all waste haulers:                                |            |                               |
|    | Name                                                                                                                                         | Address    | Permit Number (if applicable) |
|    | Republic Services                                                                                                                            | Ottawa, IL |                               |
|    |                                                                                                                                              |            |                               |
|    |                                                                                                                                              |            |                               |
| 5. | Have you been issued any federal, state, or local environmental permits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |                               |
|    | IF YES: List the permits:                                                                                                                    |            |                               |
|    | Air Permit - IEPA                                                                                                                            |            |                               |
|    | Wastewater Permit – MWRD                                                                                                                     |            |                               |
|    |                                                                                                                                              |            |                               |
|    |                                                                                                                                              |            |                               |

**Section III – Closing Conference and Follow Up****Closing Conference**

The EPA Region 5 Lead Inspector, **J**, held a closing conference with **FACILITY PERSONNEL** at **TIME (ET/CT)** on **DATE**. During the closing conference, **LEAD** restated the purpose of the inspection and explained that a copy of the final inspection checklist will be provided to the Facility.

Facility representative made a claim of CBI during the inspection: ☐ Yes ☒ No

**Name/Title of Facility Representative making the CBI claim:**

**Requested Documents**

EPA requested the following documents at the time of the inspection:

| Reference Number | Date Requested | Description                           |
|------------------|----------------|---------------------------------------|
| <b>CC-001</b>    | 1/13/2025      | Chemical Inventory and Waste Manifest |
| <b>CC-002</b>    | 1/13/2025      | SDSs of stored chemicals              |
| <b>CC-003</b>    | 1/13/2025      | Wastewater Flow Diagram               |
|                  |                |                                       |

**Communication Log**

The following information was received by EPA after exiting the Facility on 1/30/2025:

| Reference Number | Date Requested | Type           | Point of Contact | Description                                            |
|------------------|----------------|----------------|------------------|--------------------------------------------------------|
| <b>CC-001</b>    | 1/13/2025      | Email/<br>PDFs | Lily Messmore    | Received requested documents via Email                 |
| <b>CC-002</b>    | 2/25/2025      | Email          | Lily Messmore    | Received chemical inventory and flow diagram via Email |
|                  |                |                |                  |                                                        |

**Section IV List of Appendices**

## A. Document Log

**Appendix A – Document Log**

| Reference Number<br>(If Applicable or N/A) | Date Received | Document Name/Description                 | Claimed CBI<br>(Yes/No) |
|--------------------------------------------|---------------|-------------------------------------------|-------------------------|
| CC-001                                     | 1/13/2025     | Various SDSs of chemicals used on site    | No                      |
| CC-002                                     | 1/13/2025     | Waste Manifest                            | No                      |
| CC-003                                     | 2/25/2025     | Chemical Storage Volumes and Flow Diagram | No                      |
| CC-004                                     |               |                                           |                         |