



# Metropolitan Water Reclamation District of Greater Chicago

CECIL LUE-HING RESEARCH AND DEVELOPMENT COMPLEX 6001 WEST PERSHING ROAD CICERO, ILLINOIS 60804-4112

### Edward W. Podczerwinski, P.E.

August 14, 2024

#### Director of Monitoring and Research

Illinois Environmental Protection Agency Bureau of Water Compliance Assurance Section Mail Code #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, Illinois 62794-9274

Dear Sir or Madam:

Subject: Harlem Avenue Solids Management Area – Stickney Water Reclamation Plant, Illinois Environmental Protection Agency Permit No. 2023-AO-68852, Monitoring Report for April, May, and June 2024

The attached Discharge Monitoring Report (DMR) contains the monitoring data for the Harlem Avenue Solids Management Area for April, May, and June 2024, as required by Illinois Environmental Protection Agency (IEPA) Operating Permit No. 2023-AO-68852. According to the permit, these data are to be reported using the online NetDMR system. However, we are currently unable to submit this report using NetDMR as this permit number is not yet available in the NetDMR system; thus, we are mailing the paper DMRs to the IEPA.

The analytical data for biosolids placed in the solids drying area during the second quarter of 2024 is attached in the DMR form. Quarterly water samples were collected from lysimeters L-1N1, L-2N, and L-3N, and analytical data are included in the attached DMR.

Very truly yours,

Albert Con

Albert Cox, Ph.D. Environmental Monitoring and Research Manager Monitoring and Research Department

AC:EE:lf Attachments Mr. T. Bennett, IEPA Mr. B. Fleming, IEPA Dr. H. Zhang

#### BOARD OF COMMISSIONERS

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## HARLEM AVENUE SOLIDS MANAGEMENT AREAS MONITORING REPORT FOR SECOND QUARTER 2024

By

Benjamin Morgan Environmental Soil Scientist

Albert Cox Environmental Monitoring and Research Manager

Monitoring and Research Department Edward W. Podczerwinski, Director

August 2024

# **Paperwork Reduction Act Notice**

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including strategies for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

## **General Instructions**

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "*Permittee Name/Mailing Address* (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "*No Ex*" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0."
- 8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g., Enter "*Cont*," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

## Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

EPA Form 3320-1 (Rev. 3/99)

PERMITTEE NAME/ADDRESS (Include Facility Na	me/Location if	Different)			NATIONAL POLLU	UTANT DISCHA	RGE ELIMINA	ATION SYSTE	M (NPDE	S)				Fo	orm Approve	d	
Metropolitan Water Reclamation	n District					RGE MONIT	roring r	EPORT (	DMR)					0	MB No. 204	0-0004	
NAME of Greater Chicago		2023-AO-68852															
ADDRESS 100 East Erie Street Chicago, Illinois 60611		PERMIT NUMBER						DISCH	ARGE NUM	BER							
						MONITOR		D									
FACILITY Harlem Avenue Solids Management AreaLOCATION7430 Portage Trail Forest View, IL 60402FROM		YEAR MO DAY		YEAR MO			DAY										
		FROM	ом 2024 _ 04 01 то		то 202406		06	30									
													NOTE: R	lead in	nstructio	ns bef	ore
			QUANTITY OR LOADING					CENTRATION				FREQUENCY	NCY	SAMPLE			
PARAMETER	$\mid$	$\searrow$	AVERAGE		MAXIMUM	UNITS			MUM AVERAGE		MAXIMUM		UNITS	NO. EX	OF ANALYSIS	sis	TYPE
Sludge pH	SAMPLE PERMIT REQUIREMENT								8.06		6		0	None	place	d	
Sludge - pH							None	9		None	None		1		Week	ly	Grab
Sludge - %TS	SAMPLE										16.22			0	None	olaced	ł
	PER						None	;	Non	е	None		- %		Weekl	y (	Grab
Sludge - %VS	SAMPLE PERMIT REQUIREMENT										50.7	4		0	None	place	:d
						1	None		None		None	%			Week	y G	Grab
Lysimeter L-1N1 - pH	SAM										7.6			0	Quarte	rly gr	ab
	PERMIT REQUIREMENT						None	•	None		None				Quart	erly (	Grab
Lysimeter L-1N1 NO <sub>2</sub> +NO <sub>3</sub> -N	SAM										3.13			0	Quarte	rly g	rab
	PERMIT						None		None		None	mg/L			Quarte	erly 🤆	Grab
Lysimeter L-1N1 - Cl <sup>-</sup>	SAMPLE PERMIT REQUIREMENT										73			0	Quarte	erly g	jrab
						1	None		None N		None		mg/L		Quarte	erly C	Grab
Lysimeter L-1N1 - SO <sub>4</sub>	SAMPLE									25				0	Quarte	rly g	rab
						1	None		None		None	mg/L			Quarte	rly G	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFF									TELEPHONE		DATE						
the information s			submitted. Based on n responsible for gathering	ny inquiry of th	he person or persons v	who manage the sy	the system, or those										
Albert Cox and belief, true, information, inclu			accurate, and complet uding the possibility of fi	e. Iam awar	e that there are signific	cant penalties for si	or submitting false SIGNATURE OF PRINCIPAL EXECUTIVE					708	588-40		2024	08	13
	ence all attachments here) Biosolids were not placed in drying site during the first quarter of 2024, so there is no analytical data to report								YEAR	MO	DAY						
COMMENT AND EXPLANATION OF ANY	TOLATIONS		e an audunnen	is nere) E	biosolias were	not placed in	i arying sit	e auring th	ie iirst qi	uarter of 2	u∠4, so there is	no ana	iyucai data	ιο rep	ort for DIG	solias	•

Only maximum values are reported per permit instructions that "sampling shall consist of a grab sample and be reported as a maximum value."

EPA Form 3320-1 (Rev. 03-99) Previous editions may be used.

PERMITTEE NAME/ADDRESS (Include Facility Na	me/Location if Differe	ent)			NAT		UTANT DISCHAP			• /					Fo	orm Approved	
Metropolitan Water Reclamation District 2023-AO-68852 DISCHARGE MONITORING REPORT (DMR)												0	MB No. 2040-00	)4			
ADDRESS 100 East Erie Street			2023-AO-08852 PERMIT NUMBER					1		DISCHARG		BER					
Chicago, Illinois 60611							DISCHARGE NUMBER										
					MONITOR	ING PERIOD	G PERIOD										
FACILITY Harlem Avenue Solids Management Area           LOCATION         7430 Portage Trail Forest View, IL 60402         FROM			YEAR MO DAY		YEA			_	DAY								
		FROM	1 2024 04 01 T				го	2024	06 30					Dood is	nstructions	hoforo	
								1						NOTE. P		1	
PARAMETER			QUANTITY OR LOADING					QUALITY OR CONCENTRATION					NO.	FREQUENCY	SAMPLE		
			AVERAGE		MA	XIMUM	UNITS	MINIM	UM	AVERA	AVERAGE MAXIMU		М	UNITS	EX	ANALYSIS	TYPE
Lysimeter L-2N - pH	SAMPLE PERMIT REQUIREMENT											7.6			0	Quarterly	grab
								Non	e	None	Э	None	÷			Quarterl	/ grab
Lysimeter L-2N	SAMPLE PERMIT REQUIREMENT											<0.50			0	Quarterly	/ grab
NO <sub>2</sub> <sup>-</sup> +NO <sub>3</sub> <sup>-</sup> -N								Non	e	e None		None		- mg/L		Quarterly	grab
Lysimeter L-2N - Cl-	SAMPLE											15			0	Quarterly	grab
	PERMIT	лт						Non	e	Non	Э	None	mg/L			Quarterly	grab
2-	SAMPLE PERMIT REQUIREMENT											1,440	1,440 mg/L		0	Quarterly	grab
Lysimeter L-2N - SO <sub>4</sub> <sup>2-</sup>								None	•	Non	е	Non				Quarterly	grab
	SAMPLE																
PERMIT																	
	REQUIREMENT																
	PERMIT															-	
	REQUIREMEN	Т					<u> </u>										
	SAMPLE						4										
	REQUIREMEN	Т															
supervision in accordance with a system designed to assure that qualified personner property gather and evaluate										TELEPHONE		DA	re				
Albert Cox	s directly re lief, true, a	esponsible for gathering the information, the information submitted is, to the best of my knowledge						708	588-4068		2024 0	3 13					
TYPED OR PRINTED		uding the possibility of fine and imprisonment for knowing violations.     SIGNATURE OF PRINCIPAL EXECUTIVE     1000       OFFICER OR AUTHORIZED AGENT     AREA							NUMBE		YEAR M	D DAY					
COMMENT AND EXPLANATION OF ANY		ference	e all attachme	nts here	e)												-

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EPA Form 3320-1 (Rev. 03-99) Previous editions may be used.

PERMITTEE NAME/ADDRESS (Include Facility Na	ame/Location if Different)			NATIONAL POLLU	JTANT DISCHAF	RGE ELIMINATIO	ON SYSTEM (	NPDES)				Fo	orm Approved	
Metropolitan Water Reclamation District 2023-AO-68852											0	MB No. 2040-000	14	
ADDRESS 100 East Erie Street		JMBER		-		SCHARGE NUI	MBER							
Chicago, Illinois 60611					1									
				MONITOR	NG PERIOD									
FACILITY Harlem Avenue Solids Management AreaLOCATION7430 Portage Trail Forest View, IL 60402FROM		YEAR MO DAY		YEA		МО	DAY							
		<b>M</b> 2024	A 2024 04 01		ю	2024	06	30					_	
	<b>N</b>										NOTE: R	lead in	structions I	pefore
DADAMETER			QUANTITY OR LOADING					QUALITY OR CO			NO.	FREQUENCY	SAMPLE	
PARAMETER		AVERAGE		MAXIMUM	UNITS	MINIMU	м	AVERAGE	MAXIMU	IM	UNITS	EX	OF ANALYSIS	TYPE
Lysimeter L-3N - pH	SAMPLE								7.6			0	Quarterl	grab
	PERMIT REQUIREMENT					None	e	None	None	lone			Quarterly	grab
Lysimeter L-3N NŌ <sub>2</sub> +NŌ <sub>3</sub> -N	SAMPLE								<0.50	100 gr //		0	Quarterly	grab
	PERMIT REQUIREMENT					None	None None		Non	е	mg/L		Quarterly	grab
Lysimeter L-3N - Cl <sup>-</sup>	SAMPLE								158	mg/L		0	Quarterly	/ grab
	PERMIT REQUIREMENT				1	None	e	None	None				Quarterly	grab
Lysimeter L-3N - SO <sub>4</sub> <sup>2-</sup>	SAMPLE								298	ma/L		0	Quarterly	grab
	PERMIT REQUIREMENT					None		None	Non				Quarterly	grab
	SAMPLE													
PERMIT														
	SAMPLE													
	PERMIT											-	-	
	SAMPLE													
	PERMIT													
NAME/TITLE PRINCIPAL EXECUTIVE OFF	I certify under			and all attachments were				leit Con		1	TELEPHONE		DAT	E
	submitted. Based on yresponsible for gatheri	rdance with a system designed to assure that qualified personnel properly gather and evaluate bmitted. Based on my inquiry of the person or persons who manage the system, or those ponsible for gathering the information, the information subwitted is, to the best of my knowledge												
Albert Cox	e, accurate, and compl cluding the possibility of	accurate, and complete. I am aware that there are significant penalties for submitting false ling the possibility of fine and imprisonment for knowing violations.					SIGNATURE OF PRINCIPAL EXECUTIVE					2024 08	-	
TYPED OR PRINTED     OFFICER OR AUTHORIZED AGENT     AREA     NUME       COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)     OFFICER OR AUTHORIZED AGENT     AREA     NUME											NUMBE	R	YEAR MC	DAY

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