

## **GENERAL INSTRUCTIONS USER CHARGE CERTIFIED SAMPLING ANALYSIS REPORTING STATEMENT – RD-920**

The Metropolitan Water Reclamation District of Greater Chicago (District) User Charge Ordinance [Ordinance](#) describes procedures and conditions for accurately monitoring wastewater discharge volumes and determining representative concentrations of biochemical oxygen demand (BOD) and suspended solids (SS). This monitoring/sampling data, which is required for reporting purposes, must be reported on the **User Charge Certified Sampling Analysis Reporting Statement (RD-920)**. **If you have any questions, please contact us at [mwrducs@mwrdr.org](mailto:mwrducs@mwrdr.org) or call (312) 751-3000 between 8:45 a.m. and 4:30 p.m. Monday through Friday.**

Users must submit with this statement, specific and detailed laboratory analysis reports, sampling logs, logs of flowmeter totalizer readings, calibration certification, etc., signed by their consulting engineers and/or authorized laboratory supervisors. **The RD-920 and all supporting documentation must be submitted within 45 calendar days of completion of the User's sampling program.**

### **Preparation**

**Line 1. Facility Name** - Enter the legal name of the reporting facility or the title used on Federal Internal Revenue Service tax accounts.

**Line 2. Address** - Enter the legal address of the facility covered by this report, including city, state, and zip code.

**Line 3. User Account Number** - This number is the reporting facility's identifying account number used by the District.

**Line 4. Outlet Number** - Enter the number of the outlet, as designated by the District, to which the sampling data corresponds. In cases of multiple outlets, report each outlet on a separate sheet.

**Line 5. Primary Measuring Device** - Enter the size and type of primary measurement device (such as a weir or flume) present in the outlet for the purpose of discharge measurement.

**Line 6. Flow Methodology** - Check appropriate box.

### **Line 7. Sampling Data**

**7a. Sample Date and Day of week** - Enter the date and day of the week for each composite sample report.

**7b. Sample Times and Duration** - Enter the beginning time, ending time, and the duration, in hours, over which each composite listed in 7a was taken.

**7c. Metered Intake/Discharge** - Enter the total volume of intake water for the facility in gallons, based on water meter readings, for each period listed in 7b. If the facility does not have metered intake water, leave blank. Enter the discharge volume, in gallons, measured at the outlet for each period listed in 7b. If discharge is not measured at the outlet, leave blank.

**7d. Date Received** - Enter the date that each composite sample listed in 7a was received by the analytical laboratory.

**7e. Date Analyzed** - Enter the actual dates on which the analyses were begun and completed (beg/end) for 5-day BOD and SS for each composite sample listed in 7a.

**7f. BOD mg/L and lbs.** - Enter the number of dilutions used for each BOD determination and the analytical results for BOD expressed in milligrams per liter for each composite sample listed in 7a. For each daily entry, calculate and enter the pounds of BOD by using the following equation: 
$$\frac{\text{Flow (gals.)} \times 8.34 \times \text{BOD (mg/L)}}{1,000,000}$$

**7g. SS mg/L and lbs.** - Enter the analytical results for SS expressed in milligrams per liter for each composite sample listed in 7a. For each daily entry, calculate and enter the pounds of SS by using the following equation: 
$$\frac{\text{Flow (gals.)} \times 8.34 \times \text{SS (mg/L)}}{1,000,000}$$

**Line 8. FWA determination** - Check appropriate box.

**Line 9. BOD Seed Source** - Enter the BOD seed source.

**Line 10. QA/QC Exceptions** - Describe the exceptions to the QA/QC protocols for sample analysis as described in [40 CFR 136.7](#)

**Line 11. Name of Analyst** - Name(s) of person(s) performing analyses.

**Line 12. Name of Analyst's Supervisor** - Name(s) of immediate supervisor(s) of person(s) listed on Line 11.

### **Documentation**

One copy of the following documentation **must** be attached to this statement (also see page 2):

- Field sample collection log sheets for each composite sample reported on the RD-920.
- Log of daily readings for all incoming water meters and all other privately owned water meters and direct discharge flow meters if the User has an approved reporting methodology.
- Chain of custody record for each sample reported on the RD-920.
- Facility site sketch that indicates the location of each sampled outlet and labels each outlet as designated by the District.
- Laboratory data sheets listing individual analytical results and name(s) of person(s) performing analyses.
- Results of all BOD dilutions. Copies of the BOD bench logs of BOD tests for each sample, and the results of the test on each dilution analyzed for all samples. Data on excluded dilutions.

### **Certification**

**Signature of Officer/Owner** – The form must be signed and dated by a corporate officer, a partner, a fiduciary, or other duly authorized agent of the User.

**Laboratory/Consultant Company** – If an outside consultant or laboratory was involved in the generation of data contained in this statement, this form must also be signed by an officer, partner, fiduciary, or other duly authorized agent of said firm.

A completed RD-920 shall be submitted to: **Metropolitan Water Reclamation District of Greater Chicago  
Industrial Waste Division – Pretreatment & Cost Recovery Section  
111 East Erie Street Chicago, Illinois 60611-2802**

## **RD-920 DOCUMENTATION DETAILS**

Field sample collection log sheets for each composite sample recorded on RD-920 must include:

- Name of person(s) conducting the sampling, start date and time and finish date and time of composite sample, automatic sampler aliquot frequency, automatic sampler aliquot volume, number of aliquots taken, total composite time, total composite volume, sample volume submitted for analysis, composite temperature, and composite description.
- Log of daily readings for all incoming water meters, privately owned water meters, and direct discharge flowmeters, if the User has any approved User Charge reporting methodologies.
- Log must identify ALL meters by serial number and any meter code designation (I1, O1, E1, Q1, etc.), if a User has any approved UC reporting methodologies.
- Log must show calculations of daily water volumes based on main incoming water meters, privately owned water meters, and direct discharge flowmeters for any approved User Charge reporting methodologies.

## **ISOLATED DATA**

If a User considers any self-monitoring data inappropriate for inclusion in calculating its User Charges, the User must submit such data with its RD-920 together with a written report detailing the User's assessment that such data were not representative for purposes of inclusion when calculating its User Charges. The District will review all data and the User's detailed report to determine whether reported data are representative.

**METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO**  
**Industrial Waste Division / Pretreatment and Cost Recovery Section**  
**User Charge Certified Sampling Analysis Reporting Statement**

1. Facility Name: \_\_\_\_\_ 3. Facility Account No.: \_\_\_\_\_

2. Address: \_\_\_\_\_

4. Outlet No./Sampling Point: \_\_\_\_\_ 5. Primary Measurement Device: \_\_\_\_\_ 6. Flow Methodology:  Yes  No

| 7a.<br>Date<br>Weekday | 7b.<br>Sample Times | Duration | 7c.<br>Metered<br>Intake/Discharge<br>Gallons Gallons |  | 7d.<br>Date Received<br>in Lab | 7e. Date Analyzed |    | 7f. BOD Result |      |      | 7g. SS Result |      |
|------------------------|---------------------|----------|---|--|--------------------------------|-------------------|----|----------------|------|------|---------------|------|
|                        |                     |          |   |  |                                | BOD               | SS | Dilution       | mg/L | lbs. | mg/L          | lbs. |
|                        | From                |          |   |  |                                | BEG               |    |                |      |      |               |      |
|                        | To                  |          |   |  |                                | END               |    |                |      |      |               |      |
|                        | From                |          |   |  |                                | BEG               |    |                |      |      |               |      |
|                        | To                  |          |   |  |                                | END               |    |                |      |      |               |      |
|                        | From                |          |   |  |                                | BEG               |    |                |      |      |               |      |
|                        | To                  |          |   |  |                                | END               |    |                |      |      |               |      |
|                        | From                |          |   |  |                                | BEG               |    |                |      |      |               |      |
|                        | To                  |          |   |  |                                | END               |    |                |      |      |               |      |
|                        | From                |          |   |  |                                | BEG               |    |                |      |      |               |      |
|                        | To                  |          |   |  |                                | END               |    |                |      |      |               |      |
|                        | From                |          |   |  |                                | BEG               |    |                |      |      |               |      |
|                        | To                  |          |   |  |                                | END               |    |                |      |      |               |      |

8.  Metered Intake Used for FWA  Metered Discharge Used for FWA 9. BOD Seed Source: \_\_\_\_\_

10. QA/QC Exceptions: \_\_\_\_\_

11. Name of Analyst: \_\_\_\_\_ 12. Name of Analyst's Supervisor: \_\_\_\_\_

**Certification:** The undersigned has examined this statement and its supporting documentation, and he/she certifies that the methods used in the sampling analyses reported therein were conducted in accordance with **USEPA Approved Methods**, and that the information contained therein to the best of his/her knowledge is true, correct, and complete.

Signature of Officer/Owner: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Officer's Name and Title (Please Print): \_\_\_\_\_ Officer's Email: \_\_\_\_\_

Signature of Consultant/Lab Personnel: \_\_\_\_\_ Telephone: \_\_\_\_\_

Consultant's Name and Title (Please Print): \_\_\_\_\_ Consultant's Email: \_\_\_\_\_