



***MONITORING AND RESEARCH
DEPARTMENT***

REPORT NO. 26-07

***Harlem Avenue Solids Management Area Monitoring Report
for Fourth Quarter 2025***

January 2026

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Metropolitan Water Reclamation District of Greater Chicago

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

January 26, 2026

Mr. Caleb Ruyle
Illinois Environmental Protection Agency
Bureau of Water
DWPC Compliance Section #19
2520 W. Iles Ave.
P.O. Box 19276
Springfield, Illinois 62794-9276

Dear Mr. Ruyle:

Subject: Harlem Avenue Solids Management Area – Stickney Water Reclamation
Plant, Illinois Environmental Protection Agency Permit No. 2023-AO-
68852, Monitoring Report for October, November, and December 2025

The attached Discharge Monitoring Report (DMR) contains the monitoring data for the Harlem Avenue Solids Management Area (HASMA) for October, November, and December 2025, as required by Illinois Environmental Protection Agency (IEPA) Operating Permit No. 2023-AO-68852. According to the permit, analyses of biosolids placed into drying areas and groundwater sampled from lysimeters at HASMA are to be reported using the online NetDMR system instead of mailing paper DMRs to the IEPA. However, we are currently unable to submit this report using NetDMR as this permit number is not yet available in the NetDMR system; thus, the DMRs are submitted to the IEPA via email.

Biosolids were not placed in the solids drying area during the fourth quarter of 2025. The quarterly analysis of water samples collected from Lysimeters L-1N1 through L-3N at HASMA sampled on October 28, 2025, are in the attached DMR.

Very truly yours,



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

AC:lf
Attachment
cc: Mr. T. Bennett, IEPA
Mr. B. Fleming, IEPA
Dr. H. Zhang

Metropolitan Water Reclamation District of Greater Chicago
100 East Erie Street Chicago, Illinois 60611-2803 312-751-5600

**Harlem Avenue Solids Management Area Monitoring Report
for Fourth Quarter 2025**

By

**Benjamin Morgan
Environmental Soil Scientist**

**Albert Cox
Environmental Monitoring and Research Manager**

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.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Metropolitan Water Reclamation District
of Greater Chicago

ADDRESS 100 East Erie Street
Chicago, Illinois 60611

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

2023-AO-68852

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY Harlem Avenue Solids Management Area

LOCATION 7430 Portage Trail
Forest View, IL 60402

MONITORING PERIOD

FROM

TO

YEAR MO DAY

2025 10 01

2025 12 31

NOTE: Read instructions before

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Sludge - pH	SAMPLE	None placed	None placed		None placed	None placed	None placed		0	None placed	
	PERMIT REQUIREMENT				None	None	None			Weekly	Grab
Sludge - %TS	SAMPLE	None placed	None placed		None placed	None placed	None placed	%	0	None placed	
	PERMIT REQUIREMENT				None	None	None			Weekly	Grab
Sludge - %VS	SAMPLE	None placed	None placed		None placed	None placed	None placed	%	0	None placed	
	PERMIT REQUIREMENT				None	None	None			Weekly	Grab
Lysimeter L-1N1 - pH	SAMPLE						6.9		0	Quarterly	grab
	PERMIT REQUIREMENT				None	None	None			Quarterly	Grab
Lysimeter L-1N1 NO2+NO3-N	SAMPLE						0.60	mg/L	0	Quarterly	grab
	PERMIT REQUIREMENT				None	None	None			Quarterly	Grab
Lysimeter L-1N1 - Cl ⁻	SAMPLE						99	mg/L	0	Quarterly	grab
	PERMIT REQUIREMENT				None	None	None			Quarterly	Grab
Lysimeter L-1N1 - SO4 ⁼⁼	SAMPLE						13	mg/L	0	Quarterly	grab
	PERMIT REQUIREMENT				None	None	None			Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Albert Cox

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Albert Cox

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

708 588-4068

2026 01 22

AREA NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Biosolids were not placed in drying site during the fourth quarter of 2024, so there is no analytical data to report for biosolids. 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.

This is a 4-part form

PAGE 1 OF 3

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB No. 2040-0004

Metropolitan Water Reclamation District
NAME of Greater Chicago

ADDRESS 100 East Erie Street
Chicago, Illinois 60611

2023-AO-68852

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY Harlem Avenue Solids Management Area

LOCATION 7430 Portage Trail
Forest View, IL 60402

MONITORING PERIOD

FROM

TO

NOTE: Read instructions before

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Lysimeter L-2N - pH	SAMPLE						7.3			Quarterly	Grab
	PERMIT REQUIREMENT				None	None	None			Quarterly	Grab
Lysimeter L-2N NO2+NO3-N	SAMPLE						<0.50	mg/L		Quarterly	Grab
	PERMIT REQUIREMENT				None	None	None			Quarterly	Grab
Lysimeter L-2N - Cl ⁻	SAMPLE						11	mg/L		Quarterly	Grab
	PERMIT REQUIREMENT				None	None	None			Quarterly	Grab
Lysimeter L-2N - SO4 ⁻⁻	SAMPLE						1,286	mg/L		Quarterly	Grab
	PERMIT REQUIREMENT				None	None	None			Quarterly	Grab
	SAMPLE										
	PERMIT REQUIREMENT										
	SAMPLE										
	PERMIT REQUIREMENT										
	SAMPLE										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE		
			708	588-4068	2026	01	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB No. 2040-0004

Metropolitan Water Reclamation District
of Greater Chicago

DISCHARGE MONITORING REPORT (DMR)

ADDRESS 100 East Erie Street
Chicago, Illinois 60611

2023-AO-68852

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY Harlem Avenue Solids Management Area

LOCATION 7430 Portage Trail
Forest View, IL 60402

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2025	10	01		2025	12	31

NOTE: Read instructions before

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Lysimeter L-3N - pH	SAMPLE						7.2			Quarterly	Grab
	PERMIT REQUIREMENT				None	None	None			Quarterly	Grab
Lysimeter L-3N NO ₂ +NO ₃ -N	SAMPLE						<0.50	mg/L		Quarterly	Grab
	PERMIT REQUIREMENT				None	None	None			Quarterly	Grab
Lysimeter L-3N - Cl ⁻	SAMPLE						166	mg/L		Quarterly	Grab
	PERMIT REQUIREMENT				None	None	None			Quarterly	Grab
Lysimeter L-3N - SO ₄ ⁻⁻	SAMPLE						246	mg/L		Quarterly	Grab
	PERMIT REQUIREMENT				None	None	None			Quarterly	Grab
	SAMPLE										
	PERMIT REQUIREMENT										
	SAMPLE										
	PERMIT REQUIREMENT										
	SAMPLE										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE		
			708	588-4068	2026	01	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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