

CHICAGO AREA WATERWAYS CHLORIDE WORKGROUP MEMBERSHIP APPLICATION



Please complete both pages of this Membership Application and return it to Hanna Miller, Watershed Project Manager. Email Hanna Miller, hmiller@theconservationfoundation.org or call 630-428-4500 x108 with questions.

Agency Name: _____ Fiscal Year: _____

Address: _____ County: _____

City, Zip: _____ Website: _____

Main Phone Number: _____ Fax Number: _____

Chief Executive Officer: _____ Title: _____

Chief Executive Officer Contact Information: _____

If your Agency is an MS4 or CSO, please provide the following information:

Actual lane miles your agency maintains: _____

MS4 Permit Number: _____ CSO Permit Number: _____

If your Agency operates a wastewater treatment facility, please provide the following information for each facility:

NPDES Permit Number: _____	NPDES Permit Number: _____
Facility Discharges To: _____	Facility Discharges To: _____
Design Average Flow: _____	Design Average Flow: _____
Expiration Date: _____	Expiration Date: _____
NPDES Permit Number: _____	NPDES Permit Number: _____
Facility Discharges To: _____	Facility Discharges To: _____
Design Average Flow: _____	Design Average Flow: _____
Expiration Date: _____	Expiration Date: _____

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If your Agency has an Industrial or General NPDES permit, please provide the following information:

NPDES Permit Number: _____

NPDES Permit Number: _____

Facility Discharges To: _____

Facility Discharges To: _____

Expiration Date: _____

Expiration Date: _____

Salt Storage Facility? Yes / No

Salt Storage Facility? Yes / No

If yes, how much on average? _____

If yes, how much on average? _____

Agency Contacts for Trainings and Outreach:

Public Works Director: _____

Email: _____

WWTP Superintendent: _____

Email: _____

Roads/Deicing Supervisor: _____

Email: _____

MS4 Coordinator/Contact: _____

Email: _____

Community Relations: _____

Email: _____

The Designated Representative is authorized to vote on the agency's behalf; the Alternate Representative is authorized to vote in the absence of the Designated Representative.

DESIGNATED REPRESENTATIVE

ALTERNATE REPRESENTATIVE

Name: _____

Name: _____

Title: _____

Title: _____

Direct Line: _____

Direct Line: _____

Email: _____

Email: _____

By signing this Membership Application, our organization is committed to participating in the Chicago Area Waterways Chloride Workgroup and paying dues as invoiced.

Signature: _____

Title: _____

Date: _____