Illinois Environmental Protection Agency · P. O. Box 19276, Springfield, IL 62794-9276

217/782-0610

January 15, 1993

Arrow Gear Company
2301 Curtiss Street
Downers Grove, Illinois 60515

Re: Arrow Gear Company
NPDES Permit No. IL0038016
Reminder of Expiration Date

Gentlemen:

Our records indicate that the subject NPDES permit expires on October 1, 1993. That permit requires that you submit a proper application for the re-issuance of the permit not later than 180 days prior to the expiration date.

For your convenience, we have enclosed application forms, which we believe to be appropriate for your situation, with instructions and other pertinent material. If you desire a set of forms other than those enclosed, or if you have other questions, please call me at the indicated telephone number.

Sincerely,

Marilyn E. Davenport

Marilyn Davenport
Office Administrator
Permit Section
Division of Water Pollution Control

MD:BT:rmi/0072v/17

Enclosures

cc: Records Unit
Maywood Region

ARROW
GEAR
COMPANY

2301 Curtiss Street Downers Grove, Illinois 60515 708-969-7640 Fax: 708-969-0253

February 26, 1993

Illinois Environmental Protection Agency
Division of Water Pollution Control
Permit Section # 15
2200 Churchill Road
P. O. Box 19276
Springfield, Illinois 62706

Attention : Mr. Tim Kluge

Reference : NPDES Permit

Dear Mr. Kluge :

In accordance with the requirements set forth under the Clean Water Act, 33 U.S.C. 1251, please find enclosed EPA Form 1 and Form 2E applying for permit coverage. Our current permit is set to expire on October 1, 1993. If you have any question please call Atif Odeh at (708) 969-7640.

Sincerely,
ARROW GEAR COMPANY

E. D. Kauzlarich
V. P. of Facilities

Atif A. Odeh
Metallurgist

45
ANNIVERSARY

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e. 12 characters/inch).

Form Approved OMB No. 2040-0086 Approval expires 7-31-88

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA NUMBER: F D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.?		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.?		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above?	X		2E
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.?		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes?	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water?		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons?		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy?		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area?		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area?		X	

III. NAME OF FACILITY

S Arrow Gear Company

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 ODEH ATIF METALLURGIST	708 969 7640

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 2301 Curtiss Street

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Downers Grove	IL	60515

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 2301 Curtiss Street

B. COUNTY NAME

DuPage

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 Downers Grove	IL	60515	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
7 3 5 4 (specify) Machine tools, Metal Cutting type	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: 8 James Cervinka

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other", specify.)*
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*
P (specify)

D. PHONE *(area code & no.)*: A 708 969 7640

E. STREET OR P.O. BOX: 2301 Curtiss Street

F. CITY OR TOWN: B Downers Grove

G. STATE: IL

H. ZIP CODE: 60515

IX. INDIAN LAND
Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*: 9 N IL0038016	D. PSD *(Air Emissions from Proposed Sources)*: 9 P
B. UIC *(Underground Injection of Fluids)*: 9 U	E. OTHER *(specify)*: 9 (specify)
C. RCRA *(Hazardous Wastes)*: 9 R ILD005075205	E. OTHER *(specify)*: 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

Manufacturer of metal gearings from raw material to end product. Process includes turning, gear cutting heat treatment, and grinding.

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
E.D. Kauzlarich, V.P. Facilities	E.D. Kauzlarich	2-26-43

COMMENTS FOR OFFICIAL USE ONLY

C

☆ U.S. Government Printing Office : 1985 (EN-785/3299)

Please type or print in the unshaded areas only

EPA Number (copy from Item 1 of Form 1)

Form Approved
OMB No. 2040-0086
Approval expires 7-31-88

Form 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. Receiving Waters

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
1	41	47	30	88	02	00	St. Joseph Creek

II. Discharge Date (If a new discharger, the date you expect to begin discharging)

N/A

III. Type of Waste

A. Check the box(es) indicating the general type(s) of wastes discharged.

[X] Sanitary Wastes [ ] Restaurant or Cafeteria Wastes [X] Noncontact Cooling Water [ ] Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. Effluent Characteristics

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(or) (4) Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform (if believed present or if sanitary waste is discharged)						
Total Residual Chlorine (if chlorine is used)					N/A	
Oil and Grease	N/A					
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia (as N)						
Discharge Flow	Value					
pH (give range)	Value					
Temperature (Winter)		°C		°C		
Temperature (Summer)		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☒ No
If yes, briefly describe the frequency of flow and duration.

N/A

VI. Treatment System *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. Certification

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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
E. D. Kauzlarich Vice President Facilities	(708) 969-7640
C. Signature E. D. Kauzlarich	D. Date Signed 2-26-93

Please type or print in the unshaded areas only

EPA Number (copy from Item 1 of Form 1)

Form Approved
OMB No. 2040-0086
Approval expires 7-31-88

Form 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. Receiving Waters

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
2	41	47	30	88	02	00	St. Joseph Creek

II. Discharge Date (If a new discharger, the date you expect to begin discharging)

N/A

III. Type of Waste

A. Check the box(es) indicating the general type(s) of wastes discharged.

- [X] Sanitary Wastes
- [ ] Restaurant or Cafeteria Wastes
- [X] Noncontact Cooling Water
- [ ] Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. Effluent Characteristics

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(or) (4) Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform (if believed present or if sanitary waste is discharged)						
Total Residual Chlorine (if chlorine is used)						
Oil and Grease	N/A				N/A	
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia (as N)						
Discharge Flow	Value					
pH (give range)	Value					
Temperature (Winter)		°C		°C		
Temperature (Summer)		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☒ No

If yes, briefly describe the frequency of flow and duration.

N/A

VI. Treatment System *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. Certification

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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
E. D. Kauzlarich Vice President Facilities	(708)969-7640
C. Signature E. D. Kauzlarich	**D. Date Signed**

Please type or print in the unshaded areas only

EPA Number (copy from Item 1 of Form 1)

Form Approved OMB No. 2040-0086 Approval Expires 7-31-88

Form 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. Receiving Waters

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude Deg	Latitude Min	Latitude Sec	Longitude Deg	Longitude Min	Longitude Sec	Receiving Water (name)
3	41	47	30	88	02	00	St. Joseph Creek

II. Discharge Date (If a new discharger, the date you expect to begin discharging) N/A

III. Type of Waste

A. Check the box(es) indicating the general type(s) of wastes discharged.

[X] Sanitary Wastes [ ] Restaurant or Cafeteria Wastes [X] Noncontact Cooling Water [ ] Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. Effluent Characteristics

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1) Maximum Daily Value (include units) Mass	(1) Concentration	(2) Average Daily Value (last year) (include units) Mass	(2) Concentration	(3) Number of Measurements Taken (last year)	(or) (4) Source of Estimate (if new discharger)
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform (if believed present or if sanitary waste is discharged)						
Total Residual Chlorine (if chlorine is used)	N/A				N/A	
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia (as N)						
Discharge Flow	Value					
pH (give range)	Value					
Temperature (Winter)		°C		°C		
Temperature (Summer)		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☒ No

If yes, briefly describe the frequency of flow and duration.

N/A

VI. Treatment System *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. Certification

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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
E. D. Kauziarich Vice President Facilities	(708) 969-7640
C. Signature E. D. Kauziarich	D. Date Signed 2-26-93

ARROW GEAR COMPANY
DOWNERS GROVE, IL
WARRENVILLE ROAD
Golf Course
TRACKS
St Joseph
Belmont
Creek
Schlesher Sch
Water Tank
High Sch
Goodrich Sch
DOWNER
WOODWARD
BELMONT
WARREN
NORTHGATE
GAMBLE
MAPLE
Sewage Disposal