DuPage County Health Department
111 NORTH COUNTY FARM ROAD
WHEATON, ILLINOIS 60187
TELEPHONE 682-7400

EPA Region 5 Records Ctr.
309383

August 24, 1978

E & E Hauling, Inc.
26 W 580 Schick Road
Bloomingdale, Illinois 60108

Attention: Mr. Ed Heil

RE: MALLARD LAKE SANITARY LANDFILL
SPECIAL PERMIT FOR MSD SLUDGE
GEN. CODE #114
EXPIRATION DATE 8-24-79
Released 1-3-79
See letter 1-3-79

Dear Mr. Heil:

Your application for a supplemental permit for sludge from Metropolitan Sanitary District lagoon #10, to be placed in the site of the sanitary landfill known as Mallard Lake, is hereby approved with the following provisions:

1) Permit is for 87,400 cubic yards of digested sludge from lagoon #10, MSD southwest treatment plant.

2) The sludge is to be transported and placed directly into the face of the fill during each day's operation.

3) The volume of the sludge added to the landfill shall not be included in computing limits of liquid wastes to be accepted.

4) Applicants shall defray costs of chemical analyses of samples collected by the Du Page County Health Department and analyzed by a laboratory selected by the Department. The number of such samples shall not exceed five, unless otherwise mutually agreed.

5) This permit is subject to suspension or revocation should:

a. its terms and conditions be violated.
b. chemical analyses indicate a significant change in the sludge characteristics.
c. any undesirable environmental effects result which may be attributable to the operation.

6) The issuance of this permit is not in any way being construed as a commitment to further disposition of sludge in the landfill beyond the volume stated herein.

7) This permit will expire September 20, 1979.

This permit is subject to conditions imposed by the Environmental Protection Agency which are hereby incorporated by reference. Plans and specifications shall be construed as integral parts of the permit application and this permit.

If at any time we can provide assistance with the project, or if you have any questions concerning our regulations, please feel free to call on us.

Sincerely yours,

O.L. Meyer, P.E.
Administrator of Solid Wastes

OLM/es
cc: Illinois EPA
DuPage County Forest Preserve Dist.
Mr. Steve Helm

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND/NOISE POLLUTION CONTROL
SPECIAL WASTE DISPOSAL APPLICATION

DISPOSAL SITE

HEADING _____ NAME MALLARD LAKE COUNTY DUPAGE DATE 5/23/78

LPSWC 1 5 6 7 REGION 8 SITE CODE 9 04380103 16 AUTHORIZATION NUMBER 17 _____ 22 TRANSACTION CODE 23

WASTE HAULER

10 HAULER CODE 24 _____ H 34 HEADING 35 _____ 54

NAME 55 EZE HAULING INC 74

11 ADDRESS 24 26W580 SCHICK RD 38 COMMUNITY 39 BLOOMINGDALE 53

COUNTY 54 DUPAGE 63 STATE 64 65 IL ZIP 66 60108 70 AREA CODE 71 312 73

TELEPHONE 74 8949000 80

WASTE GENERATOR

12 GENERATOR CODE 24 _____ 33 G 34 HEADING 35 _____ 54

NAME 55 MSDGC LAGOON 10 74
GEN CODE 114

13 ADDRESS 24 100 E ERIE 38 COMMUNITY 39 CHICAGO 53

COUNTY 54 COOK 63 STATE 64 65 IL ZIP 66 60611 70 AREA CODE 71 312 73

TELEPHONE 74 7515600 80

20 DUNS NUMBER 24 _____ 32 SIC CODE 33 4952 36 IEPA NUMBER 37 804 39

PROCESS NAME 40 SLUDGE BASIN CLEANING REMOVAL 69

WASTE CHARACTERISTICS

30 GENERIC WASTE NAME 24 STP DIGESTED SEMI-SOLIDS 53

40 IUPAC WASTE NAME 24 _____ 53

TOTAL WASTE 54 87400 63

VOLUME UNITS __1.TONS __2.CUBIC YARDS __3.GALLONS 64 2 WASTE PHASE __1.SOLID __2.SEMI-SOLID __3.LIQUID __4.GAS 65 2

TRANSPORT FREQUENCY __1.ONE TIME __2.DAILY __3.WEEKLY __4.BI-WEEKLY __5.MONTHLY __6.BI-MONTHLY __7.QUARTERLY

__8.SEMI-ANNUALLY 66 2 NEUTRALIZATION METHOD 67 68 DISPOSAL METHOD 69 70 01

Approved 9-18-78
B Dolata

0663

WASTE CHARACTERISTICS

50 INHALATION TOXICITY __1.LOW __2.MEDIUM __3.HIGH 1 (24) DERMAL TOXICITY __1.LOW __2.MEDIUM __3.HIGH 1 (25)

INGESTION TOXICITY __1.LOW __2.MEDIUM __3.HIGH 3 (26) INFECTIOUS __1.LOW __2.MEDIUM __3.HIGH (27)

ALPHA RADIATION (28) _____ (33) (pCi/L) EXPLOSIVE __1.LOW __2.MEDIUM __3.HIGH (34) FLASH POINT (35) 200 (38)

REACTIVITY __1.LOW __2.MEDIUM __3.HIGH (39) PERCENT ACIDITY (40) . (42) PERCENT ALKALINITY (43) . (45) pH (46) 7.5 (48)

xf (49) . (54) __1.ORGANIC __2.INORGANIC 2 (55)

60 KEY COMPONENT NAME — PERCENT (THREE CARDS POSSIBLE) — KEY COMPONENT NAME — PERCENT

1 (24) (25) ____ (44) (45) (48) 2 (49) (50) ____ (69) (70) (73)

3 (24) (25) ____ (44) (45) (48) 4 (49) (50) ____ (69) (70) (73)

5 (24) (25) ____ (44) (45) (48) 6 (49) (50) ____ (69) (70) (73)

70

METAL	KEY	TOTAL	LEACH	METAL	KEY	TOTAL	LEACH
-CN	01		00	MG	17		
Ag	02			Mn	18		
Al	03			Mo	19		
As	04			Na	20		
Ba	05			Ni	21		0.5
Be	06			P	22		
Bi	07			Pb	23		0.7
Ca	08			Pd	24		
Cd	09		02	Se	25		
Cr	10		25	Si	26		
Cr^{+6}	11			Sn	27		
Cu	12			Sr	28		
Fe	13			Ti	29		
Hg	14		00	V	30		
Ka	15			Y	31		
Li	16			Zn	32		0.4

80 LABORATORY NAME (24) AQUALAB

CERTIFICATION NUMBER (44) _____ (53) APPROVED BY: (54) (56) / (57) (59) (43)

LAND DISPOSAL SITE OPERATOR OR AGENT

SIGNATURE [signature]

FOR: E&E HAULING, INC

SITE ENGINEER

SIGNATURE _____

ADM-1067 (1/77)

0664

AQUALAB INC.

ANALYTICAL REPORT

17 May 1978

E & E HAULING
26W580 Schick Rd.
Bloomingdale, IL 60108

ANALYSIS NO:
31750

SAMPLE DESCRIPTION: Lagoon 10 Sludge

DATE TAKEN	DATE RECEIVED	DATE ANALYZED
	5/13/78	5/13/78

Cadmium	0.206	mg/l
Chromium, total	2.50	mg/l
Cyanide, total	<0.01	mg/l
Lead	0.65	mg/l
Mercury	0.0021	mg/l
Nickel	0.46	mg/l
pH	7.45	@ 25°C
Solids, total	27.16	%
Zinc	0.356	mg/l

J. K. Hamilton

0665

RTE. 20 AT VALLEY LANE • STREAMWOOD, ILLINOIS 60103 • 312 • 289-3100

DUPAGE COUNTY HEALTH DEPARTMENT

111 N. COUNTY FARM ROAD
WHEATON, ILLINOIS 60187

SAMPLES MUST REACH LAB WITHIN 48 HRS. AFTER COLLECTION

Date in Lab 8-9-78

COLLECTOR: FILL IN DOUBLE LINED BOXES ONLY. USE BLACK SOFT-LEAD PENCIL OR TYPING. WRITE NUMBER OF BOTTLE IN PROPER BOX, DESCRIBING SAMPLE IN THAT NUMBERED BOTTLE.

CITY:

COUNTY OF:

NAME OF SUB-DIVISION: INSTITUTION: STATE PROPERTY:

DATE COLLECTED:

CITY WATER: YES ☐ NO ☐

NAME OF COLLECTOR:

MAIL REPORT TO:

Street:

Post Office:

Zip Code

BOTTLE NO. 10S. Cent.

WELL NO.

DEPTH:

(Check one) RAW ☐ FILT. ☐ CHLORINATED ☐ FINISHED ☐

DISTRIBUTION TAP AT (Give address or building) Leaching Test. ____ a.m. ____ p.m.

Cd	Cr	Cu	Pb	Hg	As	
.015	.03	.02	<.05		.09	

ALKALINITY P	ALKALINITY TOTAL	pH	HARDNESS	IRON (AS FE)		

Amt. Read

MEMBRANE FILTER COUNT

COLIFORMS PER 50 ML.

Amt. Read

ENTEROCOCCI PER ML.

Lab. No.

BOTTLE NO. 11 S. Cent.

WELL NO:

DEPTH:

(Check one) RAW ☐ FILT. ☐ CHLORINATED ☐ FINISHED ☐

DISTRIBUTION TAP AT (Give address or building) Leaching Test ____ a.m. ____ p.m.

Cd	Cr	Cu	Pb	Hg	As	
.015	.07	.02	<.05		.01	

ALKALINITY P	ALKALINITY TOTAL	pH	HARDNESS	IRON (AS FE)		

Amt. Read

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ENTEROCOCCI PER ML.

Lab. No.

REPORTED FROM LAB. 8-22-78 BY: K.J. Van Wyck CHIEF, DIV. OF LAB.

ANALYSES REPORT:

☐ SATISFACTORY – THE DRINKING WATER SAMPLE (S) SHOWED NO BACTERIA INDICATIVE OF POLLUTION

☐ THE CONTINUED SAFETY OF THE SUPPLY IS NOT ASSURED BECAUSE OF SANITARY DEFECTS

☐ UNSATISFACTORY – BACTERIA INDICATIVE OF POLLUTION WERE PRESENT

FOR LAB USE ONLY

LAB NO. ____ REC'D BY ____

DATE SAMPLE REC'D ____ TIME ____ AM PM

DATE ANALYSES COMPLETED ____

DATE RESULTS FORWARDED ____

TOTAL TESTS REQUESTED ____ TESTS RUN ____

0666

DPWS-1 (7-1-71) 30,000