

Industry: \_\_\_\_\_  
 Permit No: \_\_\_\_\_

Reporting Period: \_\_\_\_\_



**ENVIRONMENTAL SERVICES DEPARTMENT  
 PRETREATMENT SEMI-ANNUAL REPORT**

Reporting Period: \_\_\_\_\_

INDUSTRY PERMIT NO.: \_\_\_\_\_ SIC CODE: \_\_\_\_\_

PROCESS: \_\_\_\_\_

**SECTION A - GENERAL INFORMATION**

Industry Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Industry Representative: \_\_\_\_\_ Email Address: \_\_\_\_\_

Authorized Signatory: \_\_\_\_\_

Name on Water Bill: \_\_\_\_\_

Part 1. Monthly water use figures per account, as shown on water bills for reporting period:

**(Please include copies of water bills)**

<u>Account No.</u>	<u>Month</u>	<u>Consumption (in gals)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Consumption: \_\_\_\_\_

No. of work days in report period: \_\_\_\_\_ Avg. daily water use: \_\_\_\_\_

Avg. no. of employees in report period: \_\_\_\_\_

Production volume in report period: \_\_\_\_\_ Avg. daily production: \_\_\_\_\_

Part 2. List water usage on premises - list by account(s) and base calculations on no. of work days

<u>Account No.</u>	<u>Type</u>	<u>Average Water Usage (gal/day)</u>	<u>Estimated (E) / Measured (M)</u>
_____	a. Contact cooling water	_____	_____
_____	b. Non-contact cooling water	_____	_____
_____	c. Boiler feed	_____	_____
_____	d. Process	_____	_____
_____	e. Sanitary	_____	_____
_____	f. Air pollution control	_____	_____
_____	g. Contained in product	_____	_____

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_____	h. Plant/equipment washdown	_____	_____
_____	i. Irrigation and lawn watering	_____	_____
_____	j. Other _____	_____	_____
			TOTAL: _____

**SECTION B - WASTEWATER DISCHARGES**

Provide the following information on discharge flow rate for this six month reporting period:

- 1. Average Wastewater Volume Discharged from Non-Manufacturing Operations (gpd)
- 2. Average Wastewater Volume Discharged from Manufacturing Support Operations (gpd)
- 3. Average Wastewater Volume Discharged from the Manufacturing Process (gpd)
  - a. If a continuous discharge: Hours of **Manufacturing Process Discharge** (e.g., 9 a.m. to 5 p.m. or closed)

M _____	T _____
W _____	T _____
F _____	Sa _____
	Su _____

- b. Peak hourly flow rate (gal/hour): \_\_\_\_\_
- c. Maximum daily flow rate (gal/day) \_\_\_\_\_
- d. Daily average flow rate (gal/day) \_\_\_\_\_

If batch discharge occurs or will occur, indicate:

- e. If batch discharges occur, give the number of occurrences:

- 1. Daily \_\_\_\_\_
- 2. Weekly \_\_\_\_\_
- 3. Monthly \_\_\_\_\_

- f. Time of batch discharges (e.g. 9 a.m. to 10 a.m.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

- g. Average discharge volume per batch: \_\_\_\_\_ (gal/batch)
- h. Average flow rate per batch: \_\_\_\_\_ (gal/minute)

- 4. a. Are any process changes or expansions planned in the next six months that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

[ ] Yes [ ] No

- b. Have any process changes occurred during the previous six months that have altered wastewater volumes or characteristics?

[ ] Yes [ ] No

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5. Briefly describe these changes and their effects on the wastewater volume and characteristics.  
(Attach additional sheets if needed.)

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6. Are any materials or water reclamation systems in use or planned?  
 Yes  No

**For questions 7 & 8, if a TOTAL TOXIC ORGANIC MANAGEMENT PLAN (TOMP) and a SLUG CONTROL PLAN (SCP) have already been submitted, please do not submit these again. However, if any changes have been made to these documents in the past six (6) months, please submit.**

7. For Industrial Users subject to Total Toxic Organics (TTO) Requirements:
- a. If categorical, does (or will) this facility use any of the toxic organics that are listed under the TTO standards of the applicable categorical pretreatment standards published by EPA?  
 Yes  No
- b. Has a TOMP been developed? (Please attach a copy if not previously submitted)  
 Yes  No

**CERTIFICATION STATEMENT**

"Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation (or pretreatment standard) for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since the filing of the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to the permitting (or control) authority."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

8. Do you have a Slug Control Plan to prevent spills of chemicals or slug discharges from entering the Control Authority's collection system?  
 Yes (Please attach a copy if not previously submitted)  
 No

9. Please describe any previous spill events and remedial measures taken to prevent their reoccurrence.

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**SECTION C - PERMITTEE COMPLIANCE MONITORING REPORT**

1. The permittee is required to included all analyses on the permittee's discharge conducted in accordance with 40 CFR Part 136. This includes all analyses conducted by the permittee, whether or not analyses are required by the permit. Use the attached form (Attachment #1) for recording your data. Attach the original Lab Report and Chain of Custody statement if not already submitted, otherwise, attach a copy of the Lab Report. If you have not performed any self-monitoring which is reportable, please state as such:  
 Reportable self-monitoring has been performed  
 Reportable self-monitoring has not been performed
2. The following certified statement is an affirmation of the permittee's commitment to maintain compliance with pretreatment standards at all times.

**CERTIFIED STATEMENT**

1. Are all applicable federal, state, and local pretreatment standards and requirements being met on a consistent basis?  
 Yes  No

If no, what additional operation and maintenance are required to ensure compliance:

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**SECTION D - AUTHORIZED SIGNATURES**

**Authorized Representative Statement**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision 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 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 fines and imprisonment for knowing violations.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

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***(The original lab report and chain of custody must be submitted along with this report. If previously submitted to the city, a copy with a notation that the original was previously submitted will suffice.)***

Attachment No: 1

**Wastewater Monitoring Results**

Name of Waste Stream: \_\_\_\_\_

Sample Data: \_\_\_\_\_

Sample Type: \_\_\_\_\_

<b>POLLUTANT or POLLUTANT PROPERTY</b>	<b>MAXIMUM ALLOWED CONCENTRATION (mg/L)</b>	<b>OBSERVED CONCENTRATION (mg/L)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Laboratory conducting analyses: \_\_\_\_\_

(Attach original of laboratory report and chain of custody)

Industry: \_\_\_\_\_  
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_____	_____	_____
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