

MUSKEGON COUNTY WASTEWATER MANAGEMENT SYSTEM

COMPLIANCE SCHEDULE

Refer to 40 CFR 403.12(b)(7) for complete requirements.

1. Identifying Information:

Facility Name : _____

Street Address: _____

Mail Address: _____

City: _____ Zip Code: _____

Telephone: _____ FAX: _____

Contact Person at Facility:

Name (type or print)

Title

2. Compliance dates of Applicable Pretreatment Standards:

Category	Process	Sampling Point	Compliance Date
i.	_____	_____	_____
ii.	_____	_____	_____
iii.	_____	_____	_____

3. Schedule of Increments of Progress:

Description of major event	Commencement Date	Completion Date
----------------------------	-------------------	-----------------

Use a separate sheet if more space is required

4. Schedule Prepared By:

Name (type or print)

Title

Date

CERTIFICATION STATEMENT

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Additionally, I certify that the sampling and analysis conducted is representative of normal work cycles and expected pollutant discharge to the sewer system.

Name (type or print)

Title

Date

Signature

FOR MCWMS USE ONLY

Date Received: _____

[] Approved

[] Disapproved

Comments: _____

Reviewed By: _____

Date: _____