

PRETREATMENT COMPLIANCE DEADLINE REPORT

Refer to 40 CFR 403.12 (d) for complete requirements.

1. Identifying Information.

Facility Name: _____

Street Address: _____

Mail Address: _____

City: _____ Zip Code: _____

Telephone: _____ FAX: _____

Contact person: _____ Title: _____

2. Flow Measurement. [403.12 (b)(4)]

List **ALL OPERATIONS PRODUCING WASTEWATERS**; 40 CFR Part and Subpart (where applicable), production rates, average and maximum discharge to sewer in gallons per day (GPD), and type of discharge (Continuous: C, Batch: B, or Intermittent: I).

Table I Individual Wastestreams	Average Discharge (gal/day)	Maximum Discharge (gal/day)	Discharge Type (C, I, B)	Discharge Frequency Rate	Sample Point
CATEGORICAL WASTESTREAMS					
NONCATEGORICAL WASTESTREAMS					
Sanitary Wastewater			I		
TOTAL DISCHARGE OF NONCATEGORICAL AND CATEGORICAL WASTESTREAMS					
<div style="display: flex; justify-content: space-around; width: 100%;"> _____ _____ </div>					

3. Measurement of Pollutants: [403.12 (5)]

If limits are adjusted using the Combined Wastestream Formula you must attach a sheet showing all calculations. [403.12 (5)(iv)].

A minimum of four (4) grab samples must be used for pH, cyanide, total phenols, oil and grease, sulfide, and volatile organics. For all other pollutants, 24-hour composite samples must be obtained through flow-proportional sampling techniques where feasible. [40 CFR 403.12 (5)(iii)]. Contact MCWMS for authorization to use other techniques.

Sampling and analysis shall be performed in accordance with the techniques prescribed in 40 CFR part 136 and amendments. [403.12 (5)(vi)].

The place, time, and date of all samples must be reported as well as the methods of analyses. [403.12 (5)(viii)]. (Attach additional sheets as necessary.)

PARAMETER	DAILY MAXIMUM			MONTHLY AVERAGE			FOUR SAMPLE AVERAGE		
	Result	Limit	Exc.	Result	Limit	Exc.	Result	Limit	Exc.
<i>Physical Characteristics</i>									
Flash Point									
Lower Explosive Limit									
pH, upper									
pH, lower									
Suspended Solids, Total									
<i>Metallic Inorganics</i>	Result	Limit	Exc.	Result	Limit	Exc.	Result	Limit	Exc.
Arsenic									
Cadmium									
Chromium									
Copper									
Lead									
Mercury									
Nickel									
Silver									
Sodium									
Zinc									
Metals, Total									
<i>Nonmetallic Inorganics</i>	Result	Limit	Exc.	Result	Limit	Exc.	Result	Limit	Exc.
Ammonia									
Cyanide, Amenable									
Cyanide, Total									
Phosphorus									
Sulfide									
<i>Aggregate Organics</i>	Result	Limit	Exc.	Result	Limit	Exc.	Result	Limit	Exc.
Biochemical Oxygen Demand (BOD)									
Chemical Oxygen Demand/BOD Ratio									
Oil & Grease									
Phenols, Total									
Toxic Organics, Total									

4. Certification of Compliance (check one):

- Pretreatment Standards **ARE** being met on a consistent basis.
- Pretreatment Standards **ARE NOT** being met on a consistent basis.

If Pretreatment Standards ARE NOT being met on a consistent basis this facility must submit a Compliance Schedule with this report.

The Compliance Schedule must detail additional pretreatment and/or operating and maintenance procedures that will result in compliance with the Pretreatment Standards in the shortest possible time. [403.12 (7)].

Refer to 40 CFR 403.12 (c)(1) for complete Compliance Schedule requirements.

Report prepared by:

Name (Type or Print)	Title	Date

5. 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. [403.12 (6)].

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.

Additionally, I certify that the wastewaters sampled are representative of normal work cycles and expected pollutant discharge to the sewer system.

Name (Type or Print)	Title	Date

6. Signature of Certifying Official:

FOR MCWMS USE ONLY

Date Received: _____

Comments:

Reviewed by: _____ Date: _____