

INDUSTRIAL PRETREATMENT PROGRAM SELF-MONITORING REPORT FORM

Reporting period: _____

1. Company Name: _____
2. Service Address: _____
3. Company Phone: _____
4. Primary Standard Industrial Classification Code: _____
5. Employees/Shift: First: _____ Second: _____ Third: _____ Total: _____
6. Indicate days of week discharge occurs: S ___ M_ T __ W___ Th___ F___ Sa___
7. Is pretreatment provided prior to the discharge entering the sanitary sewer system leading to the Fox Metro publicly owned treatment works?

Yes _____ No _____ if yes, then complete the following:

- 1) Does this facility hold an IEPA Permit for the system? Yes ___ No _____
 - 2) Does a Certified Class K Operator run the system? Yes _____ No _____
 - 3) Indicate system's IEPA Permit number:
8. Have any changes in the facility sanitary sewer system, manufacturing processes, or chemical storage areas have occurred since the last Fox Metro Industrial Waste Discharge Permit Application or Self-Monitoring Report was submitted?

Yes: Attach updated ***Diagram 1: Sanitary Sewer System Map*** or ***Diagram 2: Process and Chemical Storage Area***

No such changes have occurred.

9. Use **Attachment A: Analytical Results** to provide the most recent results from the sampling and analysis of the facility's wastewater stream(s) in accordance with the conditions specified in the permittee's Fox Metro Industrial Wastewater Discharge Permit.

a. Were sampling and analysis procedures used in conformance with 40-CFR-136?

Yes No

b. Attach a fully completed copy of the chain of custody.

c. Indicate the Laboratory, which performed the analytical testing of the facility effluent for this reporting period:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

10. Does the laboratory designated in Question 9 have a Quality Control/Assurance program:

Yes No

11. If your facility is using the combined waste stream Formula to determine if its discharge is in compliance with the conditions of its Fox Metro WRD Industrial Waste Discharge Permit, attach all calculations, supporting data, and derived limits. Label this material as Attachment B: **Combined Waste Stream Formula Calculations**.

12. Compare the pollutant limits found in your Fox Metro WRD issued industrial wastewater discharge permit with the analytical results used for this report. Are the results of the analytical report compliant with your Fox Metro WRD industrial wastewater discharge permit limits? *If the results were not compliant you must report it to Fox Metro within 24 hours of becoming aware of the violation, and must re-sample and report results to Fox Metro within 30 days.*

Yes No

13. If the answer to Question 12 is "No", explain the reason for noncompliance and the corrective actions being taken.

14. Water Usage:

a) Regulated Wastestream(s)

Description	Supplied From		Discharges To	
	Gal./Day	Source	Gal./Day	Place

Explain how these flows were calculated:

b) Non-regulated Wastestream(s)

Description	Supplied From		Discharges To	
	Gal./Day	Source	Gal./Day	Place
Domestic (sanitary)				
Non-contact Cooling				
Evaporation Losses				
Law n Sprinkling				

Explain how these flows were calculated:

15. Have the results of a Total Toxic Organic (TTO) analysis or a biannual
TTO Certification Statement been included with this report?

Yes _____ No _____ Not Applicable _____

16. Does this facility generate any hazardous wastes as defined by 40-CFR-
261?

Yes _____ No _____

If the answer to Question 16 is "Yes", then attach a listing of those wastes, specifying EPA Identification Numbers and quantities generated per year. Label this material as Attachment C: ***Hazardous Waste Listing***.

17. Does this facility submit an annual "Toxic Chemical Release Form (Form R)
to EPA in accordance with Section 313 of SARA Title III?

Yes _____ No _____

If the answer to question 17 is "Yes", then attach the most recent copy of Form R(s). Label these forms as ***Attachment D: SARA Form R(s)***.

18. Name of person completing this Report: _____

Title: _____

Signature of person completing this Report

Date

19. Name of SIU Authorized Representative: _____

Title: _____

"I have personally examined and am familiar with the information submitted in this report and any attachments herein. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, as indicated by 40-CFR-403.12(m) and Fox Metro Water Reclamation District Pretreatment Ordinance 359, Section 600.110."

Signature of Authorized Representative

Date