

**INDUSTRIAL USER  
PERIODIC COMPLIANCE REPORT  
TEMPLE-BELTON REGIONAL SEWERAGE SYSTEM**

**SECTION I: Industrial User Data**

a) Company Name: \_\_\_\_\_

b) Mailing Address: \_\_\_\_\_

c) Street Address: \_\_\_\_\_

d) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e) Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

g) S.I.C. Number(s): \_\_\_\_\_

h) Permit No.: \_\_\_\_\_ Permit Expiration: \_\_\_\_\_

i) Industrial User Category:

Significant 40 CFR 403 Product/Industry Type: \_\_\_\_\_

Categorical 40 CFR \_\_\_\_\_

k) This report is submitted in accordance with requirements outlined in 40 CFR 403.12 for the reporting period beginning \_\_\_\_\_ and ending \_\_\_\_\_.  

month/year
month/year

l) "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."

\_\_\_\_\_

Authorized Agent Signature

\_\_\_\_\_

Date

**SECTION II: Flow Measurement and Reporting (preceding 6 months)**

	<b>Total Discharge</b>	<b>Regulated Discharge (if applicable)</b>
<b>Method of Measure</b>		
<b>Maximum Daily Flow (gpd)</b>		
<b>Average Daily Flow (gpd)</b>		

**SECTION III: Self-monitoring summary (all analysis performed during the reporting period)**

(a) Unit of measure: \_\_\_\_\_ mg/L \_\_\_\_\_ Other \_\_\_\_\_

(b) Analytical Summary (Attach copies of the "Collection Chain-of-Custody", results and other support data provided by the laboratory.)

Pollutant												
Units												
Daily Max.												
Mo. Avg.												
Sample Collection Date												
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Best Management Practices (BMP's) standards (are \_\_\_\_\_) (are not \_\_\_\_\_) being met on a consistent basis.

Comments:

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**SECTION IV: Production Data - 40 CFR 403.12 (g)**

Complete only if required by your control document, permit or contract.

Process Description (SIC Code)	Average	Maximum

**SECTION V: Total Toxic Organic (T.T.O.)**

(a) Are T.T.O. parameters included in your Control Document?

\_\_\_\_\_ Yes, go to (b)

\_\_\_\_\_ No, go to (d)

(b) Were analysis for T.T.O. performed during this reporting period?

\_\_\_\_\_ Yes, (include results with this report) go to (g)

\_\_\_\_\_ No, go to (c)

(c) Does your Company have an approved "Solvent Management Plan" or "Toxic Organic Management Plan (TOMP)"?

\_\_\_\_\_ Yes. Attach a copy if not previously submitted. Go to (f)

\_\_\_\_\_ No, go to (d)

(d) Does your company use any chemicals or solvents in your processes or store any on-site?

\_\_\_\_\_ Yes, attach copies of all "Material Safety Data Sheets (MSDS)" for all chemicals used (if not previously submitted). Go to (g).

\_\_\_\_\_ No, go to (e)

(e) I certify that no Toxic Organics are used in our process operations or stored on these premises.

\_\_\_\_\_  
Signature

(f) I further certify that this facility is implementing the TOMP submitted to and approved by the Control Authority. Go to (g).

\_\_\_\_\_  
Signature

(g) "Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation [or Pretreatment Standards] for Total Toxic Organic (T.T.O.), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewater has occurred since filing of the last discharge monitoring report."

\_\_\_\_\_  
Signature