

**INDUSTRIAL USER
PERIODIC COMPLIANCE REPORT**

SECTION I: Industrial User Data

IU Name: _____	Date of this report: _____ / ____ / ____
IU Category: _____	Report Period: _____ / ____ - ____ / ____ Mo Yr Mo Yr
Mailing Address: _____	Permit No.: _____
City: _____ State: _____ Zip: _____	SIC Code: _____
Physical Address: _____	Monitoring Frequency: _____
Contact Person: _____	Permit Expiration: _____
Telephone No.: _____	

SECTION II: Flow Measurement (preceding 6 months)

	Total Discharge	Regulated Discharge (if applicable)
Method of Measure		
Maximum Daily Flow (gpd)		
Average Daily Flow (gpd)		

SECTION III: Self Monitoring (all analysis performed in reporting period)

Pollutant												
Units												
Daily Maximum												
Monthly Average												
Sample	[Faint, illegible text]											
Collection Date	[Faint, illegible text]											
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SECTION IV: Production Rate (complete only if required)

Process Description (SIC)	Average	Maximum

SECTION V: Total Toxic Organics (TTO)

a) Are TTO parameters included in your Sewer Use Permit?

_____ Yes, go to (b)

_____ No, go to (d)

b) Were analyses for TTO performed 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"?

_____ Yes, (Attach Copy). Go to (f)

_____ No, go to (d)

d) Does your Company use any solvents or chemicals in your processes?

_____ Yes, attach copies of "Material Safety Data Sheets" for all solvents/chemicals used.

_____ 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 Toxic Organic Management Plan submitted to the control authority.

Signature

g) "Based on my inquiry of the person or persons directly responsible for managing compliance with the Pretreatment Stand 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 filing the last discharge monitoring report."

Signature

SECTION VI:

I certify that Pretreatment standards for this facility (are ____) (are not ____) being met on a consistent basis.

Additional operation and maintenance required to comply is as follows:

Additional Pretreatment required to meet standards is as follows:

Best Management Practices (BMP's) standards (are ____) (are not ____) being met on a consistent basis.

Comments: _____

"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(s) 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."

Signature of Authorized Company Representative

Date