

USER FEDERAL IDENTIFICATION NUMBER: \_\_\_\_\_  
U. S. EPA I. D. NUMBER: \_\_\_\_\_

INDUSTRIAL USER PRETREATMENT CONTINUING COMPLIANCE REPORT

FOR \_\_\_\_\_, 20\_\_\_\_

Section I

1. A. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. Facility Name: \_\_\_\_\_

Location: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of shifts: \_\_\_\_\_

2. A. A Baseline Monitoring Report(s) (BMR/WWDDR)  was  was not submitted. If not submitted, complete applicable sections or submit your own report.

B. The BMR was submitted to:

Locale Municipality on \_\_\_\_\_  
 State Agency on \_\_\_\_\_  
 U. S. EPA Region V Office on \_\_\_\_\_  
 Most recent updated BMR is attached.

C. Compliance Progress Reports (CPR)  were  were not submitted. If not submitted, complete applicable sections of submit your own report.

D. The reports were submitted to :

Locale Municipality on \_\_\_\_\_  
 State Agency on \_\_\_\_\_  
 U. S. EPA Region V Office on \_\_\_\_\_  
 Most recent updated progress report is attached.

3. A. Process Description:

Nature of Operation	Production Rate	Subpart	SIC Code

B. Environmental Control Permits ( attach additional sheets if needed) :

<u>State</u>	<u>Locale</u>	<u>Federal EPA</u>
Existing:		
Pending:		

4. A. Total Plant Flow (gallons/day) :

Average: \_\_\_\_\_ Maximum: \_\_\_\_\_  
 Type of Discharge: Batch \_\_\_\_\_ Continuous \_\_\_\_\_  
 Measured: \_\_\_\_\_ Estimated: \_\_\_\_\_

B. Individual Flows (gallons/day) :

Name of Process Line (regulated)	Average	Maximum	Type of Discharge
L <sub>1</sub> _____	_____	_____	_____
L <sub>2</sub> _____	_____	_____	_____
L <sub>3</sub> _____	_____	_____	_____
L <sub>4</sub> _____	_____	_____	_____
L <sub>5</sub> _____	_____	_____	_____

(Nonregulated)

L <sub>1</sub> _____	_____	_____	_____
L <sub>2</sub> _____	_____	_____	_____
L <sub>3</sub> _____	_____	_____	_____
L <sub>4</sub> _____	_____	_____	_____

5. Attach Schematic showing all regulated processes, associated flows and point (s) of discharge to the sewer system. Show location of treatment facilities.

6. Nature of wastewaters discharged. Report in concentration (mg/l) or mass (lbs.). Attach additional sheets if necessary. Are categorical pretreatment limits being adjusted by employing the combined wastestream formula (CFW) ?  Yes  No. If you are reporting adjusted limits, please submit all appropriate calculations and flow data.

Regulated Category: Sub-Category

Pollutant					
Maximum					
Average					

Sample Type: (explain): \_\_\_\_\_  
 \_\_\_\_\_

Number of Samples (explain): \_\_\_\_\_  
 \_\_\_\_\_

Time, Date, and Place of Sampling: \_\_\_\_\_

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\*Name (s) of Person (s) obtaining Samples: \_\_\_\_\_

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7. Briefly describe wastewater treatment system: \_\_\_\_\_

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8. Briefly describe disposal method of waste products (i.e., pretreatment sludges, chemical by-products, ect.): \_\_\_\_\_

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## SECTION II

1. A. Compliance Schedule:

Action Items	Completion Dates
_____	_____
_____	_____
_____	_____
_____	_____

B. Total Toxic Organic (TTOs):

I waive the certification statement. My Solvent Management Plan is attached.

I monitored for Toxic Organics. My results are attached.

I achieved compliance for Total Toxic Organics Monitoring.

I did not achieve compliance for Total Toxic Organics Monitoring (see item 1.A. above).

## SECTION III

1. A. Periodic Progress Reports:

I submitted each required progress report to the following agency (if not to U.S. EPA Region V, please attach copies.)

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I did not submit the required progress reports. My schedule is included in Section II.

I have not complied with each action item described in Section II. My reasons for delay, as well as the necessary steps being taken to return to the schedule, are attached.

\* Attach statement from laboratory performing the analysis certifying the results.

My revised schedule for achieving compliance is as follows:

Action Items	Completion Dates

B. Final Progress Reports:

I achieved compliance. See Section I.

I did not Achieve compliance. See Section III.

**SECTION IV**

To the extent allowed by 40 CFR Part 403.14 and 40 CFR Part 2.302, I request the information contained herein be considered confidential information.

1. A. Qualified Professional Certification:

I hereby certify under penalty of law that this information was obtained in accordance with the applicable procedures and requirements as specified in the General Pretreatment Regulations and amendments thereto. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

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Name (print)	Signature	Title	Date	Phone
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B. Authorized Representative Statement:

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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed 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 fines and imprisonment for knowing violation.

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Name print)	Signature	Title	Date	Phone
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\*\*\*\*\*  
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Date Received: \_\_\_\_\_ In Compliance:  Yes  No

Follow up Action Necessary:  Letter  Phone Contact  
 Sampling  Technical Meeting  
 Inspection  Notice of Violation

Reviewed By: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_