

PERIODIC COMPLIANCE REPORT
Centralized Waste Treatment (CWT) CATEGORY

REPORTING PERIOD: _____, 20__ __ THROUGH _____, 20__ __

COMPANY NAME: _____

COMPANY ADDRESS: _____

PERMIT NUMBER: _____ S. I. C. NUMBER: _____

TYPE OF INDUSTRY: _____

DOCUMENTATION MUST BE SUBMITTED TO SUPPORT THE FIGURES PRESENTED IN THIS REPORT FOR WATER USAGE VOLUMES AND POLLUTANT CONCENTRATIONS.

I. WATER CONSUMPTION

a. Water Account Number	Average Daily Use
_____	_____ gal l ons
_____	_____ gal l ons
_____	_____ gal l ons
_____	_____ gal l ons
Total Water Consumed	_____ gal l ons

II. WATER USAGE

Wastewater discharged to the sanitary sewer:

	<u>Dai l y Average</u>	<u>Dai l y Maxi mum</u>
a. Process Wastewater (include cleanup & wash down water)	+ _____ gal s.	_____ gal s.
b. Domestic Usage	+ _____ gal s.	_____ gal s.
c. Boiler Blowdown	+ _____ gal s.	_____ gal s.
d. Noncontact Cooling Water	+ _____ gal s.	_____ gal s.
e. Other Wastewater Generated (include wastewater received at this facility from outside sources)		
_____	+ _____ gal s.	_____ gal s.
_____	+ _____ gal s.	_____ gal s.
Total Wastewater Discharged	= _____ gal s.	_____ gal s.
Other water usages:		
Water into product	+ _____ gal s.	_____ gal s.
Evaporati on loss	+ _____ gal s.	_____ gal s.
Di scharges to other than sanitary sewer	+ _____ gal s.	_____ gal s.
Total Water Used	= _____ gal s.	_____ gal s.

If the Total Water Used in Part II is greater or less than the Total Water Consumed in Part I please provide an explanation.

III. POLLUTANT REPORT

Centralized Waste Treatment Category

SAMPLE SITE NAME

PLEASE ANALYZE AND REPORT FOR EACH SAMPLE SITE ONLY THE PARAMETERS ON THE FACILITY WASTEWATER DISCHARGE PERMIT.

<u>Parameter</u>	<u>Average Concentration</u>	<u>Maximum Concentration</u>
pH	_____ pH Units	_____ pH Units
Total Suspended Solids (TSS)	_____ mg/L	_____ mg/L
Biochemical Oxygen Demand (BOD)	_____ mg/L	_____ mg/L
Cyanide	_____ mg/L	_____ mg/L
Arsenic	_____ mg/L	_____ mg/L
Antimony	_____ mg/L	_____ mg/L
Barium	_____ mg/L	_____ mg/L
Cadmium	_____ mg/L	_____ mg/L
Chromium	_____ mg/L	_____ mg/L
Cobalt	_____ mg/L	_____ mg/L
Copper	_____ mg/L	_____ mg/L
Lead	_____ mg/L	_____ mg/L
Mercury	_____ mg/L	_____ mg/L
Molybdenum	_____ mg/L	_____ mg/L
Nickel	_____ mg/L	_____ mg/L
Selenium	_____ mg/L	_____ mg/L
Silver	_____ mg/L	_____ mg/L
Tin	_____ mg/L	_____ mg/L
Titanium	_____ mg/L	_____ mg/L
Vanadium	_____ mg/L	_____ mg/L
Zinc	_____ mg/L	_____ mg/L
Bis-2-ethyl hexyl -phthalate	_____ mg/L	_____ mg/L
Carbazole	_____ mg/L	_____ mg/L
o-Cresol	_____ mg/L	_____ mg/L
p-Cresol	_____ mg/L	_____ mg/L
2,3-Dichloroiline	_____ mg/L	_____ mg/L
Fluoranthene	_____ mg/L	_____ mg/L
n-Decane	_____ mg/L	_____ mg/L
n-Octadecane	_____ mg/L	_____ mg/L
2,4,6-Tri chlorophenol	_____ mg/L	_____ mg/L

IV. SAMPLE SITE IDENTIFICATION: _____ End of Pipe _____ End of Process
 If end of pipe, give total amount of dilution water contributed. _____ GPD

V. HAZARDOUS WASTE

VI.

Is hazardous waste generated at this facility? ____ YES ____ NO

If yes, list the following: USEPA RCRA ID NO. TXD _____
 TCEQ WASTE GENERATOR NO _____

VI. STATEMENT OF COMPLIANCE.

I hereby certify that the EPA categorical pretreatment regulations which apply to this facility are currently being met, and all required compliance documentation is being maintained on-site and is available for inspection.

Name of Authorized Representative

Title

Signature of Authorized Representative

Date

VII. DOCUMENT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designated 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.

Name of Authorized Representative

Title

Signature of Authorized Representative

Date