

**PERIODIC COMPLIANCE REPORT
TRANSPORTATION EQUIPMENT CLEANING POINT SOURCE 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

	gallons
	gallons
	gallons
	gallons
Total Water Consumed	gallons

II. WATER USAGE

Wastewater discharged to the sanitary sewer:

	<u>Daily Average</u>	<u>Daily Maximum</u>
a. Process Wastewater (include cleanup & wash down water)	_____ gals.	_____ gals.
b. Domestic Usage	+ _____ gals.	_____ gals.
c. Boiler Blowdown	+ _____ gals.	_____ gals.
d. Noncontact Cooling Water	+ _____ gals.	_____ gals.
e. Other Wastewater Generated (include wastewater received at this from outside sources)		
	+ _____ gals.	_____ gals.
	+ _____ gals.	_____ gals.
Total Wastewater Discharged	= _____ gals.	_____ gals.
Other water usages:		
Water into product	+ _____ gals.	_____ gals.
Evaporation loss	+ _____ gals.	_____ gals.
Discharges to other than sanitary sewer	+ _____ gals.	_____ gals.
Total Water Used	= _____ gals.	_____ gals.

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

TRANSPORTATION EQUIPMENT CLEANING

III. POLLUTANT REPORT

SAMPLE SITE NAME _____

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

Parameter	Average Concentration in mg/l	Maximum Concentration in mg/l
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
Cadmium	mg/l	mg/l
Chromium	mg/l	mg/l
Copper	mg/l	mg/l
Lead	mg/l	mg/l
Mercury	mg/l	mg/l
Nickel	mg/l	mg/l
Selenium	mg/l	mg/l
Silver	mg/l	mg/l
Zinc	mg/l	mg/l
Total Petroleum Hydrocarbon	mg/l	mg/l
Phenol	mg/l	mg/l
Isopropyl Alcohol	mg/l	mg/l
Methyl Ethyl Ketone	mg/l	mg/l
Temperature	mg/l	mg/l
Polychlorinated Biphenyls (PCB's)	mg/l	mg/l
Acetone	mg/l	mg/l
Methyl Alcohol	mg/l	mg/l
Benzene	mg/l	mg/l
Ethylbenzene	mg/l	mg/l
Methylene Chloride	mg/l	mg/l
Toluene	mg/l	mg/l
Xylene	mg/l	mg/l

(IF THIS FACILITY UTILIZES MORE THAN ONE (1) SAMPLE SITE PLEASE ATTACH ADDITIONAL PAGES, ONE PAGE FOR EACH SAMPLING LOCATION MUST BE SUBMITTED)

IV. TREATMENT OPTIONS

Pollutant Management Plan implemented? _____ YES _____ NO

V. HAZARDOUS WASTE

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

If yes, list the following: USEPA RCRA ID No. TXD TCEQ Waste Generator No. _____

VI. 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

VII. POLLUTANT MANAGEMENT PLAN CERTIFICATION

Based on my inquiry of the person or persons directly responsible for implementing the pollutant management plan, I certify that, to the best of my knowledge and belief, no dumping of regulated wastewaters has occurred. I further certify that this facility is implementing the pollutant management plan submitted to the City of Dallas.

Name of Authorized Representative

Title

Signature of Authorized Representative

Date